

			** PUBLIC DISCLOSURE COPY *		
	0	00	Return of Organization Exempt From	n Income Tax	OMB No. 1545-0047
Form <b>99(</b>		90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (	except private foundation	s) <b>2022</b>
			Do not enter social security numbers on this form as it may		Open to Public
Depa Interr	rtment o al Reve	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the late		Inspection
AF	or th	e 2022 calend	ar year, or tax year beginning $ m JUL1$ , $2022$ and ending	<u>JUN 30, 2023</u>	
<b>B</b> c	heck if pplicab	DIE: C Name o	forganization	D Employer identific	ation number
	Addre		NED PARENTHOOD MAR MONTE INC.		
	_chang Name	-		94-158343	20
	_chano _Initial	<b>U</b>	usiness as		
	_returr ]Final		and street (or P.O. box if mail is not delivered to street address) Room/s THE ALAMEDA	(408) 795	5-3600
	⊥returr termii	n-	own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	130,383,572.
	ated Amer	nded CAN	JOSE, CA 95126	H(a) Is this a group re	
	_returr Appli		nd address of principal officer: STACY CROSS	for subordinates?	
	_ tion pendi		AS C ABOVE	H(b) Are all subordinates inc	
1 1	- ax-ex	empt status:			ist. See instructions
	Vebsi		PPMARMONTE.ORG	H(c) Group exemption	
				Year of formation: 1963 M	
	irt I	Summary			
	1	Briefly describ	e the organization's mission or most significant activities: <b>PLANNED</b>	PARENTHOOD MAR	MONTE
JCe			IN COMMUNITIES BY PROVIDING HEALTH CA		
Governance	2	Check this bo	x if the organization discontinued its operations or disposed of m	nore than 25% of its net ass	ets.
ver	3	Number of vo		3	16
	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b)		15
Activities &	5		of individuals employed in calendar year 2022 (Part V, line 2a)		1022
/itie	6		of volunteers (estimate if necessary)		463
kcti	7 a		d business revenue from Part VIII, column (C), line 12		0.
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	7b	0.
				Prior Year	Current Year
Ð	8	Contributions	and grants (Part VIII, line 1h)	17,903,360.	28,412,279.
Revenue	9	•	ce revenue (Part VIII, line 2g)	96,024,836.	96,539,616.
sev Sev			come (Part VIII, column (A), lines 3, 4, and 7d)	5,897,827.	2,576,342.
	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	503,026.	1,942,029.
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	120,329,049.	129,470,266.
			nilar amounts paid (Part IX, column (A), lines 1-3)	10,000.	0.
			to or for members (Part IX, column (A), line 4)	0.	0.
es			compensation, employee benefits (Part IX, column (A), lines 5-10)	77,727,152.	83,691,947.
Expenses			undraising fees (Part IX, column (A), line 11e)	0.	0.
Ц. Д			ing expenses (Part IX, column (D), line 25) <u>3,899,585.</u>	45,330,415.	51,202,938.
-			es (Part IX, column (A), lines 11a-11d, 11f-24e)	123,067,567.	134,894,885.
		-	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	-2,738,518.	-5,424,619
<u> </u>		Revenue less	expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
ts or ances	•	Total casata /	Port V line 16)	151,623,583.	175,226,831.
Assets Balanc	20 21	Total assets (F		24,600,012.	50,997,199.
Vet ∕ und	21		(Part X, line 26) fund balances. Subtract line 21 from line 20	127,023,571.	124,229,632.
Pa	nrt II			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		, , , , , , , , , , , , , , , , , , ,	I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of mv	knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of off	icer				Date		
-	STACY CROSS, PRESIDENT & CEO							
	Type or print na	me and title						
	Print/Type prep	arer's name	Preparer's sign	ature	Date	Check	PTIN	
Paid	MICHAEL	LUMSDEN	MICHAEL	LUMSDEN	04/21	/24 self-employed	P01262236	
Preparer	Firm's name	MOSS ADAMS LLP				Firm's EIN 91-	-0189318	
Use Only	Firm's address	101 SECOND STREET	SUITE	900				
SAN FRANCISCO, CA 94105 Phone no.41						Phone no. <b>4</b> 15 -	956-1500	
May the I	RS discuss this	return with the preparer shown abo	ove? See instruc	ctions			X Yes No	
232001 12-1	32001 12-13-22LHA For Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2022)							

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	t III Statement of Program Service Accomplishments
 I	
I	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission:
	PLANNED PARENTHOOD MAR MONTE INVESTS IN COMMUNITIES BY PROVIDING
	HEALTH CARE AND EDUCATION, AND BY EXPANDING RIGHTS AND ACCESS FOR ALL.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
ŀ	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
а	(Code:) (Expenses \$ 106,962,038. including grants of \$0.) (Revenue \$ 96,473,812.
	PATIENT SERVICES - THE ORGANIZATION OPERATES 35 HEALTH CENTERS AND
	ADDITIONAL SATELLITE SERVICE SITES. SERVICES PROVIDED AT THESE HEALTH
	CENTERS AND SATELLITE SERVICE SITES INCLUDES ANNUAL GYNECOLOGICAL
	EXAMS; CANCER SCREENING & TREATMENTS; BIRTH CONTROL AND REPRODUCTIVE
	HEALTH CARE; PREGNANCY TESTING AND COUNSELING; HIV TESTING &
	COUNSELING; MENOPAUSAL SERVICES; GENERAL ADULT AND PEDIATRIC HEALTH;
	INTEGRATED BEHAVIORAL HEALTH; GENDER AFFIRMING CARE SERVICES; PRENATAL
	CARE; EMERGENCY CONTRACEPTION; MALE STERILIZATION; AND MEDICAL AND
	SURGICAL ABORTIONS. DURING THE 6/30/2023 FISCAL YEAR, THERE WERE 298,
	128 VISITS.
ŀb	(Code:) (Expenses \$4,371,749. including grants of \$0. ) (Revenue \$65,804.
	EDUCATION SERVICES - EVIDENCE-BASED, AGE APPROPRIATE, AND MEDICALLY
	ACCURATE SEX EDUCATION AND YOUTH DEVELOPMENT PROGRAMS FOR THOSE AGES
	13-24; PARTNER ORGANIZATION AND PARENT/CARING ADULT TRAININGS; CASE
	MANAGEMENT FOR YOUNG PARENTS; AND COMMUNITY OUTREACH. DURING THE YEAR
	THERE WERE AN ESTIMATED 138,241 CONTACTS.
c	(Code:) (Expenses \$ 2,128,066. including grants of \$ 0. (Revenue \$ 0.
.C	PUBLIC AFFAIRS - THE ORGANIZATION EDUCATES AND LOBBIES LEGISLATORS
	ABOUT THE IMPORTANCE OF AFFORDABLE, ACCESSIBLE HEALTH CARE AT LOCAL,
	STATE, AND NATIONAL LEVELS. IN ADDITION, THE ORGANIZATION MONITORS
	LEGISLATIVE AND JUDICIAL ACTIVITIES REGARDING REPRODUCTIVE CHOICE, AND
	INFORMS, EDUCATES, AND MOBILIZES THE COMMUNITY ABOUT ISSUES AFFECTING
	ACCESS TO REPRODUCTIVE HEALTH CARE AND EDUCATION.
.d	Other program services (Describe on Schedule Q.)
d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
	(Expenses \$ including grants of \$ ) (Revenue \$ )       Total program service expenses     113,461,853.
e	(Expenses \$ including grants of \$ ) (Revenue \$ )

22220421 146892 729780-1

<b>-</b>	000	(0000)
⊢orm	990	(2022)

Part IV Checklist of Required Schedules

PLANNED PARENTHOOD MAR MONTE INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		37	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	6		х
7	provide advice on the distribution or investment of amounts in such funds or accounts? <i>If</i> "Yes," <i>complete Schedule D, Part I</i> Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
U	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D. Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v
-1	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	114		х
~	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11d 11e	x	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		- 23	
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	x	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	17		х
18	column (A), lines 6 and 11e? <i>If</i> "Yes," <i>complete Schedule G, Part I.</i> See instructions Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			- 22
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		Х
232003	12-13-22	Form	<b>990</b> (	(2022)

4

232003 12-13-22

Form	990	(2022)
FUIII	330	(2022)

	·			
~~			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			v
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>x</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		х	
04-	Schedule J	23	~	
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a		x
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		- 23
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ŭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	28a		x
h	"Yes," complete Schedule L, Part IV	20a 28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
Ŭ	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		v	
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36	х	
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	23	
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	- 07		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 113			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	 
232004	12-13-22	Form	990	(2022)

5

(2022)		PARENTHOOD				94
Statements F	Regarding Otl	her IRS Filings ar	nd Tax	Complia	nce (continued)	

Form	990 (2022) PLANNED PARENTHOOD MAR MONTE INC. 94-1583	439	Р	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 1022			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			<u> </u>
u		6a		x
h	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	04		<u> </u>
D		6b		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(c).	00		
7		70	х	
a L	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a 7b	X	├──
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		Δ	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x
	to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
t	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		──
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		<u> </u>
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	<u>9a</u>		──
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	-		
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a	-		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		L
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b	-		
с	Enter the amount of reserves on hand 13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			
232005	j 12-13-22	Form	990	(2022)

232005 12-13-22

Form	990 (	(2022)
------	-------	--------

## PLANNED PARENTHOOD MAR MONTE INC.

<u>94-1583439</u> Page 6

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI	 X
Section A. Governing Body and Management	

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a16			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X X	
b	b Each committee with authority to act on behalf of the governing body?			
9				
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,		37	
	and branches to ensure their operations are consistent with the organization's exempt purposes?	<u>10b</u> 11a	X X	
11a				
	<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X X	<u> </u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	~	<u> </u>
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-	х	
40	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	л	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
-	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15.0	Х	
a h	The organization's CEO, Executive Director, or top management official	15a 15b	X	
U	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	150		
16-2	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
104	taxable entity during the year?	16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedCA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3):	onlv)	availal	ble
-	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finano	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JOANNE PARISE - (408) 795-3715			
	1691 THE ALAMEDA SAN JOSE CA 95126			

7

232006 12-13-22

2022.05090 PLANNED PARENTHOOD MAR MO 729780-1

Form **990** (2022)

Part VII	Compensation of Officers, Di	rectors Trustees	Key Employees	Highest Compensated
i art vii	compensation of onicers, Di		Rey Employees,	ingliest oompensated
	Employees, and Independent	t Contractors		

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)	(C)					(D)	(E)	(F)	
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar	ia a a	recio	r/trus	lee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	e or di	ee			sated		organization	(W-2/1099-MISC/ 1099-NEC)	from the
	related organizations	rustee	trus		ee	npen		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	ndividual trustee or director	n stitutio nal trustee	~	nploy	st cor yee	-	1000 NEO		organizations
	line)	In divid	Institu	Officer	Key employee	Highest compensated employee	Former			e gameatorio
(1) STACY CROSS	40.00									
PRESIDENT & CEO	10.00	Х		х				669,149.	0.	56,522.
(2) LAURA DALTON, DO, MBA	40.00									
CHIEF MEDICAL OPERATING OFFICER	0.00				Х			583,965.	0.	23,921.
(3) DOMINIQUE LEE	20.00									
CHIEF OPERATING OFFICER (THRU 1/2022	20.00				Х			505,249.	0.	9,890.
(4) THOMAS MOTSIFF	40.00									
CHIEF ADMIN AND FINANCIAL OFFICER	10.00			Х				446,134.	0.	30,166.
(5) KATHRYN SCHUBERT FRITZ	40.00								0	
GEN COUNSEL & CHIEF COMPLIANCE OFFIC	0.00				X			346,548.	0.	23,686.
(6) JESSICA HAMILTON, MD	40.00								•	
ASSOCIATE MEDICAL DIRECTOR	0.00					X		355,997.	0.	4,134.
(7) NAMRATA MASTEY, MD	40.00							000 004	0	0 000
ASSOCIATE MEDICAL DIRECTOR	0.00					X		296,834.	0.	8,393.
(8) MEGHAN MACALUSO	40.00				77			272 025	0	1 5 1 1 6
CHIEF DEVELOPMENT OFFICER (9) ANDREW ADAMS	0.00				X			272,835.	0.	15,446.
	40.00								0	10 005
CHIEF OF STAFF & HEAD OF STRAT COMMS	0.00					X		266,854.	0.	18,905.
(10) CASSY FRIEDRICH, MD, FAAFP PHYSICIAN	40.00					x		263,834.	0.	10 501
(11) MORGAN THEIS, MD	40.00					<u> </u>		205,054.	0.	18,594.
PHYSICIAN	0.00					x		248,129.	0.	17,146.
(12) GWEN MCDONALD	8.00					<u> </u>		240,129.	0.	1/,140.
CHAIR	0.00	x		x				0.	0.	0.
(13) KATHERINE AITKEN-YOUNG	1.00							0.	0.	<u>0.</u>
IMMEDIATE PAST CHAIR	0.00	x		x				0.	0.	0.
(14) MARIA GARCIA	1.00									
SECRETARY	0.00	x		x				0.	0.	0.
(15) LETICIA GARCIA	1.00									
TREASURER	0.00	x		х				0.	Ο.	0.
(16) PAM CONNELLY	1.00	1								
BOARD MEMBER	0.00	х						0.	0.	0.
(17) REEMA DIRKS, PHARMD	1.00									
BOARD MEMBER	1.00	Х						0.	0.	0.
020007 10 10 00										Earm 990 (2022)

232007 12-13-22

Form **990** (2022)

8

PLANNED	PARENTHOOD	MAR	MONTE	INC.
---------	------------	-----	-------	------

94-1583439 Page 8

Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			•	C)			(D)	(E)		(F)	
Name and title	Average	(do			itior	ו than c	ne	Reportable	Reportable	E	stimate	əd
	hours per	box	, unles	ss pei	rson i	is both	n an	compensation	compensation	a	mount	of
	week		cer an	aaa	Irecto	or/trus	tee)	from	from related		other	
	(list any hours for	irecto						the	organizations		npensa	
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)		from th ganizat	
	organizations	ruste	l trus		ee	npen		1099-NEC)	1099-NEC)	· ·	nd relat	
	below	ndividual trustee or director	nstitutional trustee	-	nploy	st col	er				anizati	
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former					
(18) JESSE DOROGUSKER	1.00											
BOARD MEMBER	0.00	х						0.	0.	.		0.
(19) ALEXANDRA EDWARDS	1.00											
BOARD MEMBER	0.00	х						0.	0.	,		Ο.
(20) ANNIE FLANZRAICH	1.00											
BOARD MEMBER (THRU 9/2022)	0.00	х						0.	0.	.		0.
(21) LORI ANN GUY	1.00											
BOARD MEMBER	0.00	х						0.	0.	,		0.
(22) NOAH MOSS	1.00											
BOARD MEMBER	0.00	Х						0.	0.	,		Ο.
(23) DONYA NASSER	1.00											
BOARD MEMBER	0.00	Х						0.	0.	,		0.
(24) ANDRES RAMOS	1.00											
BOARD MEMBER	0.00	Х						0.	0.	,		0.
(25) LEAH RUBIN	1.00											
BOARD MEMBER	0.00	Х						0.	0.	· <b> </b>		0.
(26) COLE WILBUR	1.00											
BOARD MEMBER	0.00	Х						0.	0.			0.
1b Subtotal								4,255,528.	0.		6,8	
c Total from continuation sheets to Part VI								0.	0.			0.
d Total (add lines 1b and 1c)								4,255,528.	0.		6,8	03.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,0	00 of reportable			1 17 1
compensation from the organization											-	171
				_							Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,												v
line 1a? If "Yes," complete Schedule J for s										3		X
4 For any individual listed on line 1a, is the su											x	
and related organizations greater than \$150										4		
5 Did any person listed on line 1a receive or a	•							•		5		X
rendered to the organization? <i>If</i> "Yes," con Section B. Independent Contractors	<u>plete Scheaule</u>	<u> </u>	or su	icn į	bers	son .				5		- 23
1 Complete this table for your five highest co	mpensated ind	ene	nder	nt co	ontr	actor	re tł	nat received more than \$	100 000 of compens	ation fr		
the organization. Report compensation for	-	-									om	
(A)				. <u>g</u>				(B)		(	C)	
Name and business	address							Description of se	ervices	Compe		n
MK DIRECT MARKETING & COM	MUNICAT	IO	NS	L	гc	,						
106 GOODMAN ST #3A, CHARI	OTTESVI	LL	Е,	V.	Α			CONSULTING SE	ERVICES	19	3,7	62.
MOSS ADAMS LLP								AUDIT, TAX, &	c l			
PO BOX 101822, PASADENA,	CA 9118	9						CONSULTING SE	RVICES	17	8,3	26.
CAUSEMIC LLC												
PO BOX 11781, PORTLAND, C	DR 97211							CONSULTING SE	ERVICES	16	5,0	00.
GARY BESS ASSOCIATES												
2205 MEADOW CREEK ROAD, LINCOLN, CA 95648 CONSULTING SERVICES 149,150.						50.						
SHANNON-LEIGH ASSOCIATES,		_	~ -		_							
1455 HAYS STREET, SAN LEA								DESIGN SERVIC		10	8,6	72.
2 Total number of independent contractors (i	-	ot lin	nited	to			ted	above) who received mo	re than			
\$100,000 of compensation from the organi SEE PART VII, SECTION		T N7	יעדד	<u>m                                    </u>	-	5	UT.	ידחכ			<b>990</b> (;	
DEE FARI VII, DECTIUN	A CONT	тл	UA.	ᆂᆂ	UIN VI	. D.	чĽ	C T LL		⊢orm	ຸ ວອບ ('	2022)

232008 12-13-22

Form 990 (2022)

22220421 146892 729780-1

9

Form 990 PLANNED I	PARENTHC	OD	M	IAR	M	ION	ΤE	INC.	94-158	3439
Part VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est (			
(A) Name and title	<b>(B)</b> Average hours	(cł		Pos	<b>C)</b> ition that	app	ly)	(D) Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pensated em ployee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(27) STELLA YING	1.00									
BOARD MEMBER	0.00	X						0.	0.	0.
		-								
		-								
		-								
		-								
		-								
		-								
		-								
		-								
		-								
Total to Part VII, Section A, line 1c				I	I	I	I			

232201 04-01-22

			Check if Schedule O c	conta	ains a respo	nse d	or note to any line	e in this Part VIII			
								<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	<b>(D)</b> Revenue excluded from tax under sections 512 - 514
ts t	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues		1b						
۲ ور س		с	Fundraising events		1c		1,913,774.				
ar fi		d	Related organizations		1d						
s, s		е	Government grants (contri	ibutio	ons) <b>1e</b>		9,907,897.				
Sig		f	All other contributions, gifts,	grant	s, and						
but			similar amounts not included	abov	e 1f		16,590,608.				
Ö		g	Noncash contributions included in I	lines 1	a-1f <b>1g</b>	6	359,667.				
a O		h	Total. Add lines 1a-1f					28,412,279.			
							Business Code				
ė	2	a	NET PATIENT SERVICE	REV	ENUE		624100	95,940,317.	95940317.		
e zic		b	PRIVATE FEES AND CON	ITRA	CTS		624100	599,299.	599,299.		
Program Service Revenue		с									
e e e		d									
- <u>1</u> 60		е									
Ъ		f	All other program service	rever	nue						
		g	Total. Add lines 2a-2f					96,539,616.			
	3	;	Investment income (includ	ling o	dividends, ii	ntere	st, and				
								2,343,767.			2343767.
	4	ŀ	Income from investment o								
	5	5	Royalties	·							
					(i) Rea		(ii) Personal				
	6		Gross rents	6a	157,4						
			Less: rental expenses	6b	43,0						
			Rental income or (loss)	6c	114,3	387.					
			Net rental income or (loss)	·i			( <sup>1</sup> ) OII	114,387.			114,387.
	7	a	Gross amount from sales of	_	(i) Securit		(ii) Other				
			assets other than inventory	7a	542,5	539.	462,604.				
•		b	Less: cost or other basis	_	727 2		25 210				
nu				7b	737,3		35,210.				
ther Revenue			Gain or (loss)	7c			427,394.	232,575.			222 575
ñ			Net gain or (loss)					232,575.			232,575.
the	8	а	Gross income from fundraisir including \$ 1,9								
0											
			contributions reported on			8a	47,956.				
		h	Part IV, line 18 Less: direct expenses			8b	97,663.				
			Net income or (loss) from 1				57,0001	-49,707.			-49,707.
	a		Gross income from gaming		-			, · - · •			
	Ŭ	u	Part IV, line 19			9a					
		b	Less: direct expenses			9b					
			Net income or (loss) from g								
	10		Gross sales of inventory, le								
			and allowances			10a					
		b	Less: cost of goods sold			10b					
			Net income or (loss) from s								
							Business Code				
sno	11	а	MISCELLANEOUS REVENU	JE			624100	1,877,349.			1877349.
scellaneo Revenue		b									
sell: eve		с				_					
Miscellaneous Revenue		d	All other revenue								
~			Total. Add lines 11a-11d					1,877,349.			
	12	2	Total revenue. See instructio	ons				129470266.	96539616.	0.	4518371.
23200	9 12	2-13-	22								Form <b>990</b> (2022)

11

2022.05090 PLANNED PARENTHOOD MAR MO 729780-1

PLANNED PARENTHOOD MAR MONTE INC. Part VIII Statement of Revenue

Form 990 (2022)

PLANNED PARENTHOOD MAR MONTE INC.

· ۲	Check if Schedule O contains a respor not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	2,441,376.	1,064,661.	950,605.	426,110
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	57,877,954.	48,307,687.	8,089,633.	1,480,634
3	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	2,915,349.		357,626.	86,995
9	Other employee benefits	14,476,560.	12,269,511.	1,785,104.	421,945
)	Payroll taxes	5,980,708.	4,985,873.	809,020.	185,815
1	Fees for services (nonemployees):				
а	Management				
b	Legal	249,114.		249,114.	
	Accounting	197,762.	51,564.	146,198.	
	Lobbying	•			
f	Investment management fees	168,937.		168,937.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	4,432,176.	3,110,898.	942,092.	379,186
2	Advertising and promotion	267,644.	169,681.	82,746.	15,217
3	Office expenses	3,774,717.	2,929,874.	344,372.	500,471
4	Information technology	6,231,913.	4,496,778.	1,581,646.	153,489
5	Royalties	0,202,5201	1,190,1,00		
6	Occupancy	8,153,092.	8,000,017.	131,747.	21,328
5 7	Travol	556,369.	348,482.	169,779.	38,108
	Travel	550,505.	540,402.	105,775	50,100
3	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	37,979.	26,390.	7,184.	4,405
) `	Conferences, conventions, and meetings	188,001.	186,163.	1,499.	<u> </u>
)	Interest	953,901.	100,103.	953,901.	223
1	Payments to affiliates	3,737,683.	3,472,062.	193,843.	71,778
2	Depreciation, depletion, and amortization	<u>3,737,683.</u> 1,520,957.	3,472,062.	193,843.	/1,//8
3		1,520,95/.	1,509,122.	11,233.	
ŀ	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25 column (A)				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	MEDICAL SUPPLIES	17,386,379.	17,384,725.	1,652.	2
b	EQUIPMENT AND RENTAL	1,227,882.	1,170,769.	28,740.	28,373
č	INTERCO MANAGEMENT FEES	1,025,697.	1,025,697.		-,
d		, ,	, ,		
	All other expenses	1,092,735.	480,571.	526,774.	85,390
Ē			113,461,853.	17,533,447.	3,899,585
, ;	Joint costs. Complete this line only if the organization		,,,,	_,,,,.	
,	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

12

232010 12-13-22

Form **990** (2022)

22220421 146892 729780-1

PLANNED	PARENTHOOD	MAR	MONTE	TNC
	THUMINOOD	1.17.717	TIONTH	THC

94-1583439 Page 11

		Check if Schedule O contains a response or note	e to anv	/ line in this Part X					
					(A)		(B)		
_					Beginning of year		End of year		
	1	Cash - non-interest-bearing			14,240,141.	1	22,385,498.		
	2	Savings and temporary cash investments			16,554,967.	2	7,075,290.		
	3	Pledges and grants receivable, net			2,117,074.	3	3,354,949.		
	4	Accounts receivable, net			34,524,799.	4	22,865,113.		
	5	Loans and other receivables from any current or							
		trustee, key employee, creator or founder, subst	antial c	ontributor, or 35%					
		controlled entity or family member of any of thes	e perso	ons		5			
	6	Loans and other receivables from other disqualif	ied per	sons (as defined					
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6			
ų	7	Notes and loans receivable, net				7			
Assets	8	Inventories for sale or use			1,518,597.	8	1,255,996.		
Ä	9	Prepaid expenses and deferred charges			2,228,969.	9	2,029,806.		
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D	10a	99,726,953.					
	b	Less: accumulated depreciation	10b	47,950,502.	45,746,814.	10c	51,776,451.		
	11	Investments - publicly traded securities			32,682,484.	11	35,861,248.		
	12	Investments - other securities. See Part IV, line 1			1,000,000.	12	1,888,000.		
	13	Investments - program-related. See Part IV, line 1				13 14			
	14		Intangible assets						
	15	Other assets. See Part IV, line 11		1,009,738.	15	26,734,480.			
	16	Total assets. Add lines 1 through 15 (must equa			151,623,583.	16	175,226,831.		
	17	Accounts payable and accrued expenses			16,487,954.	17	19,835,870.		
	18	Grants payable				18			
	19	Deferred revenue				19			
	20					20			
	21	Escrow or custodial account liability. Complete F				21			
ies	22	Loans and other payables to any current or form							
Liabilities		trustee, key employee, creator or founder, substa controlled entity or family member of any of thes				22			
Lia	23	Secured mortgages and notes payable to unrela			6,306,131.	22	4,532,316.		
	23	Unsecured notes and loans payable to unrelated			0,000,1010	23	1,552,510		
	25	Other liabilities (including federal income tax, pay	•			27			
	20	parties, and other liabilities not included on lines							
		of Schedule D		1,805,927.	25	26,629,013.			
	26				24,600,012.	26	50,997,199.		
		Organizations that follow FASB ASC 958, che							
sec		and complete lines 27, 28, 32, and 33.							
anc	27				113,743,555.	27	115,875,610. 8,354,022.		
Fund Balances	28	Net assets with donor restrictions			13,280,016.	28	8,354,022.		
pu		Organizations that do not follow FASB ASC 95	58, che	ck here					
Ľ.		and complete lines 29 through 33.							
s o	29	Capital stock or trust principal, or current funds				29			
set	30	Paid-in or capital surplus, or land, building, or eq				30			
Net Assets or	31	Retained earnings, endowment, accumulated inc				31			
Ne	32	Total net assets or fund balances			127,023,571.	32	124,229,632.		
	33	Total liabilities and net assets/fund balances			151,623,583.	33	175,226,831.		

Form 990 (2022)

# Form 990 (2022) PLANN Part X Balance Sheet

Form	990 (2022) PLANNED PARENTHOOD MAR MONTE INC.	94	-15834	39	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	129,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	134,	894	1,8	85.
3	Revenue less expenses. Subtract line 2 from line 1	3	-5,	424	<b>1,6</b>	<u>19.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	127,			
5	Net unrealized gains (losses) on investments	5	2,	460	),3	55.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		170	),3	25.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	124,	229	9,6	<u>32.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		
			-	_	Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		····· F	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule C	).			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		······  -	3a	X	<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi					1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	L

Form **990** (2022)

232012 12-13-22

Department of the Treasury Internal Revenue Service

(Form 990)

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2022
Open to Public Inspection

Nan	ne of t	the organization				~			dentification number
Do				HOOD MAR MON					4-1583439
	rt I	Reason for Public					ee instruction	S.	
	organ	ization is not a private found							
1		A church, convention of ch	,			n 170(b)(1	)(A)(i).		
2		A school described in sect							
3		A hospital or a cooperative							
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
_		city, and state:							
5		An organization operated for		lege or university owned	l or operat	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (0							
6		A federal, state, or local go	-						
7	X	An organization that norma		ntial part of its support fi	om a gove	ernmental i	unit or from th	e general p	oublic described in
~		section 170(b)(1)(A)(vi). (C							
8	$\square$	A community trust describe							
9		An agricultural research org	-			-		-	-
		or university or a non-land-	grant college of agric	ulture (see instructions).	Enter the	name, city,	, and state of	the college	e Or
40		university:	Illy reacives (1) more	than 00 1/00/ of its sum	art from a	ontribution	o momborobi	n face and	d areas ressints from
10		An organization that norma	•					-	•
		activities related to its exen income and unrelated busin		-					-
		See section 509(a)(2). (Co				soo acqui	cu by the org		
11		An organization organized		vely to test for public sa	fetv See	section 50	9(a)(4)		
12	$\square$	An organization organized	-	•	•			rv out the	purposes of one or
		more publicly supported or	-	-	-			•	
		lines 12a through 12d that	-						
а		<b>Type I.</b> A supporting orga	• •					-	giving
		the supported organization	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or trustee	es of the su	upporting
		organization. You must o	complete Part IV, Se	ctions A and B.					
b		<b>Type II.</b> A supporting org	anization supervised	or controlled in connect	ion with it	s supporte	d organizatior	n(s), by hav	ving
		control or management of	of the supporting orga	anization vested in the sa	ame perso	ns that cor	ntrol or manag	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		<b>Type III functionally inte</b>	grated. A supporting	g organization operated	in connect	tion with, a	and functional	y integrate	ed with,
		its supported organizatio	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	<b>integrated.</b> A supp	orting organization oper	ated in co	nnection w	ith its suppor	ted organiz	zation(s)
		that is not functionally inf	egrated. The organiz	ation generally must sat	isfy a distr	ibution req	uirement and	an attentiv	/eness
		requirement (see instruct	,	• •	,				
е		Check this box if the orga					Type I, Type I	I, Type III	
		functionally integrated, o	•••	nally integrated supportion	ng organiz	ation.			[]
f		er the number of supported of							
<u> </u>		vide the following information i) Name of supported	n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other
	,	organization	(,	(described on lines 1-10	in your governi Yes	ng document? No	support (see in	-	support (see instructions)
				above (see instructions))	165				
Tota	al								

# Schedule A (Form 990) 2022 Part II Support Sch

PLANNED PARENTHOOD MAR MONTE INC.

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support	·		·		·	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	24225008.	21566783.	18744713.	<u>17903360.</u>	28412279.	110852143
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	24225008.	<u>21566783.</u>	18744713.	<u>17903360.</u>	28412279.	110852143
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2134440.
	Public support. Subtract line 5 from line 4.						108717703
Sec	ction B. Total Support	1	<b>-</b>	1	1	1	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	24225008.	21566783.	18744713.	17903360.	28412279.	110852143
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	1169277.	831,456.	620,576.	1506205.	2501229.	6628743.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	218,203.	904,559.	568,677.	478,325.		
11	Total support. Add lines 7 through 10						121527999
	Gross receipts from related activities,	<b>N</b>	,				,163,394.
13	First 5 years. If the Form 990 is for the	•					
0	organization, check this box and <b>stop</b>						
	ction C. Computation of Publi		-				0.0 4.0
	Public support percentage for 2022 (I			column (f))		14	89.46 %
	Public support percentage from 2021					15	89.26 %
16a	33 1/3% support test - 2022. If the o						V
	stop here. The organization qualifies		-				
b	<b>33 1/3% support test - 2021.</b> If the o						
47.	and <b>stop here.</b> The organization qual						
1/a	10% -facts-and-circumstances test						
	and if the organization meets the fact			-	-	VI how the organiz	zation
	meets the facts-and-circumstances te	-		• • • •	•	17a and line 15 ia	
a	10% -facts-and-circumstances test	-					10% OF
	more, and if the organization meets the						
40	organization meets the facts-and-circle		•				
18	Private foundation. If the organization	IT UIU NOT CHECK A	box on line 13, 16	a, 100, 17a, 0r 17b	o, check this box a		s
						Schedule A	(1 JIII 330) 2022

232022 12-09-22

Schedule A (Form 990) 2022
----------------------------

## PLANNED PARENTHOOD MAR MONTE INC. Schedule A (Form 990) 2022 PLANNED For Distribution For Distribution Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sei	Suon A. Fublic Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
л	Tax revenues levied for the organ-						
4	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	<ul> <li>Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year</li> </ul>						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	·		•	•	•	
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	2 (f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) orgar	nization,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Per	centage				
15	Public support percentage for 2022 (	line 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2021					16	%
Sec	ction D. Computation of Inves	stment Income	Percentage				
	Investment income percentage for 2					17	%
	Investment income percentage from					18	%
<b>1</b> 9a	1 33 1/3% support tests - 2022. If the	organization did n	ot check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and I	ine 17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
b	<b>33 1/3% support tests - 2021.</b> If the	organization did n	ot check a box or	line 14 or line 19	a, and line 16 is m	ore than 33 1/	3%, and
	line 18 is not more than 33 1/3%, che	ck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies	as a publicly supp	orted organiza	tion
20	Private foundation. If the organization	on did not check a l	box on line 14, 19	a, or 19b, check t	his box and see ins	structions	
23202	23 12-09-22					Scheo	lule A (Form 990) 2022
			17				

#### PLANNED PARENTHOOD MAR MONTE INC.

1

2

Yes No

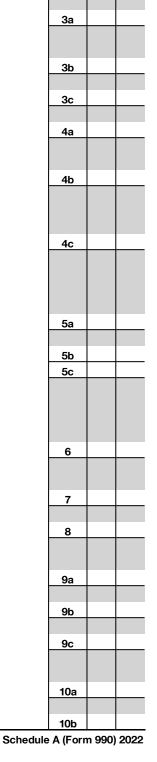
## Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

232024 12-09-22



2022.05090 PLANNED PARENTHOOD MAR MO 729780-1

18

#### 94-1583439 Page 5 PLANNED PARENTHOOD MAR MONTE INC. Schedule A (Form 990) 2022 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide <u>detail in Part VI</u> 11c

## Section B. Type I Supporting Organizations

			Yes	
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s)</i> <i>effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i> <i>organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i> <i>supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			Γ
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

#### upervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

Were a majority of the organization's directors or trustees during the tax year also a majority of the directors 1 or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s) 1

	bortea organi	20110/113/.	
Section D.	. All Type I	II Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

## Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- The organization satisfied the Activities Test. Complete line 2 below. а
- b The organization is the parent of each of its supported organizations. Complete line 3 below.

<b>c</b> [		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).		
------------	--	---	---	--	--

19

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b Schedule A (Form 990) 2022

2a

2b

3a

No

2

Yes No

Yes No

232025 12-09-22

22220421 146892 729780-1

Sche	edule A (Form 990) 2022 PLANNED PARENTHOOD MAR			94-1583439 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	ng Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	e Sections A through E.	1
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

PLANNED PARENTHOOD MAR MONTE INC.

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

94-1583439 Page 6

232026 12-09-22

22220421 146892 729780-1

4	Amounts paid to acquire exempt-use assets	4			
5	Qualified set-aside amounts (prior IRS approval required - pro	5			
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6			
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	IS	(iii) Distributable Amount for 2022
_1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
с	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
c	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

PLANNED PARENTHOOD MAR MONTE INC.

94-1583439 Page 7

Schedule A (Form 990) 2022

1

2

3

**Current Year** 

### Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

**1** Amounts paid to supported organizations to accomplish exempt purposes

organizations, in excess of income from activity

2 Amounts paid to perform activity that directly furthers exempt purposes of supported

Administrative expenses paid to accomplish exempt purposes of supported organizations

Section D - Distributions

3

022 AMOUNT:	\$ 1,877,349.		
021 AMOUNT:	\$ 478,325.		
020 AMOUNT:	\$568,677.		
019 AMOUNT:			
018 AMOUNT:	\$ 218,203.		
ISCELLANEOUS			
CHEDODE A, I		ION FOR OTHER INCOME:	

PLANNED PARENTHOOD MAR MONTE INC. 94-1583439 Page 8

Schedule A (Form 990) 2022

#### 223451 11-15-22

## Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### \*\* PUBLIC DISCLOSURE COPY \*\*

# Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

# 2022

Employer identification number

	PLANNED PARENTHOOD MAR MONTE INC.	94-1583439
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\fbox$ 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

Check if your organization is covered by the **General Rule** or a **Special Rule**. **Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

### **General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

### **Special Rules**

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

J For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set.

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Schedule B (Form 990) (2022)

Name of organization

Part I

PLANNED PARENTHOOD MAR MONTE INC.

**Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) (d) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 X Person Payroll 5,406,520. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 2 X Person Payroll 3,000,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 3 X Person Payroll 2,256,080. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 X Person Payroll Noncash 1,500,000. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 X Person Payroll 1,000,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (d) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 6 X Person Payroll 987,446. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022) 24 22220421 146892 729780-1

Employer identification number

94-1583439

Schedule B (Form 990) (2022)

Name of organization

Part I

(a)

PLANNED PARENTHOOD MAR MONTE INC.

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(b)

No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 X Person Payroll 851,085. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 Type of contribution No. **Total contributions** 8 X Person Payroll 827,891. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 9 X Person Payroll 772,860. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 X Person Payroll Noncash 754,900. \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 X Person Payroll 694,174. Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 12 X Person Payroll 641,285. Noncash \$ (Complete Part II for noncash contributions.) 223452 11-15-22 Schedule B (Form 990) (2022) 25 22220421 146892 729780-1

Employer identification number

(d)

94-1583439

(c)

Part I	Description of noncash property given	(See instructions.)	Date received
		\ \$	
		Ψ	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(2)			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
223453 11-15-22		φ	

26

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(b)

Description of noncash property given

#### Name of organization

PLANNED PARENTHOOD MAR MONTE INC.

Schedule B (Form 990) (2022)

Part II

(a)

No.

from

Employer identification number

(c)

FMV (or estimate)

94-1583439

(d)

**Date received** 

Schedule B (Form 990) (2

## 22220421 146892 729780-1

2022.05090 PLANNED PARENTHOOD MAR MO 729780-1

Schedule I	B (Form 990) (2022)		Page
	rganization		Employer identification number
PLANN	ED PARENTHOOD MAR MONTE	TNC	94-1583439
Part III	Exclusively religious, charitable, etc., contribut	ions to organizations described in sec	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1,000 or le	ry. For organizations ess for the year. (Enter this info. once.)
(a) Na	Use duplicate copies of Part III if additional	space is needed.	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
		[	
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	t
·	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
		(e) Transfer of gift	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
		[	
		[	
(a) No. from			
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			<u> </u>
		(e) Transfer of gift	t ·
-	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
223454 11-15	5-22	<b>6 -</b>	Schedule B (Form 990) (2022)

## 22220421 146892 729780-1

SCHEDULE C	Po	litical Campaign a	and Lobbyin	g Activities		OMB No. 1545-0047
(Form 990)	For Org	anizations Exempt From Incom	e Tax Under section	- 501(c) and section 5	27	2022
	-	if the organization is described				Open to Public
Department of the Treasury Internal Revenue Service	-	to www.irs.gov/Form990 for in				Inspection
-		Form 990, Part IV, line 3, or Fo		ne 46 (Political Camp	baign Ac	tivities), then
		plete Parts I-A and B. Do not com	•	Do not complete Do	4 I D	
<ul> <li>Section 501(c) (other</li> <li>Section 527 organization</li> </ul>		1(c)(3)) organizations: Complete F	Parts I-A and C below.	Do not complete Pai	ι ŀ-В.	
· ·	•	Form 990, Part IV, line 4, or Fo	rm 990-EZ. Part VI. li	ne 47 (Lobbving Act	ivities), †	then
		nave filed Form 5768 (election und				
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that h	nave NOT filed Form 5768 (electio	n under section 501(h	n)): Complete Part II-B	. Do not	complete Part II-A.
		Form 990, Part IV, line 5 (Proxy	<sup>,</sup> Tax) (See separate i	instructions) or Forn	п 990-EZ	Z, Part V, line 35c (Proxy
Tax) (See separate inst						
<ul> <li>Section 501(c)(4), (5)</li> <li>Name of organization</li> </ul>	i, or (6) organizat	ions: Complete Part III.			Employ	yer identification number
Name of organization	DI.ANNED	PARENTHOOD MAR M				94-1583439
Part I-A Comple		anization is exempt unde		or is a section 5	l 27 ora:	
	J	F				
1 Provide a description	on of the organiz	ation's direct and indirect politica	l campaign activities i	n Part IV.		
2 Political campaign					\$_	
3 Volunteer hours for	political campai	gn activities				
				2)		
		anization is exempt unde		3).		
		incurred by the organization unde				
		incurred by organization manager n 4955 tax, did it file Form 4720 fe				
<b>b</b> If "Yes," describe in	n Part IV.					
Part I-C Comple	ete if the org	anization is exempt unde	r section 501(c),	except section \$	501(c)(	3).
1 Enter the amount d	irectly expended	by the filing organization for sect	tion 527 exempt funct	ion activities	\$ _	
2 Enter the amount o	f the filing organ	ization's funds contributed to othe	er organizations for se	ection 527		
exempt function ac					\$_	
•	•	. Add lines 1 and 2. Enter here an			•	
		1100 DOL (				Yes No
00		<b>1120-POL</b> for this year?	) of all soction 527 pol			
		tion listed, enter the amount paid		•		
	-	omptly and directly delivered to a				
political action com	mittee (PAC). If a	additional space is needed, provid	de information in Part	IV.		
<b>(a)</b> Name	e	(b) Address	(c) EIN	(d) Amount paid		(e) Amount of political
				filing organizatio		contributions received and promptly and directly
				funds. If none, ent	.er -0	delivered to a separate
						political organization. If none, enter -0
					—	
					-+	
For Paperwork Beduct	ion Act Notice	see the Instructions for Form 99	0 or 990-F7	1		hedule C (Form 990) 2022

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA

Schedule C (Form 990) 202

232041 11-08-22

Schedule C (Form 990) 2022 Part II-A Complete if the org		ARENTHOOD MAR		94-1	583439 Page 2
section 501(h)).	anization is e	kempt under section		eu Form 5700 (eie	ction under
A Check X if the filing organiza expenses, and shar	e of excess lobby			group member's name	e, address, EIN,
Limi	ts on Lobbying E	•		<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to influ	uence public opini	on (grassroots lobbying)		51,547.	51,547.
<b>b</b> Total lobbying expenditures to influ	uence a legislative	body (direct lobbying)		132,387.	132,387.
c Total lobbying expenditures (add li				183,934.	
d Other exempt purpose expenditure				134542014.	
e Total exempt purpose expenditure				134725948. 1,000,000.	
f Lobbying nontaxable amount. Ente				1,000,000.	1,000,000.
If the amount on line 1e, column (a) o Not over \$500,000		lobbying nontaxable am of the amount on line 1e.			
Over \$500,000 but not over \$1,000		0,000 plus 15% of the exc			
Over \$1,000,000 but not over \$1,5	· · · · ·	5,000 plus 10% of the exc			
Over \$1,500,000 but not over \$17,		5,000 plus 5% of the exce			
Over \$17,000,000	\$1,	00,000.			
g Grassroots nontaxable amount (en	ter 25% of line 1f)			250,000.	250,000.
h Subtract line 1g from line 1a. If zer				0.	0.
i Subtract line 1f from line 1c. If zero				0.	0.
j If there is an amount other than ze				Г	Yes No
reporting section 4911 tax for this		Averaging Period Under		L	Yes No
(Some organizations t	nat made a sectio	n 501(h) election do not parate instructions for li	have to complete all o	of the five columns be	low.
	Lobbying E	penditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount	1,000,00	0. 1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	143,75	6. 357,463.	299,677.	183,934.	984,830.
d Grassroots nontaxable amount	250,00	0. 250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	98,95	2. 112,009.	225,612.	51,547.	488,120.

Schedule C (Form 990) 2022

232042 11-08-22

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b	)
of the lobbying activity.	Yes	No	Amo	ount
During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter				
or referendum, through the use of:				
a Volunteers?				
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?	-			
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
<ul> <li>h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?</li> <li>i Other activities?</li> </ul>				
<ul> <li>j Total. Add lines 1c through 1i</li> <li>2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?</li> </ul>				
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), sectio	<u>   </u> p 501(a)(5)	orsoo	tion	
$\frac{\mathbf{r}_{art m-A}}{501(c)(6)}$	11 30 1(0)(3)	, 01 560	uon	
			Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		. 2		
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from th	e prior year?	3		
Part III-B Complete if the organization is exempt under section 501(c)(4), sectio				
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	"No" OR (k	o) Part I	II-A, line	3, is
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political				
expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year				
c Total				
<ul> <li>4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc</li> </ul>				
does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	Jillical	4		
<ul> <li>5 Taxable amount of lobbying and political expenditures. See instructions</li> </ul>		. 4		
Part IV Supplemental Information		] 3		
Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	lict): Dort II A	lines 1 a	ad 2 (Saa	
instructions); and Part II-B, line 1. Also, complete this part for any additional information.	nou, rait II-A,	, iii ies i al	10 2 (388	
PART II-B, AFFILIATED GROUP RETURN STATEMENT:				
MEMBERS OF THE AFFILIATED GROUP INCLUDE:				
MAMBERS OF THE AFFILIATED GROUP INCLUDE:				
PLANNED PARENTHOOD MAR MONTE, INC.				

1691 THE ALAMEDA

SAN JOSE, CA 95126

232043 11-08-22

Schedule C (Form 990) 2022

FEIN: 94-1583438

TOTAL LOBBYING EXPENDITURES TO INFLUENCE PUBLIC OPINION (GRASSROOTS

LOBBYING): \$51,547

TOTAL LOBBYING EXPENDITURES TO INFLUENCE A LEGISLATIVE BODY (DIRECT

LOBBYING): \$132,387

OTHER EXEMPT PURPOSE EXPENDITURES: \$134,542,014

TOTAL EXEMPT PURPOSE EXPENDITURES: \$134,725,948

PLANNED PARENTHOOD ADVOCATES MAR MONTE, INC.

1691 THE ALAMEDA

SAN JOSE, CA 95126

FEIN: 77-0261817

TOTAL LOBBYING EXPENDITURES TO INFLUENCE PUBLIC OPINION (GRASSROOTS

LOBBYING): \$0

TOTAL LOBBYING EXPENDITURES TO INFLUENCE A LEGISLATIVE BODY (DIRECT

LOBBYING): \$0

OTHER EXEMPT PURPOSE EXPENDITURES: \$3,320,607

TOTAL EXEMPT PURPOSE EXPENDITURES: \$3,320,607

EAST VALLEY COMMUNITY CLINIC

2470 ALVIN AVENUE, SUITE 60

SAN JOSE, CA 95121

FEIN: 94-2191935

TOTAL LOBBYING EXPENDITURES TO INFLUENCE PUBLIC OPINION (GRASSROOTS

LOBBYING): \$0

TOTAL LOBBYING EXPENDITURES TO INFLUENCE A LEGISLATIVE BODY (DIRECT

31

LOBBYING): \$0

OTHER EXEMPT PURPOSE EXPENDITURES: \$2,535,206

Schedule C (Form 990) 2022

TOTAL EXEMPT PURPOSE EXPENDITURES: \$2,535,206

ONLY PLANNED PARENTHOOD MAR MONTE, INC. HAS MADE AN ELECTION UNDER IRC

SECTION 501(H). THERE ARE NO EXCESS LOBBYING EXPENDITURES AMONGST ANY

MEMBERS OF THE AFFILIATED GROUP.

Schedule C (Form 990) 2022

232044 11-08-22

SCHEDULE D	)
------------	---

Department of the Treasury

Internal Revenue Service

(Form	990)
-------	------

Part I

## **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Employer identification number

94-1583439

Name of the	ne organization
-------------	-----------------

PLANNED PARENTHOOD MAR MONTE INC.

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" on Form 990, Part IV, line	90.					
	-	(a) Donor advis	sed funds	(b) Fund	s and other acco	ounts	
1	Total number at end of year						
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in w	-					_
	are the organization's property, subject to the organization's e	exclusive legal control?			Yes		No
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that g	rant funds can be used	only			
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for a	any other purpose confe	rring			_
	impermissible private benefit?				Yes		No
Par	t II Conservation Easements. Complete if the org	anization answered "Y	es" on Form 990, Part IV	/, line 7.			
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply					
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of a his	torically ir	nportant land ar	ea	
	Protection of natural habitat		Preservation of a cer	tified hist	oric structure		
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contri	bution in the form of a c	onservatio	on easement on	the las	st
	day of the tax year.			H	leld at the End of	the Tax	Year
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation easements			2b			
с	Number of conservation easements on a certified historic stru	cture included in (a)		2c			
d	Number of conservation easements included in (c) acquired at						
	historic structure listed in the National Register			2d			
3	Number of conservation easements modified, transferred, rele			nization d	uring the tax		
	year						
4	Number of states where property subject to conservation ease	ement is located					
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ction, handling of				
	violations, and enforcement of the conservation easements it	holds?			Yes		No
6	Staff and volunteer hours devoted to monitoring, inspecting, h					year	
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and e	nforcing conservation e	asements	during the year		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requireme	nts of section 170(h)(4)(E	3)(i)			_
	and section 170(h)(4)(B)(ii)?				Yes		No
9	In Part XIII, describe how the organization reports conservation	n easements in its rev	enue and expense state	ment and			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization	's financial statements t	nat descri	bes the		
Der	organization's accounting for conservation easements.	Aut Historical Tr		Oimilar	Acceto		
Par	t III Organizations Maintaining Collections of	-	easures, or Other	Similar	Assels.		
	Complete if the organization answered "Yes" on Form						
та	If the organization elected, as permitted under FASB ASC 958	•					
	of art, historical treasures, or other similar assets held for publ			ance of pu	DIIC		
	service, provide in Part XIII the text of the footnote to its finance						
b	If the organization elected, as permitted under FASB ASC 958	•					
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furtherand	ce of publi	c service,		
	provide the following amounts relating to these items:			•			
	(i) Revenue included on Form 990, Part VIII, line 1			•			
-							
2	If the organization received or held works of art, historical trea			provide			
	the following amounts required to be reported under FASB AS						
a	Revenue included on Form 990, Part VIII, line 1						
	Assets included in Form 990, Part X						0000
	For Paperwork Reduction Act Notice, see the Instructions	tor Form 990.		S	chedule D (For	m 990	) 2022
232051	09-01-22						

Part IIII       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continues)         3       Using the organization acquisition, accession, and other records, check any of the following that make significant use of its obtain terms (check all that apply):       d       Loan or exchange program         b       Scholarly research       e       Other       Other         c       Previse acciption of thane generations       d       Loan or exchange program         b       Scholarly research       e       Other         c       Previse acciption of thane generations collections and explain how they further the organization seempt purpose in Part XIII.         5       Dring the year, did the organization sollections and explain how they further the organization answered 'Yes' on Form 900, Part XI, Ine 21.       Yes       No         Part V       Endownent Linutes. Complete the following table:        Amount       1       1       Amount       1       1       Amount       1       1       Amount       1       1       Manual Amount       1       1       Amount       1       1       Amount       1<	Sche	dule D (Form 990) 2022 PLANNED	PARENTHOOD	MAR MONTH	E INC.		94-15			age <b>2</b>
collection lems (check all that apply):       a       b       b       Scholarly research       c       Other	Par	t III   Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Simila	r Asset	s (contin	ued)	
a       Public exhibition       d       Loan or exchange program         b       Scholary research       e       Other	3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant	use of its			
b       Scholary research       e       Other         c       Preview attem for huture generations       collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets       tote solid the organization answered 'Ves' on Form 980, Part IV, line 9, or resported an amount on Form 980, Part X, line 21.         14       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       Its the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       Its the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       Its the organization submit the year         c       Beginning balance       Ital       Ital       Ital         able the organization include an amount on Form 990, Part X, line 21. (or escrow or custodial account liability?       Ves       No         b       If 'Yes', explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Part XIII.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 900, Part X, line 21.       Its the organization submit the account (a) Phore years back. (d) Forur years back.       (e) forur years back.         a Beginning of year balance <td< th=""><th></th><th>collection items (check all that apply):</th><th></th><th></th><th></th><th></th><th></th><th></th><th></th><th></th></td<>		collection items (check all that apply):								
c       Preservation for future generations         4       Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       During the year, did the organization solicit or receive donations of art, historical reasures, or other similar assets       to be sold to raise funds rather than to be maintained as part of the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Image: Complexity of the organization answered 'Yes' on Form 990, Part X, line 21.         1a       is the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Complexity if the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ves       No         b       If Yes, explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Image: Complexity if the organization include an amount on Form 990, Part X, line 21, for escrow and custodial account liability?       Ves       No         b       Contributions       Contributions       Contributions       Contributions       Contributions       Contributions       Contributi	а	Public exhibition	d	Loan or exc	hange program					
Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.     During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets     to be sold to raise funds rather than to be maintained as part of the organization's collection?     Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 2.     Beginning balance         Amount         test on sold or raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part X, line 2.     Beginning balance         test on sold or raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part X, line 2.     Beginning balance     Beginning balance     Beginning balance     Beginning of year balance     28 (622, 461, 37, 448, 058, 29, 661, 752, 26, 516, 927, 24, 428, 324, 92, 661, 752, 26, 516, 927, 24, 428, 324, 92, 661, 752, 26, 516, 927, 24, 428, 327, 24, 428, 327, 24, 428, 324, 93, 514, 93, 31, 1, 681, 891, 1, 273, 121, 601 arrangement IP Art XIII. Check here if the explanation has been provided on Part XIII.     Beginning of year balance         28, 622, 461, 37, 434, 058, 29, 661, 752, 26, 516, 927, 24, 428, 327, 72, 04, 428, 327, 72, 04, 428, 327, 72, 04, 428, 327, 72, 04, 428, 327, 72, 04, 428, 327, 72, 04, 428, 327, 72, 04, 428, 327, 72, 04, 428, 324, 040, 000, 000, 10, 10, 10, 10, 10, 10, 10,	b	Scholarly research	e	Other						
5       During the year, did the organization solicit or receive donations of art. historical treasures, or other similar assets       to be sold to raise funds rather than to be maintained as part of the organization is collection?       No         Part V       Escrow and Outstodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on Form 980, Part X, line 21.       If a is the organization angent. Instructed, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.       Ves       No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       1 </th <th>С</th> <th>Preservation for future generations</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	С	Preservation for future generations								
To be not to raise funds rather than to be maintained as part of the organization acceleration         Yes         No           Part W         Escrow and Custodial Arrangements. Complete if the organization answered Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         Image: Complete III and Complete the following table:         Amount           c         Beginning balance         Image: Complete III and Complete IIII and Complete IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's ex	empt purpo	ose in Part	XIII.		
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X (IIII)       Ves       Ne         b       If "Yes," explain the arrangement in Part XIII and complete the following table: <ul> <li>Amount</li> <li>Amount</li> <li>Id</li> <li>If 'tes', explain the arrangement in Part XII</li> <li>Id</li> <li>I</li></ul>	5				•	ar assets	_	_		_
reported an amount on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.         1b       It 'Yes, 'explain the arrangement in Part XIII and complete the following table:         1a       Additions during the year         1a       It colspan="2">It colspan="2"         It colspan="2" </th <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>No</th>										No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?       Yes       No         b       If 'Yes,'' explain the arrangement in Part XIII and complete the following table:       Amount       Image: Complete the following table:       Amount         c       Beginning balance       Image: Complete the following table:       Amount       Image: Complete the following table:       Amount         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XII.       Perf V       Fodowment Funds. Complete if the organization answerd 'Yes' or Form 900, Part IX, line 10.       Image: Complete if the organization answerd 'Yes' or Form 900, Part IX, line 10.       Yes       Addition during the year         1a       Beginning of year balance       28, 682, 481.       37, 484, 058.       29, 661, 752.       26, 516, 917.       24, 428, 312.         1a       Beginning of year balance       1, 044, 899.       4, 000, 000.       Image: Complete if the organization answerd 'Yes' or Form 900, Part X, line 11.       Yes (Yes, 's complete if the organization set on	Par			te if the organizatio	n answered "Yes" o	on Form 99	0, Part IV,	line 9, or		
on Form 990, Part X?         Yes         No           b         If "Yes," explain the arrangement in Part XIII and complete the following table:         Amount           c         Beginning balance         Id           d         Additions during the year         Id           e         Distributions during the year         Id           2a         Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?         Yes         No           b         If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         Part X         Endowment Funds. Complete If the organization answered "Yes" on Form 990, Part X, line 10.           Part V         Endowment Funds. Complete If the organization answered "Yes" on Form 990, Part X, line 10.         If me to answere or yes" on Form 990, Part X, line 10.           Part V         Endowment Funds. Complete If the organization answered "Yes" on Form 990, Part X, line 10.         If a durinistrative system and part of facilities and programs           1         04 (arent year blance         28, 682, 481.         37, 484, 058.         29, 661, 752.         26, 516, 917.         24, 428, 319.           2         Ford or expenditures for facilities and programs         1, 044, 899.         4, 000, 000.         In the arrangement me to answere Yes and balance (line 10, column (a) held as:         Board designated organizations <th></th>										
b       If "Yes," explain the arrangement in Part XIII and complete the following table: <ul> <li></li></ul>	1a						_	_		1
c         Beginning balance         Amount           d         Additions during the year         1d           e         Distributions during the year         1d           2         Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?         Ves         No           2         Did the organization include an amount on Form 990, Part X, line 21, for escrew or custodial account liability?         Ves         No           Part V         Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.           Part V         Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.           1a         Beginning of year balance         28, 682, 481, 37, 484, 058, 29, 661, 752, 26, 516, 917, 24, 428, 913, 27, 014, 489, 4, 000, 000, 000, 014, 489, 1, 4, 273, 121.           b         Contributions         2, 696, 972, 4, 852, 235, 7, 431, 833, 1, 681, 891, 1, 273, 121.           c         Other expenditures for facilities and programs         1, 044, 899, 4, 000, 000, 00, 00, 00, 00, 00, 00, 0							L	_ Yes		No
c       Beginning balance       ic       id         d       Additions during the year       id       id         f       Ending balance       it       id         2a       Distributions during the year       it       it       id         id       id       id       id       id         id       id       id       id       id         id       id       id       id       id       id         id       bit "vse": vsplain the arrangement in Part XII. Check here if the explanation has been provided on Part XII       id       id       id         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       id       id       id       id         id       Gurants or scholarships       id       id<	b	If "Yes," explain the arrangement in Part XIII	and complete the follo	owing table:			1	<b>A</b>		
d Additions during the year       1d         e Distributions during the year       1e         1       1         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If 'Yes," explain the arangement in Part XIII. Check here if the explanation has been provided on Part XII       Yes       No         b If 'Yes," explain the arangement in Part XIII. Check here if the explanation answered 'Yes' on Form 990, Part IV, line 10.       Ine 10.       Ine 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10.       Ine 10.       Ine 28,682,481.       37,484,058.       29,617,52.       26,516,917.       24,242.9319.         b Contributions       28,682,481.       37,484,058.       29,661,752.       26,516,917.       24,428.9319.         c Net investment earnings, gains, and losses       2,695,972.       -4,852,235.       7,431,833.       1,681,891.       1,273,121.         d Grants or scholarships       1,044,899.       4,000,000.       1 <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>Amoun</th> <th></th> <th></th>								Amoun		
e       Distributions during the year       1e         f       Ending balance       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior years on Form 990, Part IV, line 10.         b       Contributions       50, 658.       390, 473.       1, 462, 944.       815, 477.         c       Not be resemble the estimated part of the current year net of the structures for facilities and programs       1, 044, 899.       4, 000, 000.       1, 273, 121.         d       Grants or scholarships       1, 044, 899.       4, 000, 000.       1, 273, 121.       26, 516, 917.         e       Other expenditures for facilities and programs       1, 044, 899.       4, 000, 000.       1, 273, 121.       26, 516, 917.         g       End of year balance       9, 334, 554.       28, 682, 481.       37, 484, 058.       29, 661, 752.       26, 516, 917.         g       Provide the estimated percentage of the current year ned balance (line 10, column (a)) held as:       a       Board										
f       Ending balance       If         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part IV, line 10.       Yes       No         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back       (e)										
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Yes       No         b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Complete if the organization answered "Yes" on Form 990, Part X, line 10.         a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         b Contributions       50, 658.       390, 473.       1, 462, 944.       815, 477.         c Net investment earnings, gains, and losses       2, 696, 972.       -4, 852, 235.       7, 431, 833.       1, 681, 891.       1, 273, 121.         c Grants or scholarships       1, 044, 899.       4, 000, 000.       1, 044, 899.       4, 000, 000.       1, 044, 058.       29, 661, 752.       26, 516, 917.         g End of year balance       30, 334, 554.       28, 682, 481.       37, 484, 058.       29, 661, 752.       26, 516, 917.         g End of year balance       30, 334, 554.       28, 682, 481.       37, 484, 058.       29, 661, 752.       26, 516, 917.         g Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment       91. 780.0       %         g Ford of year balance       0.000.%       The percentages on lines 2a, 2b, and 2c	e									
b       f "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 300, Part IV, line 10.         (a)       Current year       (b) Prior year       (c) Two years back       (e) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (e) Three years back       (e) Four years back         b       Contributions       30, 473.       1, 462, 944.       815, 477.         c       Net investment earnings, gains, and losses       2, 696, 972.       -4, 452, 235.       7, 431, 833.       1, 681, 891.       1, 273, 121.         e       Other expenditures for facilities and programs       1, 044, 899.       4, 000, 000.       1         g       End of year balance       30, 334, 554.       28, 682, 481.       37, 484, 058.       29, 661, 752.       26, 516, 917.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasisendowment       91. 7800       %         b       Permanent endowment       8.2200       %       %       S       G         (i)       Uncelated organizations       30.       30.	T Oo					····		Vee		
Part V         Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.           1a         Beginning of year balance         (a) Current year         (b) Prior year         (c) Two years back         (d) Three years back         (e) Four years back           1a         Beginning of year balance         (b) Add and the set of the set				•			∟			] <b>INO</b> ]
(a) Current year         (b) Prior year         (c) Two years back         (d) Three years back         (e) Four years back           1a         Beginning of year balance         28,682,481.         37,484,058.         29,661,752.         26,516,917.         24,428,319.           b         Contributions         50,658.         3990,473.         1,462,944.         815,477.           c         Net investment earnings, gains, and losses         2,696,972.         -4,852,235.         7,431,833.         1,681,891.         1,273,121.           d         Grants or scholarships         1,044,899.         4,000,000.         1         1         1         27,912.         26,516,917.         24,428,319.           e         Other expenditures for facilities         1,044,899.         4,000,000.         1         1         1,273,121.           g         End of year balance         30,334,554.         28,682,481.         37,484,058.         29,661,752.         26,516,917.           2         Provide the estimated percentage of the current year end balance (line 1g, column (al) held as:         Board designated or quasi-endowment         91.7800         %           b         Permanent endowment         8.22000         %         %         3a(0)         X           ib         Porvide ad ganizations	_									1
1a       Beginning of year balance       28,682,481.       37,484,058.       29,661,752.       26,516,917.       24,428,319.         b       Contributions       50,658.       390,473.       1,462,944.       815,477.         c       Net investment earnings, gains, and losses       2,696,972.       -4,852,235.       7,431,833.       1,681,891.       1,273,121.         d       Grants or scholarships       0       1,044,899.       4,000,000.       1       1         e       Other expenditures for facilities and programs       1,044,899.       4,000,000.       1       1       1,273,121.         g       End of year balance       30,334,554.       28,682,481.       37,484,058.       29,661,752.       26,516,917.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment       91.7800       %         b       Permanent endowment       8.2200       %       %       The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization by:       3a(i)       X         (i)       Unrelated organizations       Sid       X       X       X       X       X       X       X       X							vears back	(e) Four	vears	back
b       Contributions       50,658.       390,473.       1,462,944.       815,477.         c       Net investment earnings, gains, and losses       2,696,972.       -4,852,235.       7,431,833.       1,681,891.       1,273,121.         d       Grants or scholarships	1a	Reginning of year balance			., ,		-		-	
c       Net investment earnings, gains, and losses       2,696,9724,852,235. 7,431,833. 1,681,891. 1,273,121.         d       Grants or scholarships       0       1,044,899. 4,000,000.       1         e       Other expenditures for facilities and programs       1,044,899. 4,000,000.       1       1,273,121.         f       Administrative expenses       30,334,554. 28,682,481. 37,484,058. 29,661,752. 26,516,917.       2         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       30,334,554. 28,682,481. 37,484,058. 29,661,752. 26,516,917.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       b         a       Board designated or quasi-endowment       8.2200 %       %       y         c       Term endowment       8.2200 %       %       %         d       Term endowment       8.2200 %       %       %         f       Term endowment       8.2200 %       %       %       %         d       Decordination by:       (0000 %       %       %       %       %         f       Hernenet endowment       8.2200 %       %       %       %       %       %         (i) Unrelated organizations       10.000 %			, , ,							
d Grants or scholarships <ul> <li>Other expenditures for facilities</li> <li>and programs</li> <li>1,044,899.</li> <li>4,000,000.</li> </ul> f Administrative expenses              1,044,899.       4,000,000.              1           g End of year balance              30,334,554.              28,682,481.              37,484,058.              29,661,752.              26,516,917.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:                30,334,554.              28,682,481.              37,484,058.              29,661,752.              26,516,917.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:              Bacard designated or quasi-endowment 91.7800 %              Permanent endowment 91.7800 %              Permanent endowment 91.7800 %              Yes No         3 Do 000 %              Term endowment 1000 nms 2a, 2b, and 2c should equal 100%.              Sa              Yes No         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:             (i) Unrelated organizations              3a(ii) X             3a(ii) X             3a(ii) X             3a(ii) X             3a(iii) X             3a(iii) X             3b               Bacirbin Factor Factor Factor Factor	c		2,696,972.	,	,	_				
e       Other expenditures for facilities and programs       1,044,899.       4,000,000.         f       Administrative expenses       30,334,554.       28,682,481.       37,484,058.       29,661,752.       26,516,917.         g       End of year balance       30,334,554.       28,682,481.       37,484,058.       29,661,752.       26,516,917.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment       91.7800       %         b       Permanent endowment       8.2200       %       * <t< th=""><th>d</th><th></th><th>,</th><th></th><th>, ,</th><th>,</th><th>,</th><th></th><th></th><th></th></t<>	d		,		, ,	,	,			
and programs       1,044,899.       4,000,000.         f       Administrative expenses       30,334,554.       28,682,481.       37,484,058.       29,661,752.       26,516,917.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment       91.7800       %         b       Permanent endowment       8.2200       %       %       ************************************	e									
f       Administrative expenses       30,334,554.       28,682,481.       37,484,058.       29,661,752.       26,516,917.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment       91.7800       %         b       Permanent endowment       8.2200       %       %       %         c       Term endowment       0.000       %       %         c       Term endowment       0.000       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organizations       3a(i)       X         ii)       Related organizations       3a(ii)       X       3a(ii)       X         iii)       Related organizations       iisted as required on Schedule R?       3b       4         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       4       4         Part VI       Land, Buildings, and Equipment.       Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       12,046,691.       12,046,691.         1a       Land       12,046,691.       12,046,691.       12,046,691.       12,046,691.			1,044,899.	4,000,000.						
g End of year balance       30,334,554.       28,682,481.       37,484,058.       29,661,752.       26,516,917.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a Board designated or quasi-endowment       91.7800       %         b Permanent endowment       8.2200       %       ************************************	f									
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment 91.7800 %         b       Permanent endowment 0.0000 %         The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations (a) are the related organization's endowment funds.</li> </ul> <ul> <li><b>Yes</b> No</li> <li><b>3a(i)</b> X</li> <li><b>3a(i)</b> X</li> <li><b>3a(i)</b> X</li> <li><b>3a(i)</b> X</li> <li><b>3a(i)</b> X</li> <li><b>3b</b></li> </ul> 4         Describe in Part XIII the intended uses of the organization's endowment funds.           Part VI         Land, Buildings, and Equipment.           Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (other)           basis (investment)         basis (other) <li>depreciation</li> <li>depreciation</li> <li>12, 046, 691.</li> <li>22, 046, 691.</li> <li>23, 791, 864.</li>	g		30,334,554.	28,682,481.	37,484,058	. 29,6	561,752.	26,	516,	917.
b       Permanent endowment       8.2200       %         c       Term endowment       .0000       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       (i)       Unrelated organizations       3a(ii)       X         (ii)       Incleated organizations       3a(ii)       X       3a(ii)       X         (iii)       Related organizations       3a(ii)       X       3a(ii)       X         (iii)       Related organizations       3a(ii)       X       3a(ii)       X         (ii)       Incleated organizations       3a(ii)       X       3a(ii)       X         (iii)       Related organizations       isted as required on Schedule R?       3b       5         4       Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI       Land, Buildings, and Equipment.       (b) Cost or other depreciation       (c) Accumulated depreciation       (d) Book value basis (other)         0       Description of property       (a) Cost or other basis (other)       (b) Cost or other depreciation       (c) Accumulated depreciation       (d) Book value basis (other)         1a       Land       12,046,691.       12,046,691.	2		ent year end balance	(line 1g, column (a)	) held as:					
c       Term endowment       0000 %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a         3a       Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	а	Board designated or quasi-endowment	91.7800	%						
The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iiii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organizations</li> <li>(iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(a) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Cost or other basis (other)</li> <li>(d) Book value</li> <li>(d) Cost or 047 (c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Cost or 047 (c) Ac (c) A</li></ul>	b	Permanent endowment 8.2200	%							
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: <ul> <li>(i) Unrelated organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations</li> <li>(ii) Related organizations</li> <li>(iii) Related organizations is endowment funds.</li> </ul> <ul> <li>(iii) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(e) Cost or other basis (investment)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>(d) Book value</li> <li>(d) Book value</li> <li>(e) Character (c) Accumulated (c) Accumulated depreciation</li> <li>(f) Buildings</li> <li>(f) (f) (f) (f) (f) (f) (f) (f) (f) (f)</li></ul>	с	Term endowment .0000	%							
organization by:       Yes       No         (i)       Unrelated organizations       3a(i)       X         (ii)       Related organizations       3a(ii)       X         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3b         Part VI       Land, Buildings, and Equipment.       (a) Cost or other       (b) Cost or other       (c) Accumulated       (d) Book value         Description of property       (a) Cost or other       basis (other)       12,046,691.       12,046,691.         1a       Land       12,046,691.       12,046,691.       12,046,691.         b       Buildings       49,674,511.       25,882,647.       23,791,864.         c       Leasehold improvements       10,764,618.       8,514,176.       2,250,442.         d       Equipment       15,101,508.       13,553,679.       1,547,829.         e       Other       12,139,625.       12,139,625.       12,139,625.		The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
(i) Unrelated organizations       3a(i)       X         (ii) Related organizations       3a(ii)       X         (ii) Related organizations       3a(ii)       X         (ii) Related organizations       3a(ii)       X         (iii) Related organizations       3a(ii)       X         (ii) Perform Synthesis       3a(iii)       X         (iii) Related organizations       3a(iii)       X         (iii) Perform Synthesis       3a(iii)       X         (iii) Construction       3a(iii)       X         (iii) Construction       3a(iii)       X         (iii) Description of property       (a) Cost or other       (b) Cost or other       (c) Accumulated       (d) Book value         1a Land       12,046,691.       12,046,691.       12,046,691.       12,046,691.       2,250,442. <th>3a</th> <th>Are there endowment funds not in the posse</th> <th>ssion of the organizat</th> <th>ion that are held ar</th> <th>nd administered for</th> <th>the</th> <th></th> <th>-</th> <th></th> <th></th>	3a	Are there endowment funds not in the posse	ssion of the organizat	ion that are held ar	nd administered for	the		-		
(ii) Related organizations       3a(ii) X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       90         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       12,046,691.       12,046,691.         b Buildings       49,674,511.       25,882,647.       23,791,864.         c Leasehold improvements       10,764,618.       8,514,176.       2,250,442.         d Equipment       15,101,508.       13,553,679.       1,547,829.         e Other       12,139,625.       12,139,625.       12,139,625.		organization by:							Yes	
b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       12,046,691.       12,046,691.         b       Buildings       49,674,511.       25,882,647.       23,791,864.         c       Leasehold improvements       10,764,618.       8,514,176.       2,250,442.         d       Equipment       15,101,508.       13,553,679.       1,547,829.         e       Other       12,139,625.       12,139,625.		(i) Unrelated organizations						3a(i)		
4 Describe in Part XII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other basis (investment)         b Buildings       12,046,691.         c Leasehold improvements       10,764,618.       8,514,176.       2,250,442.         d Equipment       15,101,508.       13,553,679.       1,547,829.         e Other       12,139,625.       12,139,625.										X
Part VI         Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         (c) Accumulated depreciation         (d) Book value           Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         12,046,691.         12,046,691.         12,046,691.           b Buildings         49,674,511.         25,882,647.         23,791,864.           c Leasehold improvements         10,764,618.         8,514,176.         2,250,442.           d Equipment         15,101,508.         13,553,679.         1,547,829.           e Other         12,139,625.         12,139,625.         12,139,625.	b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	d on Schedule R?				. 3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.           Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         12,046,691.         12,046,691.         12,046,691.         12,046,691.           b Buildings         49,674,511.         25,882,647.         23,791,864.           c Leasehold improvements         10,764,618.         8,514,176.         2,250,442.           d Equipment         15,101,508.         13,553,679.         1,547,829.           e Other         12,139,625.         12,139,625.         12,139,625.	4			/ment funds.						
Description of property         (a) Cost or other basis (investment)         (b) Cost or other basis (other)         (c) Accumulated depreciation         (d) Book value           1a Land         12,046,691.         12,046,691.         12,046,691.           b Buildings         49,674,511.         25,882,647.         23,791,864.           c Leasehold improvements         10,764,618.         8,514,176.         2,250,442.           d Equipment         15,101,508.         13,553,679.         1,547,829.           e Other         12,139,625.         12,139,625.         12,139,625.	Par									
basis (investment)         basis (other)         depreciation           1a Land         12,046,691.         12,046,691.           b Buildings         49,674,511.         25,882,647.         23,791,864.           c Leasehold improvements         10,764,618.         8,514,176.         2,250,442.           d Equipment         15,101,508.         13,553,679.         1,547,829.           e Other         12,139,625.         12,139,625.         12,139,625.			,	,	,	,				
b Buildings       49,674,511.       25,882,647.       23,791,864.         c Leasehold improvements       10,764,618.       8,514,176.       2,250,442.         d Equipment       15,101,508.       13,553,679.       1,547,829.         e Other       12,139,625.       12,139,625.		Description of property		.,				(d) Bool	< value	e
b Buildings       49,674,511.       25,882,647.       23,791,864.         c Leasehold improvements       10,764,618.       8,514,176.       2,250,442.         d Equipment       15,101,508.       13,553,679.       1,547,829.         e Other       12,139,625.       12,139,625.	1a	Land		12,04	6,691.		1	2,040	5,69	91.
c Leasehold improvements       10,764,618.       8,514,176.       2,250,442.         d Equipment       15,101,508.       13,553,679.       1,547,829.         e Other       12,139,625.       12,139,625.				49,67	4,511. 25	,882,6				
d Equipment         15,101,508.         13,553,679.         1,547,829.           e Other         12,139,625.         12,139,625.				10,76	4,618. 8	,514,1	76.	2,250	),44	12.
e Other				15,10	1,508. 13	, <u>553,</u> 6	79.	1,54	7,82	29.
				12,13	9,625.					
	Tota	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part X	(, column (B), line 10	0c.)		5	51,770	5,45	51.

Schedule D (Form 990) 2022

232052 09-01-22

Schedule	D (Form 990) 2022	PLANNED PAR	ENTHOOD MAR	MONTE	INC.	94	4-1583439	Page <b>3</b>
Part VI	I Investments - C	Other Securities.						
	Complete if the orga	inization answered "Yes"	on Form 990, Part IV, I	line 11b. Se	ee Form 990, Par	t X, line 12.		
(a) Descr	ription of security or catego	Dry (including name of security)	(b) Book value	(c	) Method of valu	ation: Cost or er	nd-of-year market v	alue
(1) Financ	cial derivatives							
(3) Other								
(A)								
(B)								
(C)								
(D)								
(E)								
(F)								
(G)								
(H)								
Total. (Col.	. (b) must equal Form 990,	Part X, col. (B) line 12.)						
Part VI	II Investments - F	Program Related.						
	Complete if the orga	nization answered "Yes"	on Form 990, Part IV, I	line 11c. Se	e Form 990, Par	t X, line 13.		
	(a) Description of in	nvestment	(b) Book value	(c	) Method of valu	ation: Cost or er	nd-of-year market v	alue
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
	. (b) must equal Form 990,	Part X col (B) line 13 )						
Part IX								
	Complete if the orga	inization answered "Yes"	on Form 990, Part IV, I	line 11d. Se	e Form 990, Par	t X, line 15.		
		(a)	Description				(b) Book va	alue
(1) D	EPOSITS		·					,261.
		TED ORGANIZA	TIONS					,808.
	WAP CONTRACT		120110					,717.
		SES - RIGHT-	DF-USE ASSET	rs			23,440	
		SES - RIGHT-					1,923	
							1,525	, 5240
<u>(6)</u>								
(7)								
(8)								
(9) Total (0)			45)				26,734	180
Part X	Other Liabilities	<u>m 990, Part X, col. (B) line</u>	9 (5.)				20,754	, =000
T ut t X		nization answered "Yes"	on Form 990 Part IV I	line 11e or	11f See Form 90	0 Part X line 2	5	
-		scription of liability	011 0111 000, 1 at 10, 1			, i art X, iii C Z	(b) Book va	مىراد
<u>1.</u>								aiue
	ederal income taxes	D ORGANIZATI	NIC				207	600
			2112					<u>,689.</u>
	OSS RESERVE	LIABILITIES						<u>,000.</u>
			20				1,870	
	FERALING DEA	SE LIABILITI	<b>0</b> E				24,051	, •
(6)								
(7)								
(8)								
(9)								012
		<u>m 990, Part X, col. (B) line</u>					26,629	,UI3.
2. Liabili	ty for uncertain tax posi	tions. In Part XIII, provide	the text of the footnot	te to the org	ganization's finan	cial statements	that reports the	

X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

232053 09-01-22

	edule D (Form 990) 2022 PLANNED PARENTHOOD MAR M			Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial State	ements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
с	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е			2e	
3	Subtract line <b>2e</b> from line <b>1</b>			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
с	Add lines <b>4a</b> and <b>4b</b>			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expense	es per Return.	
Pa	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line	tements With Expense	es per Return.	
<b>Pa</b> 1	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expense 12a.		
	rt XII Reconciliation of Expenses per Audited Financial Stat Complete if the organization answered "Yes" on Form 990, Part IV, line	tements With Expense 12a.		
1	<b>rt XII Reconciliation of Expenses per Audited Financial Stat</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:	ements With Expense		
1 2	Reconciliation of Expenses per Audited Financial State           Complete if the organization answered "Yes" on Form 990, Part IV, line           Total expenses and losses per audited financial statements	tements With Expense		
1 2 a	<b>rt XII Reconciliation of Expenses per Audited Financial Stat</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments	2a         2a           2b         2b		
1 2 a	T XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities	2a         2b           2b         2c		
1 2 a	<b>rt XII Reconciliation of Expenses per Audited Financial Stat</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	- 	
1 2 b c d	<b>rt XII Reconciliation of Expenses per Audited Financial Stat</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines <b>2a</b> through <b>2d</b>	2a           2b           2c           2d	1 1 	
1 2 b c d e	<b>rt XII Reconciliation of Expenses per Audited Financial Stat</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)	2a           2b           2c           2d	1 1 	
1 2 b c d 3	<b>TXII Reconciliation of Expenses per Audited Financial State</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1	2a         2b         2c         2d	1 1 	
1 2 3 4	T XII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b	2a         2b         2c         2d         2d	1 1 	
1 2 b c d e 3 4 a b	TXII       Reconciliation of Expenses per Audited Financial State         Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a         2b         2c         2d         2d	1   	
1 2 a b c d e 3 4 a b c 5	<b>TXII Reconciliation of Expenses per Audited Financial State</b> Complete if the organization answered "Yes" on Form 990, Part IV, line         Total expenses and losses per audited financial statements         Amounts included on line 1 but not on Form 990, Part IX, line 25:         Donated services and use of facilities         Prior year adjustments         Other losses         Other (Describe in Part XIII.)         Add lines 2a through 2d         Subtract line 2e from line 1         Amounts included on Form 990, Part IX, line 25, but not on line 1:         Investment expenses not included on Form 990, Part VIII, line 7b         Other (Describe in Part XIII.)	2a         2b         2c         2d         2d	1 	

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

THE ENDOWMENT FUNDS HELD BY THE ORGANIZATION ARE TO ASSURE THE FUTURE
STRENGTH AND STABILITY OF PPMM IN ORDER TO SUSTAIN ITS IMPORTANT MISSION,
AND ASSIST IN: (I) HELPING OFFSET THE COST OF PROVIDING SEX EDUCATION TO
THE COMMUNITIES PPMM SERVES; (II) HELPING OFFSET THE SALARY AND BENEFITS
OF PHYSICIANS OR MEDICAL DIRECTORS WHO PROVIDE REPRODUCTIVE HEALTH
SERVICES AT PPMM; (III) HELPING TO COVER THE COST OF PROVIDING CERTAIN
HEALTH CARE SERVICES; AND (IV) HELPING PURCHASE REAL ESTATE, REFURBISH AND
MAINTAIN HEALTH CENTER BUILDINGS, LEASE AND/OR PURCHASE UPDATED HEALTH
CARE EQUIPMENT, AND OTHER HEALTH CENTER FACILITY NEEDS.

PART X, LINE 2:

232054 09-01-22

Schedule D (Form 990) 2022	PLANNED PARENTHO	OD MAR MONTE	INC.	94-1583439	Page 5
Part XIII Supplemental Inform	nation <sub>(continued)</sub>				
PPMM IS A NONPROFIT	CORPORATION UNDER	<u>R INTERNAL RE</u>	VENUE CODE S	ECTION	
501(C)(3) AND HAS BE	EN GRANTED TAX-E	EMPT STATUS	BY THE INTER	NAL REVENUE	
SERVICE AND THE CALI	FORNIA REVENUE AN	ID TAXATION C	CODE. AS OF	JUNE 30, 202	23
AND 2022, PPMM HAD N	O UNRECOGNIZED TA	X POSITIONS	OR UNCERTAIN	TAX	
POSITIONS REQUIRING	ACCRUAL. THEREF	RE, NO PROVI	SION FOR INC	OME TAXES HA	AS
BEEN PROVIDED IN THE	CONSOLIDATED FI	IANCIAL STATE	MENTS.		

Schedule D (Form 990) 2022

232055 09-01-22

	SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctivi	ties	OMB No. 1545-0047
Department of the Treatory binard freema Senitary         Attach to Form 990 or Form 990-EZ to to www.irs.gov/Form990 for instructions and the latest information.         Departed Impaction           Name of the organization required to complete this part.         Employer identification number 94-1583439           Image: Senitary interview         Functional Senitary interview         Senitarian on non-government grants 9 Solicitation of non-government grants 9 Solicitation of government grants 9 Special fundraising events         Image: Senitarian on non-government grants 9 Solicitation of government grants 9 Special fundraising events           2 Dol the organization have a written or oral agreement with any individual (ncluding officers, directors, trustee, or key employees listen in Form 990, Part IV) erretity in complexistent in the fundraiser is to be compensated at least \$5,000 by the organization.         No           (i) Name and address of individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.         (ii) Activity         Vis workstow we will be organization in a senitary in the fundraiser is to be compensated at least \$5,000 by the organization.         (iii) Activity         Vis workstow we will be organization in a senitary in the organization in the organization in a senitary in the organization in the fundraiser is to be compensated at least \$5,000 by the organization in the organization in the organization in the organization         (iv) Armount paid to (or retained by) organization           (i) Name and address of individual or entity (fundraiser)         (iii) Activity         Ivo agreement is a senitary in the organization is	(Form 990)								2022
Unitarial Revenues Service         Import location         Import location           Name of the organization         Example of the organization         Endown its association of the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not regulated to complete this part.           Indicate whether the organization raised funds through any of the following activities. Check all that apply. <ul> <li>Mail solicitations</li> <li>Solicitation of government grants</li> <li>Solicitations</li> <li>Perform 990, Part IV) in or entity in connection with professional fundraising services?</li> <li>Yes</li> <li>No</li> <li>bit "Yes", list the 10 highest paid individuals or entites (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.</li> </ul> (i) Name and address of individual or end trans individual fundraisers pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.           (ii) Name and address of individual or end transform for a solution in the location of government solution is the paid individual function of governments and the latest information is compared whether the fundraiser is to be information or end to the paid individual fundraiser pursuant to agreements under which the fundraiser is to be information or end to the paid individual fundraiser pursuant to agreements under which the fundraiser is to be individual or entity (fundrai	Department of the Treasury	-							
PLANNED PARENTHOOD MAR MONTE INC.       94-1583439         Part1       Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-E2 filers are not regulared to complete this part.         1       Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a       Mail solicitations       e         b       Internet and email solicitations       f         2       Define organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part IVI) or entity in connection with professional fundraising services?       Yes       No         5       If "Nes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (ii) Activity       (ii) Activity       (ii) Activity       (ii) Activity       (iii) Activity       (iv) Gross receipts is to for matching by organization       (v) Amount paid to for creating by organization         (i) Name and address of individual or entities (Individual file and the could by organization have a written or oral agreement with any individual file and the could by organization       (v) Amount paid to (or retained by) organization         (ii) Name and address of individual or entities (Individual file and the could by organization       (iv) Amount paid to (or entities or to (or entit	Internal Revenue Service		-						
PartI       Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.         1       Indicate whether the organization naised funds through any of the following activities. Check all that apply.         a       Mail solicitations       C         b       Internet and email solicitations       I Solicitation of government grants         c       Phone solicitations       G         2       Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       Yes       No         b       Internet and email solicitations       G       Indicate whether the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?       Yes       No         (i) Name and address of individual or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensate at least \$5,000 by the organization.       Yes       No       Yof or retained by) for or retained by organization.         (ii) Name and address of individual or entities (fundraiser yes how       (iii) Activity       (iii) Company       (iv) Gross receipts for or ording retained by organization       Yes       No         (iii) Activity       Vers	Name of the organization								
required to complete this part.         1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.         a Mail solicitations       b Solicitation of non government grants         b Internet and email solicitations       f Solicitation of yovernment grants         c Phone solicitations       g Special fundraising events         d Inoperson solicitations       g Special fundraising events         2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in form 990, Part VII) or entity in connection with professional fundraising services?       Yes       No         b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.       (i) Gross receipts to for retained by fundraiser is context.       (ii) Activity       (iii) Orditation of organization fundraiser is context.       (v) Amount paid to for retained by organization.         (i) Name and address of individual or entities (fundraiser)       (iii) Activity       (iii) Activity fundraiser is context.       (v) Amount paid to for retained by organization.         (i) Name and address of individual organization.       I III III IIII IIII IIIII IIIIIIIIIII	Part I Fundrais								
				ereu r	85 01	1 FOITT 990, Fait IV, I		. FOITT 990-1	EZ mers are not
(i) Name and address of individual or entity (fundraiser)       (ii) Activity       Image and address of individual fund a set of the catalor have cata	<ul> <li>a Ail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization key employees list</li> <li>b If "Yes," list the 10</li> </ul>	ions email solicitations tations licitations on have a written o ed in Form 990, Pa highest paid indiv	e Solicita f Solicita g Specia or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ation of ation of I fundra I (incluc professi	non-g gover aising o ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		<b>Y</b>	
Total       Image:			(ii) Activity	fùndi have c or cor	aiser ustody trol of	• •	tò (oi fi	r retained by undraiser	to (or retained by)
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration				Yes	No				
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
	Total 3 List all states in whi	ch the organizatio	n is registered or licensed to solicit	contrib		or has been notified	it is e	xempt from	registration
						or has been notified	11 13 6.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2022

232081 10-27-22

PLANNED PARENTHOOD MAR MONTE INC.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1 PENINSULA	(b) Event #2	(c) Other events NONE	(d) Total events
				ROADSHOW		(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
anuavau	1	Gross receipts	1,764,583.	197,147.		1,961,730
	2	Less: Contributions	1,718,792.	194,982.		1,913,774
	3	Gross income (line 1 minus line 2)	45,791.	2,165.		47,956
	4	Cash prizes				
	5	Noncash prizes				
heriser	6	Rent/facility costs		9,050.		9,050
Ulrect Expenses	7	Food and beverages	45,791.	2,165.		47,956
ן≥	8	Entertainment				
		Other direct expenses		7,351.		40,657
		Direct expense summary. Add lines 4 throug	· · ·	,,,,,,,,		97,663
- 1						-49,707
2		\$15,000 on Form 990-EZ, line 6a.	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (ad col. (a) through col. (d
Hevenue	1	Gross revenue				
	2	Cash prizes				
DIrect Expenses	3	Noncash prizes				
Ш Б	4					
Ē		Rent/facility costs				
	5	Rent/facility costs         Other direct expenses				
			Yes%	Yes%	Yes %	
	5			└── Yes % └── No	Yes%	
DILE	<u>5</u>	Other direct expenses	└── Yes % └── No		No	
	5 6 7	Other direct expenses	Yes% No h 5 in column (d)	No	No	
	5 6 7	Other direct expenses	Yes% No h 5 in column (d)	No	No	
,	5 6 7 8 Ent	Other direct expenses	h 5 in column (d)	No	No	
) a	5 6 7 8 Ent	Other direct expenses	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these	No No	No	Yes N
a	5 6 7 8 Ent	Other direct expenses	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: ctivities in each of these	No No	No	Yes N
ab	5 6 7 8 Is t If "I We	Other direct expenses	Yes% No  5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	□ No	
ab	5 6 7 8 Is t If "I We	Other direct expenses	Yes% No  5 in column (d) from line 1, column (d) ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states?	□ No	

Sch	edule G (Form 990) 2022	PLANNED	PARENTHOOD	MAR MONTE	INC. 94	-1583439 Page 3
11	Does the organization conduct ga	ming activities w	ith nonmembers?			Yes No
12	Is the organization a grantor, bene					
	to administer charitable gaming?					Yes No
	Indicate the percentage of gaming					
	The organization's facility					
	Enter the name and address of the					[130] /0
		- percent time pro	paree nie erganizani	an e gannig, ep celai i		
	Name					
	Address					
15a	Does the organization have a cont	tract with a third	party from whom the	organization receive	s gaming revenue?	Yes No
b	If "Yes," enter the amount of gam	ing revenue recei	ved by the organizati	on \$	and the amount	t
	of gaming revenue retained by the					
с	If "Yes," enter name and address	of the third party	:			
	Name					
	Address					
	Address					
16	Gaming manager information:					
	Name					
		•				
	Gaming manager compensation	\$				
	Description of services provided					
	Director/officer	Employee		ependent contractor		
17	Mandatory distributions:					
	Is the organization required under	state law to mak	e charitable distribut	ions from the gaming	proceeds to	
	retain the state gaming license?				,	Yes No
b	Enter the amount of distributions					9
De	organization's own exempt activit					
Ра					2b, columns (iii) and (v); and	I Part III, lines 9, 9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also	provide any addition	al Information. See in	istructions.	
_						
23208	33 10-27-22				Sc	hedule G (Form 990) 2022
			4	0		

Schedule G	i (Form	990)
	-	

Part IV Supple	mental Information	(continued)		
222084 04 01 22				Schedule G (Form 990)

232084 04-01-22

sc	HEDULE J	Compensation Information		OMB No. 1	545-004	47
(Fo	rm 990)	- For certain Officers, Directors, Trustees, Key Employees, and Highest		20	<b>7</b> 7	)
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		20		-
Dena	tment of the Treasury	Attach to Form 990.		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nan	e of the organization		Employer i			nber
		PLANNED PARENTHOOD MAR MONTE INC.	94-1	58343	9	
Ра	rt I Question	s Regarding Compensation				
	<b>.</b>				Yes	No
<b>1</b> a		ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c	, i i i i i i i i i i i i i i i i i i i				
	Travel for com					
		ation and gross-up payments spending account Health or social club dues or initiation fee Personal services (such as maid, chauffeu				
			ii, chei)			
h	If any of the boxes	on line 1a are checked, did the organization follow a written policy regarding payment or				
D	•			1b		
2		n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
2		rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2		
	trustees, and onlee					
3	Indicate which, if a	ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but explain in Part III.				
	X Compensation					
		compensation consultant $\overline{X}$ Compensation survey or study				
		ther organizations $\overline{X}$ Approval by the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
	organization or a re	lated organization:				
а	Receive a severance	e payment or change-of-control payment?		4a	Х	
b	Participate in or rec	eive payment from a supplemental nonqualified retirement plan?		4b		X
С	Participate in or rec	eive payment from an equity-based compensation arrangement?		4c		X
	If "Yes" to any of lir	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
		)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	n			
	contingent on the r			_		v
a						X X
b		ation?		5b		
~		or 5b, describe in Part III.	-			
6	-	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation of the section o	n			
-	contingent on the r	-		6.		x
a ⊾		ation				X
u		ation?		6b		
7		or 6b, describe in Part III. on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
1		nes 5 and 6? If "Yes," describe in Part III		7	Х	
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		/		
5				8		x
9		id the organization also follow the rebuttable presumption procedure described in				
5	Regulations section			9		
ΙHΔ		eduction Act Notice, see the Instructions for Form 990.		၂ 종   lule J (Forn	1 990	2022
			Coneu			

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) STACY CROSS	(i)	561,441.	107,708.	0.	48,538.	7,984.	725,671.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LAURA DALTON, DO, MBA	(i)	561,762.	22,203.	0.	14,654.	9,267.	607,886.	0.
CHIEF MEDICAL OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DOMINIQUE LEE	(i)	30,904.	0.	474,345.	8,952.	938.	515,139.	0.
CHIEF OPERATING OFFICER (THRU 1/2022	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) THOMAS MOTSIFF	(i)	435,985.	10,149.	0.	15,250.	14,916.	476,300.	0.
CHIEF ADMIN AND FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KATHRYN SCHUBERT FRITZ	(i)	345,573.	975.	0.	15,250.	8,436.	370,234.	0.
GEN COUNSEL & CHIEF COMPLIANCE OFFIC	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JESSICA HAMILTON, MD	(i)	355,997.	0.	0.	4,134.	0.	360,131.	0.
ASSOCIATE MEDICAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) NAMRATA MASTEY, MD	(i)	296,834.	0.	0.	302.	8,091.	305,227.	0.
ASSOCIATE MEDICAL DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MEGHAN MACALUSO	(i)	272,835.	0.	0.	11,382.	4,064.	288,281.	0.
CHIEF DEVELOPMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) ANDREW ADAMS	(i)	266,854.	0.	0.	10,814.	8,091.	285,759.	0.
CHIEF OF STAFF & HEAD OF STRAT COMMS	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CASSY FRIEDRICH, MD, FAAFP	(i)	263,119.	715.	0.	10,610.	7,984.	282,428.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MORGAN THEIS, MD	(i)	246,345.	1,784.	0.	12,797.	4,349.	265,275.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### PART I, LINE 4A:

DOMINIQUE LEE RECEIVED A TAXABLE SEVERANCE PAYMENT OF \$385,000 DURING THE

2022 CALENDAR YEAR, WHICH HAS BEEN REPORTED WITHIN "OTHER REPORTABLE

COMPENSATION" ON SCHEDULE J, PART II, COLUMN (B)(III).

PART I, LINE 7:

CERTAIN INDIVIDUALS REPORTED ON FORM 990, PART VII AND SCHEDULE J, PART II

RECEIVED A NON-FIXED PAYMENT IN THE FORM OF A BONUS DURING THE 2022

CALENDAR, WHICH (IN PART) IS DETERMINED UTILIZING DISCRETION AND/OR

JUDGMENT BY THE BOARD OF DIRECTORS AND/OR MANAGEMENT.

SCHE	DULE	Μ
(Form	990)	

Department of the Treasury Internal Revenue Service

# **Noncash Contributions**

OMB No. 1545-0047

2022

**Open to Public** 

Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

#### PLANNED PARENTHOOD MAR MONTE INC.

Employer identification number	
94-1583439	

Par	t I Types of Property						
		<b>(a)</b> Check if	(b) Number of	(c) Noncash contribution	(d) Method of dete	•	
		applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contributio	on amount	S
1	Art - Works of art			· · · · · · · · · · · · · · · · · · ·			
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	34	359,667.	FAIR MARKET	VALUE	
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19 00	Food inventory						
20	Drugs and medical supplies						
21 22	Taxidermy						
22 23	Historical artifacts						
23 24	Scientific specimensArcheological artifacts						
2 <del>.</del> 25	Other ( )						
26	Other ( )						
27	Other ( )						
28	Other ( )						
29	Number of Forms 8283 received by the organiz	zation during	, the tax year for c	ontributions			
	for which the organization completed Form 828					0	
					_	Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	oorted in Part I, lines 1 throug	h 28, that it		
	must hold for at least 3 years from the date of	the initial co	ntribution, and wh	ich isn't required to be used	for		
	exempt purposes for the entire holding period?	?				30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p				ions?	31 X	
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash			
	contributions?				Ľ	32a	X
	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) foi	r a type of property	y for which column (a) is cheo	cked,		
	describe in Part II.	مرام مراجع	Hone for Farme 000	0	Cohodula B# /	Form 0001	
LHA	For Paperwork Reduction Act Notice, see	ule instruct	LIGHS FOR FORM 990	υ.	Schedule M (	ronn 990)	1 2022

(Form 990) 2022	 PARENTHOOD Provide the information		

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B):

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS RECEIVED

(DEFINED AS EACH SEPARATE GIFT) IN SCHEDULE M, PART I, COLUMN (B).

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



94-1583439

Internal Revenue Service Name of the organization

PLANNED PARENTHOOD MAR MONTE INC.

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

BY EXPANDING RIGHTS AND ACCESS FOR ALL.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 IS PREPARED BY AN INDEPENDENT TAX ACCOUNTANT IN CONJUNCTION

WITH THE ORGANIZATION'S ACCOUNTING AND FINANCE DEPARTMENT. A DRAFT FORM

990 IS THEN REVIEWED BY THE PRESIDENT/CEO, CHIEF ADMINISTRATIVE AND

FINANCIAL OFFICER, AND CONTROLLER; ADJUSTMENTS ARE MADE, AS NECESSARY. A

COMPLETE COPY OF THE FORM 990 IS THEN REVIEWED WITH THE BOARD OF DIRECTORS

PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY WHICH COVERS ALL BOARD MEMBERS, OFFICERS, AND KEY EMPLOYEES ("INTERESTED PERSONS"). UNDER THE CONFLICT OF INTEREST POLICY, EACH INTERESTED PERSON SHALL ANNUALLY SIGN A STATEMENT THAT: (A) THE PERSON HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, HAS READ AND UNDERSTOOD IT, AND HAS AGREED TO COMPLY WITH DISCLOSES THE PERSON'S FINANCIAL INTERESTS AND IT; AND (B) IF REQUIRED, FAMILY RELATIONSHIPS THAT COULD GIVE RISE TO ACTUAL OR POTENTIAL CONFLICTS INTEREST. IN ADDITION, AN INTERESTED PERSON HAS AN ONGOING OBLIGATION PROMPTLY DISCLOSE THE EXISTENCE OF ANY FINANCIAL INTEREST GIVING RISE TO THE POTENTIAL CONFLICT OF INTEREST AND BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE COMPLIANCE, QUALITY, AND RISK MANAGEMENT OVERSIGHT COMMITTEE ("CQRM OVERSIGHT COMMITTEE") OR, IN THE CASE OF A TO THE BOARD OF DIRECTORS, WHO WILL ASSESS THE POTENTIAL FOR DIRECTOR, CONFLICTS OF INTEREST ON BEHALF OF PPMM. AFTER DISCLOSURE OF THE FINANCIAL Schedule O (Form 990) 2022 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232211 10-28-22

22220421 146892 729780-1

47

Schedule O (Form 990) 2022	Page <b>2</b>
Name of the organization PLANNED PARENTHOOD MAR MONTE INC.	Employer identification number 94-1583439
INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION	WITH THE
INTERESTED PERSON, THE DISINTERESTED MEMBERS OF THE BOARD	OR CORM OVERSIGHT
COMMITTEE SHALL DECIDE: (I) WHETHER A CONFLICT OF INTEREST	EXISTS AND, IF
SO, (II) WHETHER TO ENTER INTO THE TRANSACTION. THE INTER	ESTED PERSONS
SHALL NOT BE PRESENT DURING THE BOARD OR CORM OVERSIGHT CO	MMITTEE'S FINAL
DELIBERATIONS AND SHALL NOT VOTE ON ANY DECISIONS REGARDIN	G THE MATTER.
THE PROCEEDINGS ARE RECORDED WITHIN THE BOARD OR CORM OVER	SIGHT COMMITTEE
MEETING MINUTES.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE COMPENSATION COMMITTEE OF THE BOARD ANNUALLY REVIEWS A	ND ADJUSTS AS
APPROPRIATE THE SALARIES OF THE CEO AND MANAGEMENT TEAM BA	SED ON EXTERNAL
DATA, SURVEYS, AND BENCHMARKS.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT O	F INTEREST

POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

UNREALIZED GAIN ON SWAP CONTRACT

170,325.

232212 10-28-22

0 (5 000) 0000

# SCHEDULE R

(Form 990)

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047

2022 Open to Public

Inspection

Employer identification number 94 - 1583439

Department of the Treasury Internal Revenue Service

## PLANNED PARENTHOOD MAR MONTE INC.

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

# Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	Section 5 contr ent	olled
				501(c)(3))		Yes	No
PLANNED PARENTHOOD ADVOCATES MAR MONTE, INC.	ADVOCACY, EDUCATION, AND				PLANNED		
- 77-0261817, 1691 THE ALAMEDA, SAN JOSE, CA	POLITICAL SUPPORT FOR				PARENTHOOD MAR		
95126	REPRODUCTIVE HEALTH CARE	CALIFORNIA	501(C)(4)		MONTE INC.	X	
EAST VALLEY COMMUNITY CLINIC - 94-2191935					PLANNED		
2470 ALVIN AVENUE #60	TO PROVIDE COMMUNITY				PARENTHOOD MAR		
SAN JOSE, CA 95121	HEALTH CARE	CALIFORNIA	501(C)(3)	LINE 7	MONTE INC.	X	
WE VOTE - NOSOTROS VOTAMOS POLITICAL ACTION	TO ELECT OFFICIALS						
COMMITTEE - 46-0772665, 1691 THE ALAMEDA,	ADVOCATING FOR ACCESS TO						
SAN JOSE, CA 95126	QUALITY REPRODUCTIVE	CALIFORNIA	527		PPAMM	X	
	4						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2022

## Schedule R (Form 990) 2022 PLANNED PARENTHOOD MAR MONTE INC.

94-1583439 Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

	r an	· <b>,</b>									
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?		Genera manag partne	l or Percentage <sup>ing</sup> ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	10
	1										
	1		1			1	1	1	1		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(C) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	512(b contr	(i) ction b)(13) rolled tity?
		country)				400010		Yes	No

#### Schedule R (Form 990) 2022 PLANNED PARENTHOOD MAR MONTE INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
Gift, grant, or capital contribution to related organization(s)			
Gift, grant, or capital contribution from related organization(s)			
Loans or loan guarantees to or for related organization(s)		X	
Loans or loan guarantees by related organization(s)		X	_
Dividends from related organization(s)			+
sale of assets to related organization(s)	<u>1g</u>		
Purchase of assets from related organization(s)	<u>1h</u>		
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>	-	+
Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>		
Performance of services or membership or fundraising solicitations for related organization(s)		X	_
n Performance of services or membership or fundraising solicitations by related organization(s)		X	
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
Sharing of paid employees with related organization(s)		X	+
Reimbursement paid to related organization(s) for expenses		x	
Reimbursement paid by related organization(s) for expenses		X	Ŧ
Other transfer of cash or property to related organization(s)	<u>1r</u>	x	
Other transfer of cash or property from related organization(s)	1s		

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
PLANNED PARENTHOOD ADVOCATES MAR MONTE,			
(1) INC.	D	169,306.	"DUE FROM RECORDED BOOK VALUE
PLANNED PARENTHOOD ADVOCATES MAR MONTE,			
(2) INC.	E	151,836.	"DUE TO" RECORDED BOOK VALUE
PLANNED PARENTHOOD ADVOCATES MAR MONTE,			
(3) INC.	M	1,842,246.	RECORDED BOOK VALUE
(4) EAST VALLEY COMMUNITY CLINIC, INC.	D	117,502.	"DUE FROM RECORDED BOOK VALUE
(5) EAST VALLEY COMMUNITY CLINIC, INC.	Е	155,853.	"DUE TO" RECORDED BOOK VALUE
(6) EAST VALLEY COMMUNITY CLINIC, INC.	М	290,335.	RECORDED BOOK VALUE

## Schedule R (Form 990) PLANNED PARENTHOOD MAR MONTE INC.

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(7) EAST VALLEY COMMUNITY CLINIC, INC.	P	223,621.	RECORDED BOOK VALUE
(8) EAST VALLEY COMMUNITY CLINIC, INC.	Q	714,592.	RECORDED BOOK VALUE
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

## Schedule R (Form 990) 2022 PLANNED PARENTHOOD MAR MONTE INC.

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners se 501(c)(3) orgs.?		(h Dispro tiona allocati	) por- ite ons?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General managin partner	<b>(k)</b> Percentage ownership
			3000013 012 014)	Yes No	5	Yes	NO		Yes N	

Schedule R (Form 990) 2022

	(Form 990) 2022		PARENTHOOD	MAR	MONTE	INC.	94-1583439	Page 5
Part VII	Supplemental Inform	nation						

Provide additional information for responses to questions on Schedule R. See instructions.

#### PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

## NAME OF RELATED ORGANIZATION:

#### WE VOTE - NOSOTROS VOTAMOS POLITICAL ACTION COMMITTEE

#### PRIMARY ACTIVITY: TO ELECT OFFICIALS ADVOCATING FOR ACCESS TO QUALITY

#### REPRODUCTIVE HEALTH CARE

Schedule R (Form 990) 2022

232165 09-14-22