

Form 5500

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE, etc.
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, etc.
C If the plan is a collectively-bargained plan, check here.
D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, etc.
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan: PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA EMPLOYEES SAVINGS AND RETIREMENT PLAN
1b Three-digit plan number (PN): 003
1c Effective date of plan: 04/01/1989
2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code.
2b Employer Identification Number (EIN): 23-1352509
2c Plan Sponsor's telephone number: 215-351-5523
2d Business code (see instructions): 621498

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN	
	<b>3c</b> Administrator's telephone number	
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN	
	<b>4d</b> PN	
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	228
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6a(1)</b>	185
	<b>6a(2)</b>	194
	<b>6b</b>	0
	<b>6c</b>	34
	<b>6d</b>	228
	<b>6e</b>	1
	<b>6f</b>	229
	<b>6g(1)</b>	168
	<b>6g(2)</b>	160
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>	

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  
2F 2G 2L 2T 3B 3F 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
(1) <input checked="" type="checkbox"/> Insurance	(1) <input type="checkbox"/> Insurance
(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts	(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts
(3) <input type="checkbox"/> Trust	(3) <input checked="" type="checkbox"/> Trust
(4) <input type="checkbox"/> General assets of the sponsor	(4) <input type="checkbox"/> General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b>	<b>b General Schedules</b>
(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)	(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)
(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary	(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)
(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	(3) <input checked="" type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>1</u>
(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____	(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)
(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)
	(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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<p><b>SCHEDULE A</b> <b>(Form 5500)</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Insurance Information</b></p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>▶ <b>File as an attachment to Form 5500.</b></p> <p>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</p>	<p>OMB No. 1210-0110</p> <hr/> <p><b>2024</b></p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<p><b>A</b> Name of plan <b>PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA EMPLOYEES SAVINGS AND RETIREMENT PLAN</b></p>	<p><b>B</b> Three-digit plan number (PN) ▶ <b>003</b></p>
<p><b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA</b></p>	<p><b>D</b> Employer Identification Number (EIN) <b>23-1352509</b></p>

**Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions** Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

**1 Coverage Information:**

**(a)** Name of insurance carrier  
**AMERICAN UNITED LIFE INSURANCE COMPANY**

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
35-0145825	60895	G74969	160	01/01/2024	12/31/2024

**2 Insurance fee and commission information.** Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

<b>(a)</b> Total amount of commissions paid	<b>(b)</b> Total amount of fees paid
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**3 Persons receiving commissions and fees.** (Complete as many entries as needed to report all persons).

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**(a)** Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

**Part II Investment and Annuity Contract Information**  
 Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

<b>4</b> Current value of plan's interest under this contract in the general account at year end .....	<b>4</b>	930196
<b>5</b> Current value of plan's interest under this contract in separate accounts at year end.....	<b>5</b>	6982142

**6** Contracts With Allocated Funds:

**a** State the basis of premium rates ▶

<b>b</b> Premiums paid to carrier .....	<b>6b</b>	
<b>c</b> Premiums due but unpaid at the end of the year .....	<b>6c</b>	
<b>d</b> If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. .... Specify nature of costs ▶	<b>6d</b>	

**e** Type of contract: (1)  individual policies (2)  group deferred annuity  
 (3)  other (specify) ▶

**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶

**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

**a** Type of contract: (1)  deposit administration (2)  immediate participation guarantee  
 (3)  guaranteed investment (4)  other ▶ GROUP ANNUITY CONTRACT

<b>b</b> Balance at the end of the previous year .....	<b>7b</b>	974927
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<b>c</b> Additions: (1) Contributions deposited during the year .....	<b>7c(1)</b>	107074	
	(2) Dividends and credits.....	<b>7c(2)</b>	0
	(3) Interest credited during the year.....	<b>7c(3)</b>	23784
	(4) Transferred from separate account .....	<b>7c(4)</b>	677
	(5) Other (specify below).....	<b>7c(5)</b>	26854

▶ LOAN REPAYMENT

(6) Total additions .....	<b>7c(6)</b>	158389
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<b>d</b> Total of balance and additions (add lines <b>7b</b> and <b>7c(6)</b> ) .....	<b>7d</b>	1133316
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<b>e</b> Deductions:	(1) Disbursed from fund to pay benefits or purchase annuities during year	<b>7e(1)</b>	135140
	(2) Administration charge made by carrier.....	<b>7e(2)</b>	920
	(3) Transferred to separate account .....	<b>7e(3)</b>	5530
	(4) Other (specify below).....	<b>7e(4)</b>	61530

▶ LOANS ISSUED

(5) Total deductions .....	<b>7e(5)</b>	203120
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<b>f</b> Balance at the end of the current year (subtract line <b>7e(5)</b> from line <b>7d</b> ).....	<b>7f</b>	930196
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**Part III Welfare Benefit Contract Information**  
 If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

**8** Benefit and contract type (check all applicable boxes)

- a**  Health (other than dental or vision)
- b**  Dental
- c**  Vision
- d**  Life insurance
- e**  Temporary disability (accident and sickness)
- f**  Long-term disability
- g**  Supplemental unemployment
- h**  Prescription drug
- i**  Stop loss (large deductible)
- j**  HMO contract
- k**  PPO contract
- l**  Indemnity contract
- m**  Other (specify) ▶

**9** Experience-rated contracts:

<b>a</b>	Premiums: (1) Amount received .....	<b>9a(1)</b>		
	(2) Increase (decrease) in amount due but unpaid .....	<b>9a(2)</b>		
	(3) Increase (decrease) in unearned premium reserve .....	<b>9a(3)</b>		
	(4) Earned ((1) + (2) - (3)) .....		<b>9a(4)</b>	0
<b>b</b>	Benefit charges (1) Claims paid .....	<b>9b(1)</b>		
	(2) Increase (decrease) in claim reserves .....	<b>9b(2)</b>		
	(3) Incurred claims (add (1) and (2)) .....		<b>9b(3)</b>	0
	(4) Claims charged .....		<b>9b(4)</b>	
<b>c</b>	Remainder of premium: (1) Retention charges (on an accrual basis) --			
	(A) Commissions .....	<b>9c(1)(A)</b>		
	(B) Administrative service or other fees .....	<b>9c(1)(B)</b>		
	(C) Other specific acquisition costs .....	<b>9c(1)(C)</b>		
	(D) Other expenses .....	<b>9c(1)(D)</b>		
	(E) Taxes .....	<b>9c(1)(E)</b>		
	(F) Charges for risks or other contingencies .....	<b>9c(1)(F)</b>		
	(G) Other retention charges .....	<b>9c(1)(G)</b>		
	(H) Total retention .....		<b>9c(1)(H)</b>	0
	(2) Dividends or retroactive rate refunds. (These amounts were <input type="checkbox"/> paid in cash, or <input type="checkbox"/> credited.) .....		<b>9c(2)</b>	
<b>d</b>	Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement .....		<b>9d(1)</b>	
	(2) Claim reserves .....		<b>9d(2)</b>	
	(3) Other reserves .....		<b>9d(3)</b>	
<b>e</b>	Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).) .....		<b>9e</b>	

**10** Nonexperience-rated contracts:

<b>a</b>	Total premiums or subscription charges paid to carrier .....	<b>10a</b>	
<b>b</b>	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount. ....	<b>10b</b>	

Specify nature of costs.

**Part IV Provision of Information**

**11** Did the insurance company fail to provide any information necessary to complete Schedule A? .....  Yes  No

**12** If the answer to line 11 is "Yes," specify the information not provided. ▶

<b>SCHEDULE C</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Service Provider Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA EMPLOYEES SAVINGS AND RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA</b>	<b>D</b> Employer Identification Number (EIN) <b>23-1352509</b>	

**Part I Service Provider Information (see instructions)**

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

**a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).....  Yes  No

**b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

**AMERICAN UNITED LIFE INSURANCE CO**

**35-0145825**

**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

AMERICAN UNITED LIFE INSURANCE CO

35-0145825

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 50 64 38 66 67	NONE	3789	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	47036	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

UBS FINANCIAL SERVICES INC.

13-2638166

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
16 70	NONE	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	19051	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

**Part I Service Provider Information (continued)**

3. If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN UNITED LIFE INSURANCE CO	66 67	47036
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN UNITED LIFE INSURANCE CO  35-0145825	ASSET CHARGE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
UBS FINANCIAL SERVICES INC.	16 70	19051
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN UNITED LIFE INSURANCE CO  35-0145825	CONSULTING SERVICES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide
<b>(a)</b> Enter name and EIN or address of service provider (see instructions)	<b>(b)</b> Nature of Service Code(s)	<b>(c)</b> Describe the information that the service provider failed or refused to provide

**Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA EMPLOYEES SAVINGS AND RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN)	<u>003</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA</u>	<b>D</b> Employer Identification Number (EIN) <u>23-1352509</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:	<u>AUL AMERICAN UNIT TRUST</u>		
<b>b</b> Name of sponsor of entity listed in (a):	<u>AMERICAN UNITED LIFE INSURANCE CO</u>		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<u>35-0145825-000</u>	<u>P</u>		<u>6982142</u>
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:			
<b>b</b> Name of sponsor of entity listed in (a):			
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	





<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

<b>A</b> Name of plan <b>PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA EMPLOYEES SAVINGS AND RETIREMENT PLAN</b>	<b>B</b> Three-digit plan number (PN) ▶	<b>003</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA</b>	<b>D</b> Employer Identification Number (EIN) <b>23-1352509</b>	

**Part I Asset and Liability Statement**

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	0
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	0	0
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	0	0
<b>(3)</b> Other .....	<b>1b(3)</b>	0	0
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	0	0
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	0	0
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	0	0
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	0	0
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	0	0
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	0	0
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	0	0
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	0	0
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	0	0
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	195972	272841
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	0	0
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	0	0
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	0	0
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	0	0
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	6487039	6982142
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	974927	930196
<b>(15)</b> Other .....	<b>1c(15)</b>	0	0

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>	0	0
(2) Employer real property.....	<b>1d(2)</b>	0	0
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>	0	0
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	7657938	8185179
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>	0	0
<b>h</b> Operating payables.....	<b>1h</b>	0	0
<b>i</b> Acquisition indebtedness.....	<b>1i</b>	0	0
<b>j</b> Other liabilities.....	<b>1j</b>	0	0
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	0	0
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	7657938	8185179

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>	72172	
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>	518612	
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>	24669	
(2) Noncash contributions.....	<b>2a(2)</b>	0	
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		615453
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	0	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	0	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	0	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>	0	
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>	17501	
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	23784	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		41285
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	0	
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	0	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	0	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
<b>(3)</b> Rents.....	<b>2b(3)</b>		0
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	0	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	0	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>	0	
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	0	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		0
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		0
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		0
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		804122
<b>c</b> Other income .....	<b>2c</b>		0
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		1460860

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	931464	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>	0	
(3) Other .....	<b>2e(3)</b>	0	
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		931464
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		0
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		0
<b>h</b> Interest expense .....	<b>2h</b>		0
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>	0	
(2) Contract administrator fees .....	<b>2i(2)</b>	2155	
(3) Recordkeeping fees .....	<b>2i(3)</b>	0	
(4) IQPA audit fees .....	<b>2i(4)</b>	0	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	0	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	0	
(7) Actuarial fees .....	<b>2i(7)</b>	0	
(8) Legal fees .....	<b>2i(8)</b>	0	
(9) Valuation/appraisal fees .....	<b>2i(9)</b>	0	
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	0	
(11) Other expenses .....	<b>2i(11)</b>	0	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		2155
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		933619

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		527241
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		0
(2) From this plan .....	<b>2l(2)</b>		0

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **TAIT, WELLER & BAKER LLP**

(2) EIN: **23-1144520**

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)		X	
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)		X	
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
<b>e</b> Was this plan covered by a fidelity bond?	X		500000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)		X	
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan?		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.

<b>SCHEDULE R</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Retirement Plan Information</b>  This schedule is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA EMPLOYEES SAVINGS AND RETIREMENT PLAN</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>003</u>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <u>PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA</u>	<b>D</b> Employer Identification Number (EIN) <u>23-1352509</u>	

<b>Part I</b>	<b>Distributions</b>
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**All references to distributions relate only to payments of benefits during the plan year.**

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>	<u>0</u>
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**2** Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):  
EIN(s): 35-0145825

**Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.**

<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year .....	<b>3</b>	
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<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part.)
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**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? .....  Yes  No  N/A  
**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_  
**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>	
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>	
<b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	<b>6c</b>	

**If you completed line 6c, skip lines 8 and 9.**

**7** Will the minimum funding amount reported on line 6c be met by the funding deadline? .....  Yes  No  N/A

**8** If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? .....  Yes  No  N/A

<b>Part III</b>	<b>Amendments</b>
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**9** If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....  Increase  Decrease  Both  No

<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....  Yes  No

**11 a** Does the ESOP hold any preferred stock? .....  Yes  No

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) .....  Yes  No

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? .....  Yes  No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that (1) contributed more than 5% of total contributions to the plan during the plan year or (2) was one of the top-ten highest contributors (measured in dollars). See instructions. Complete as many entries as needed to report all applicable employers.

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

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(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**a** Name of contributing employer \_\_\_\_\_

**b** EIN \_\_\_\_\_ **c** Dollar amount contributed by employer \_\_\_\_\_

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box  and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**e** Contribution rate information (If more than one rate applies, check this box  and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

(2) Base unit measure:  Hourly  Weekly  Unit of production  Other (specify): \_\_\_\_\_

**14** Enter the number of deferred vested and retired participants (inactive participants), as of the beginning of the plan year, whose contributing employer is no longer making contributions to the plan for:

<b>a</b> The current plan year. Check the box to indicate the counting method used to determine the number of inactive participants: <input type="checkbox"/> last contributing employer <input type="checkbox"/> alternative <input type="checkbox"/> reasonable approximation (see instructions for required attachment).....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14b</b>	
<b>c</b> The second preceding plan year. <input type="checkbox"/> Check the box if the number reported is a change from what was previously reported (see instructions for required attachment).....	<b>14c</b>	

**15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

**16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</b> If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers.....	<b>16b</b>	

**17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

**18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment .....

**19** If the total number of participants is 1,000 or more, complete lines (a) and (b):

**a** Enter the percentage of plan assets held as:  
 Public Equity: \_\_\_\_\_% Private Equity: \_\_\_\_\_% Investment-Grade Debt and Interest Rate Hedging Assets: \_\_\_\_\_%  
 High-Yield Debt: \_\_\_\_\_% Real Assets: \_\_\_\_\_% Cash or Cash Equivalents: \_\_\_\_\_% Other: \_\_\_\_\_%

**b** Provide the average duration of the Investment-Grade Debt and Interest Rate Hedging Assets:  
 0-5 years  5-10 years  10-15 years  15 years or more

**20 PBGC missed contribution reporting requirements.** If this is a multiemployer plan or a single-employer plan that is not covered by PBGC, skip line 20.

**a** Is the amount of unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40 greater than zero?  Yes  No

**b** If line 20a is "Yes," has PBGC been notified as required by ERISA sections 4043(c)(5) and/or 303(k)(4)? Check the applicable box:  
 Yes.  
 No. Reporting was waived under 29 CFR 4043.25(c)(2) because contributions equal to or exceeding the unpaid minimum required contribution were made by the 30th day after the due date.  
 No. The 30-day period referenced in 29 CFR 4043.25(c)(2) has not yet ended, and the sponsor intends to make a contribution equal to or exceeding the unpaid minimum required contribution by the 30th day after the due date.  
 No. Other. Provide explanation. \_\_\_\_\_

**Part VII IRS Compliance Questions**

**21a** Does the plan satisfy the coverage and nondiscrimination tests of Code sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?  Yes  No

**21b** If this is a Code section 401(k) plan, check all boxes that apply to indicate how the plan is intended to satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under Code sections 401(k)(3) and 401(m)(2).  
 Design-based safe harbor method  
 "Prior year" ADP test  
 "Current year" ADP test  
 N/A

**22** If the plan sponsor is an adopter of a pre-approved plan that received a favorable IRS Opinion Letter, enter the date of the Opinion Letter 11 / 22 / 2017 (MM/DD/YYYY) and the Opinion Letter serial number J501067A.

**PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA**

***FINANCIAL STATEMENTS AND  
INDEPENDENT AUDITORS' REPORT  
IN ACCORDANCE WITH THE UNIFORM GUIDANCE***

**JUNE 30, 2024**

# PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

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## INDEPENDENT AUDITORS' REPORT

**To The Board of Directors  
Planned Parenthood Southeastern Pennsylvania  
Philadelphia, Pennsylvania**

### **Opinion**

We have audited the accompanying financial statements of Planned Parenthood Southeastern Pennsylvania (a nonprofit organization), which comprise the statements of financial position as of June 30, 2024 and 2023, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Planned Parenthood Southeastern Pennsylvania as of June 30, 2024 and 2023, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### **Basis for Opinion**

We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Planned Parenthood Southeastern Pennsylvania and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### **Responsibilities of Management for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America, and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Planned Parenthood Southeastern Pennsylvania's ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

### **Auditor's Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements, including omissions, are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

**To The Board of Directors**  
**Planned Parenthood Southeastern Pennsylvania**  
**Page Two**

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of Planned Parenthood Southeastern Pennsylvania's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Planned Parenthood Southeastern Pennsylvania's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

**Supplementary Information**

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying Schedule of Expenditures of Federal Awards, as required by Title 2 U.S. *Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the financial statements. Such supplementary information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the Schedule of Expenditures of Federal Awards is fairly stated, in all material respects, in relation to the financial statements as a whole.

**Other Reporting Required By *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report, dated February 27, 2025, on our consideration of Planned Parenthood Southeastern Pennsylvania's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is solely to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Planned Parenthood Southeastern Pennsylvania's internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Planned Parenthood Southeastern Pennsylvania's internal control over financial reporting and compliance.

*Tait, Weller & Baker LLP*

**Philadelphia, Pennsylvania  
February 27, 2025**

# PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

## STATEMENTS OF FINANCIAL POSITION

June 30, 2024 and 2023

ASSETS	2024	2023
Cash and cash equivalents	\$ 239,208	\$ 2,325,377
Contributions and grants receivable, net	1,110,643	133,823
Accounts receivable, net	1,044,891	825,220
Prepaid expenses and other current assets	306,836	266,747
Investments	17,730,609	17,119,084
Charitable remainder trusts	1,250,756	1,106,960
Beneficial interests in perpetual trusts	270,595	255,027
Property and equipment, net of accumulated depreciation	4,509,477	4,593,193
Right of use assets	717,342	732,170
<b>Total assets</b>	<b>\$ 27,180,357</b>	<b>\$ 27,357,601</b>
<b>LIABILITIES AND NET ASSETS</b>		
<b>LIABILITIES</b>		
Accounts payable and accruals	\$ 1,439,583	\$ 425,638
Deferred revenue	2,390	-
Accrued payroll	660,025	578,291
Loan payable	1,534,979	1,565,389
Lease liability	728,141	739,386
Loan guarantee obligation	1,037,681	1,017,730
<b>Total liabilities</b>	<b>5,402,799</b>	<b>4,326,434</b>
<b>COMMITMENTS</b>		
<b>NET ASSETS</b>		
Without donor restrictions		
Undesignated	994,120	4,076,740
Board designated	12,409,532	11,030,930
Total net assets without donor restrictions	13,403,652	15,107,670
With donor restrictions	8,373,906	7,923,497
<b>Total net assets</b>	<b>21,777,558</b>	<b>23,031,167</b>
<b>Total liabilities and net assets</b>	<b>\$ 27,180,357</b>	<b>\$ 27,357,601</b>

See notes to financial statements.

**PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA**

**STATEMENT OF ACTIVITIES**

For the Year Ended June 30, 2024

	Without Donor Restrictions			Total
	Operating	Board Designated	With Donor Restrictions	
<b>REVENUES, GAINS AND OTHER SUPPORT</b>				
Contributions	\$ 5,153,830	\$ 747,496	\$ 759,513	\$ 6,660,839
Public grants	2,199,681	-	-	2,199,681
Service fees				
Title XIX funds	1,814,803	-	-	1,814,803
All other	7,342,179	-	-	7,342,179
Investment income	740	282,751	-	283,491
Net realized gains on investments	-	178,330	-	178,330
Net unrealized gains on investments	-	1,983,465	-	1,983,465
Other	(509)	-	157,831	157,322
	16,510,724	3,192,042	917,344	20,620,110
Net assets released from restrictions	466,935	-	(466,935)	-
Satisfaction of program restrictions				
Transfers	1,813,440	(1,813,440)	-	-
Board-authorized for operating purposes				
	18,791,099	1,378,602	450,409	20,620,110
<b>TOTAL REVENUES, GAINS AND OTHER SUPPORT</b>				
<b>EXPENSES</b>				
<b>Program Services</b>				
Health centers	11,994,810	-	-	11,994,810
Surgical centers	4,468,243	-	-	4,468,243
Education and training	555,237	-	-	555,237
Public affairs	433,082	-	-	433,082
<b>Total Program Services</b>	17,451,372	-	-	17,451,372
<b>Supporting Services</b>				
Administration	3,688,466	-	-	3,688,466
Fundraising	713,930	-	-	713,930
<b>Total Supporting Services</b>	4,402,396	-	-	4,402,396
Loan guarantee expense	19,951	-	-	19,951
	21,873,719	-	-	21,873,719
<b>TOTAL EXPENSES</b>				
	(3,082,620)	1,378,602	450,409	(1,253,609)
<b>CHANGE IN NET ASSETS</b>				
<b>NET ASSETS AT BEGINNING OF YEAR</b>	4,076,740	11,030,930	7,923,497	23,031,167
<b>NET ASSETS AT END OF YEAR</b>	\$ 994,120	\$ 12,409,532	\$ 8,373,906	\$ 21,777,558

See notes to financial statements.



**PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA**

**STATEMENT OF FUNCTIONAL EXPENSES**

For the Year Ended June 30, 2024

	Program Services					Total
	Health Centers	Surgical Centers	Education and Training Programs	Public Affairs	Administration	
Salaries	\$ 6,395,474	\$ 1,379,069	\$ 298,028	\$ 34,898	\$ 2,144,789	\$ 10,679,474
Benefits	1,016,069	229,560	50,014	6,279	405,064	1,778,530
Total compensation	7,411,543	1,608,629	348,042	41,177	2,549,853	12,458,004
Contract physicians	-	763,870	-	-	-	763,870
Medical supplies	902,567	578,227	-	-	-	1,480,794
Program supplies	8,440	-	10,325	-	71,105	89,870
Laboratory	127,610	33,645	-	-	-	161,255
Staff recruitment	5	-	-	-	3,506	3,511
Books and periodicals	4,567	-	1,428	3,696	14,959	28,736
Printing and publication/videos	9,880	14,591	158	-	1,676	29,308
Postage and telephone	39,337	48,456	11	-	4,957	95,866
Special events	-	116	-	370	8,485	65,424
Practice management	503,685	125,921	-	-	-	629,606
Billing Services	329,267	82,317	-	-	-	411,584
Advertising	-	-	-	-	302,079	302,079
Rent	287,830	-	-	-	-	287,830
Occupancy/utilities	203,235	116,039	39,537	11,404	155,948	540,435
Maintenance and repairs	64,809	24,492	2,012	-	120,699	212,234
Malpractice insurance	115,910	200,170	-	-	-	316,080
Property, casualty and miscellaneous insurance	38,631	9,761	-	-	2,884	51,276
Depreciation	-	-	-	-	443,866	443,866
Provision for bad debts	201,599	34,978	-	-	-	236,577
Professional fees	715,334	253,493	53,331	107,729	675,742	1,836,049
Audit and legal	-	-	-	-	154,228	154,228
Dues	-	-	-	180,000	111,704	291,704
Office and copying	131,294	28,312	2,832	1,169	151,682	316,558
Connectivity services	83,349	23,124	-	-	-	106,473
Travel	32,432	3,571	6,538	313	16,750	62,852
Training	37,092	1,187	372	420	14,094	54,315
Cleaning/waste removal	66,123	66,786	-	-	-	132,909
Bank services	52,108	50,795	-	-	21,949	132,435
Interest	-	-	-	-	72,421	72,421
Other miscellaneous expense	45,887	21,313	1,363	1,529	11,681	85,619
Total expenses before allocations & loan guarantee expense	11,412,534	4,089,793	465,949	347,807	4,910,268	21,853,768
Allocation - salaries	405,202	184,582	73,634	75,488	(814,394)	-
Allocation - depreciation	177,074	193,868	15,654	9,787	(407,408)	-
<b>Total expenses</b>	<b>\$ 11,994,810</b>	<b>\$ 4,468,243</b>	<b>\$ 555,237</b>	<b>\$ 433,082</b>	<b>\$ 3,688,466</b>	<b>\$ 21,853,768</b>

**PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA**

**STATEMENT OF FUNCTIONAL EXPENSES**

**For the Year Ended June 30, 2023**

	Program Services					Total
	Health Centers	Surgical Centers	Education and Training Programs	Public Affairs	Administration	
Salaries	\$ 5,591,069	\$ 1,220,773	\$ 342,841	\$ 115,948	\$ 1,578,548	\$ 9,229,786
Benefits	1,020,589	231,767	68,384	24,672	355,240	1,771,948
Total compensation	6,611,658	1,452,540	411,225	140,620	1,933,788	11,001,734
Contract physicians	-	746,031	-	-	-	746,031
Medical supplies	822,568	439,702	-	-	-	1,262,270
Program supplies	12,318	-	8,254	53	48,080	68,705
Laboratory	96,397	28,721	-	-	-	125,118
Staff recruitment	-	-	-	-	5,801	5,801
Books and periodicals	9,435	-	175	337	8,462	18,967
Printing and publication/videos	38,805	8,948	-	-	1,097	50,339
Postage and telephone	51,132	48,010	-	-	6,566	107,772
Special events	-	111	-	-	8,075	60,033
Practice Management	392,990	98,248	-	-	-	491,238
Billing Services	322,574	80,644	-	-	-	403,218
Advertising	-	-	-	-	282,528	282,528
Rent	283,820	-	-	-	-	283,820
Occupancy/utilities	202,143	119,262	39,066	12,154	162,223	550,058
Maintenance and repairs	60,775	42,471	4,000	-	116,276	226,964
Malpractice insurance	99,283	228,520	-	-	-	327,803
Property, casualty and miscellaneous insurance	26,076	8,643	-	-	-	37,712
Depreciation	-	-	-	-	2,993	487,539
Provision for bad debts	(6,859)	(13,183)	-	-	46,734	26,692
Professional fees	751,584	255,167	30,620	67,747	923,774	2,059,512
Audit and legal	-	-	-	-	80,859	80,859
Dues	-	-	-	36,000	84,325	120,325
Office and copying	96,140	24,669	188	1,002	214,594	336,746
Connectivity services	103,206	24,660	-	-	21,975	149,841
Travel	26,513	3,900	6,367	2,925	13,526	57,522
Training	18,185	3,238	603	404	3,051	27,510
Cleaning/waste removal	63,255	57,561	-	-	-	120,816
Bank services	53,696	34,740	-	-	12,837	111,905
Interest	-	-	-	-	73,132	73,132
Other miscellaneous expense	52,720	6,307	1,457	162	79,689	142,075
Total expenses before allocations & loan guarantee expense	10,188,414	3,698,910	501,955	261,404	4,617,924	19,844,585
Allocation - salaries	294,631	136,051	54,734	63,987	(613,390)	-
Allocation - depreciation	203,796	207,409	16,191	10,935	(450,547)	-
<b>Total expenses</b>	<b>\$ 10,686,841</b>	<b>\$ 4,042,370</b>	<b>\$ 572,880</b>	<b>\$ 336,326</b>	<b>\$ 3,553,987</b>	<b>\$ 19,844,585</b>

See notes to financial statements.

# PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

## STATEMENTS OF CASH FLOWS

For the Years Ended June 30, 2024 and 2023

	<u>2024</u>	<u>2023</u>
<b>Cash flows from operating activities</b>		
Change in net assets	\$ (1,253,609)	\$ 38,717
<i>Adjustments to reconcile change in net assets to net cash provided by (used in) operating activities</i>		
Depreciation	443,866	487,539
Amortization of right of use assets	288,089	277,590
Operating lease liability payments	(284,506)	(270,374)
Amortization of loan fees	4,691	2,813
Provision for bad debts	236,577	26,692
Net unrealized gains on investments	(1,983,465)	(1,143,793)
Net realized gains on investments	(178,330)	(419,007)
Change in charitable remainder trusts	(143,796)	(137,327)
Change in beneficial interests in perpetual trusts	(15,568)	(9,711)
Change in value of interest rate swap	-	5,735
Changes in:		
Contributions and grants receivable, net	(976,820)	593,748
Accounts receivable, net	(456,248)	351,226
Prepaid expenses and other current assets	(40,089)	411,904
Accounts payable and accruals	1,013,945	36,474
Accrued payroll	81,734	(260,778)
Deferred revenue	2,390	(82,879)
Loan guarantee obligation	19,951	1,017,730
<b>Net cash provided by (used in) operating activities</b>	<u>(3,241,188)</u>	<u>926,299</u>
<b>Cash flows from investing activities</b>		
Purchase of property and equipment	(360,150)	(441,405)
Proceeds from sale of investments	1,852,496	1,507,696
Purchases of investments	(302,226)	(759,543)
<b>Net cash provided by investing activities</b>	<u>1,190,120</u>	<u>306,748</u>
<b>Cash flows from financing activities</b>		
Repayments of loans payable	(35,101)	(1,605,755)
Proceeds from loan payable	-	1,600,000
Payments of loan fees	-	(32,834)
<b>Net cash used in financing activities</b>	<u>(35,101)</u>	<u>(38,589)</u>
<b>NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS</b>	<u>(2,086,169)</u>	<u>1,194,458</u>
Cash and cash equivalents, beginning of the year	<u>2,325,377</u>	<u>1,130,919</u>
<b>Cash and cash equivalents, end of the year</b>	<u>\$ 239,208</u>	<u>\$ 2,325,377</u>
<b>SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION:</b>		
Interest paid during the year	<u>\$ 72,421</u>	<u>\$ 73,132</u>
Right of use asset in exchange for operating lease liability	<u>\$ 254,397</u>	<u>\$ 985,866</u>

See notes to financial statements.

# PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

## NOTES TO FINANCIAL STATEMENTS

June 30, 2024

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### (1) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### **ORGANIZATION**

Planned Parenthood Southeastern Pennsylvania (“Agency”) is a not-for-profit corporation that operates in locations in the Greater Philadelphia area. The mission of the Agency is to promote and provide a comprehensive approach to reproductive health. The Agency’s purpose is to (i) provide the people of Philadelphia, Chester, Montgomery and Delaware Counties with quality reproductive health care that includes education, counseling, family planning and related medical services, (ii) reduce the incidence of unwanted pregnancies, and (iii) advocate for the protection of reproductive rights and access to health care.

#### **BASIS OF FINANCIAL STATEMENT PRESENTATION**

The financial statements of the Agency have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

The financial statements classify net assets and revenues based on the existence or absence of donor-imposed restrictions. Accordingly, net assets and changes therein are classified as follows:

**Without donor restrictions** – Net assets that are available for the support of operations and whose use is not externally restricted.

Included in net assets without donor restrictions are net assets designated by the Board of Directors to function as endowment funds.

**With donor restrictions** – Net assets subject to donor-imposed restrictions that will be met either by actions of the Agency or the passage of time. Items that affect this net asset category are gifts for which donor-imposed restrictions have not been met in the year of receipt, gifts and contributions which require, by donor restrictions, that the corpus be invested in perpetuity, including endowment, and pledges. Expirations of restrictions of net assets with donor restrictions are reported as net assets released from restriction.

#### **USE OF ESTIMATES**

The preparation of the financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

#### **CASH AND CASH EQUIVALENTS**

All highly liquid investments with original maturities of three months or less are considered to be cash equivalents. Cash and cash equivalents consist of checking, money market and debt instruments. Income earned on cash and cash equivalents is reported as operating income.

#### **ACCOUNTS AND GRANTS RECEIVABLE**

Accounts and grants receivable are stated at unpaid balances. Receivables are reported at the estimated net realizable amounts from consumers, third-party payors and others for services rendered.

# PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

## NOTES TO FINANCIAL STATEMENTS – (Continued)

June 30, 2024

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### ***ALLOWANCE FOR DOUBTFUL ACCOUNTS***

The provision for doubtful accounts was \$278,672 and \$41,862 at June 30, 2024 and 2023, respectively. The allowance for doubtful accounts is maintained to absorb losses in the Agency's accounts receivable. The Agency continually monitors accounts receivable for collectability issues. An allowance for doubtful accounts is based upon management's judgment and is established based on a review of the types of individual accounts, prior collection history, the nature of services provided and other pertinent factors. Accounts deemed uncollectible are charged to the allowance.

### ***INVESTMENTS***

The Agency's investments principally consist of equity and fixed-income mutual funds, bonds and common stocks held by an investment company. These investments are professionally managed and are stated at fair value with realized and unrealized gains and losses reported in the statements of activities. The Agency has adopted an investment policy that seeks to produce a predictable stream of funding for its programs and operations. Assets are invested in a manner intended to produce returns that exceed the spending policy set annually by the Board of Directors. To satisfy the long-term rate of return objectives, the Agency's investment policy targets a diversified asset allocation which places greater emphasis on equity-based investments to achieve its long-term objectives within prudent risk constraints. Investment income and gains earned on net assets with restrictions held by the Agency are recorded as increases to net assets without restrictions (*See Note 11*).

Each year the Board of Directors authorizes the transfer of a certain percentage of the average market value of the investment portfolio for the three preceding years for use in its operations. Additional transfers may be made at the discretion of the Board. The Board transferred \$1,813,440 and \$1,528,704 in 2024 and 2023, respectively.

### ***CHARITABLE REMAINDER TRUSTS AND BENEFICIAL INTERESTS IN PERPETUAL TRUSTS***

Charitable remainder trusts are recorded at the net present value of the fair market value of the assets, using various discount rates ranging from approximately 6% to 7%. Beneficial interests in perpetual trusts are recorded at the fair value of the related investments based on quoted market prices.

### ***PROPERTY AND EQUIPMENT***

Property and equipment are stated at cost. Depreciation is provided on a straight-line basis using estimated useful lives of 5 to 10 years for equipment and furniture and 25 to 41 years for buildings. Leasehold improvements are amortized on a straight-line basis over the life of the lease. Major additions and betterments in excess of \$500 are charged to the land, buildings, and equipment accounts, while replacements, maintenance and repairs that do not improve or extend the life of the respective assets are expensed accordingly.

### ***REVENUE RECOGNITION***

Clinic fees and sales revenue are based on the premise that the Agency has a performance obligation to provide family planning services to the Agency's patients. As compensation for these services, the Agency is entitled to a service fee based on the level of service provided. The patient's copays for the services are generally collected at the point of service and the remaining charges are billed to the patient's commercial insurance or Medicaid. For self-pay patients, fees are collected at the point of service. The Agency generally satisfies the performance obligations on the date the service was rendered.

# PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

## NOTES TO FINANCIAL STATEMENTS – (Continued)

June 30, 2024

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Patient fees, which consist primarily of fees for family planning services and the sale of contraceptives, are recorded when earned net of any discounts and contractual adjustments. Contractual adjustments represent the difference between the gross fees charged and the net fees received from third-party payors.

The Agency recognizes contributions when cash, securities or other assets; an unconditional promise to give; or a notification of a beneficial interest is received. Conditional promises to give – that is, those with a measurable performance or other barrier and right of return – are not recognized until the condition on which they depend have been met. Unconditional contributions are classified as without donor restrictions unless there are donor stipulations that limit the use of the donated assets. Pledges receivable are recorded net of the discount to present value of the future cash flows. Gifts of cash and other assets are reported as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose of the restriction is accomplished, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statement of activities as “net assets released from restrictions.”

### **LEASES**

The Agency recognizes and measures its leases in accordance with FASB ASC 842, Leases. The Agency is a lessee in noncancellable property leases. The Agency determines if an arrangement is a lease, or contains a lease, at inception of a contract and when the terms of an existing contract are changed. The Agency recognizes a lease liability and a right of use (ROU) asset at the commencement date of the lease. The lease liability is initially and subsequently recognized based on the present value of its future lease payments. Variable payments are included in the future lease payments when those variable payments depend on an index or a rate. The discount rate is the implicit rate if it is readily determinable or otherwise the Agency uses its incremental borrowing rate. The Agency’s incremental borrowing rate for a lease is the rate of interest it would have to pay on a collateralized basis to borrow an amount equal to the lease payments under similar terms and in a similar economic environment. The ROU asset is subsequently measured throughout the lease term at the amount of the remeasured lease liability (i.e., present value of the remaining lease payments). Lease cost for lease payments is recognized on a straight-line basis over the lease term. Refer to Note 9 for additional details.

### **INCOME TAXES**

The Agency claims exemption from federal income taxes under Section 501(c) (3) of the Internal Revenue Code and, accordingly, does not record a provision for income taxes on earnings.

The Agency regularly reviews and evaluates its tax positions taken in previously filed information returns and as reflected in its financial statements, with regard to issues affecting its tax exempt status, unrelated business income, and related matters. The Agency believes that in the event of an examination by taxing authorities, the Agency’s positions would prevail based upon the technical merits of such positions. Therefore, the Agency has concluded that no tax benefits or liabilities are required to be recognized in accordance with the accounting interpretation.

The Agency’s federal information returns are generally subject to examination by the Internal Revenue Service for three years, including the fiscal years ended June 30, 2021, 2022 and 2023, as well as the return to be filed for the fiscal year ended June 30, 2024.

# PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

## NOTES TO FINANCIAL STATEMENTS – (Continued)

June 30, 2024

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### **FUNCTIONAL EXPENSES**

The Agency's expenses are allocated among program services, public affairs, administration and fundraising based on payroll or, as appropriate, square footage used by each program or supporting services.

### **ADVERTISING**

Advertising expense was \$302,079 and \$282,528 for the years ending June 30, 2024 and 2023, respectively.

### **RECLASSIFICATIONS**

Certain reclassifications were made to the 2023 financial statements to conform to the 2024 presentation.

### **NEW ACCOUNTING PRONOUNCEMENT – ADOPTED**

In 2016, the FASB issued ASU 2016-13, Measurement of Credit Losses on Financial Instruments. The ASU requires the earlier recognition of credit losses on patient receivables and other financial instruments based on an expected loss model. The standard also requires expanded credit quality disclosures, including credit quality indicators disaggregated by vintage, as applicable. The Agency adopted this standard effective July 1, 2023, and it did not result in any material changes.

## **(2) CONCENTRATIONS OF CREDIT AND OTHER RISK**

### **Cash**

At June 30, 2024, cash accounts in the commercial banks were guaranteed by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. The Agency may exceed the limit insured by the FDIC for periods of time, but has not experienced any losses in such accounts. The Agency believes it is not exposed to any significant credit risk on uninsured cash.

### **Investments**

The Agency invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and those changes could materially affect the amounts reported in the Agency's statement of financial position and statement of activities.

## **(3) CONTRIBUTIONS AND GRANTS RECEIVABLE, NET**

The contributions and grants receivable as of June 30, 2024 and 2023 consist of the following unconditional promises:

	<u>2024</u>	<u>2023</u>
Unconditional promises expected within 1 year	\$1,035,643	\$ 83,823
Unconditional promises expected 1 to 5 years	<u>75,000</u>	<u>50,000</u>
Unconditional promises to give	<u>\$1,110,643</u>	<u>\$ 133,823</u>

# PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

## NOTES TO FINANCIAL STATEMENTS – (Continued)

June 30, 2024

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### (4) INVESTMENTS

Investments, at fair value consist of the following at June 30:

	<u>2024</u>	<u>2023</u>
Mutual Funds		
Cash and Money Market Funds	\$ 447,481	\$ 2,219,885
Fixed Income Funds	1,104,362	808,585
Domestic Equity Funds	8,417,139	6,928,483
International Funds	2,194,126	2,134,946
Common Stocks	3,309,341	2,860,802
Fixed Income – U.S. Treasury and Corporate Bonds	2,232,036	2,142,196
Alternative Investment	<u>26,124</u>	<u>24,187</u>
	<u>\$ 17,730,609</u>	<u>\$ 17,119,084</u>

Investment fees are charged directly to the funds by the investment managers. The fees range from .5% to 1% and amounted to \$107,177 and \$102,568 for the years ended June 30, 2024 and 2023, respectively.

### (5) FAIR VALUE MEASUREMENT

The Agency uses the guidance under Financial Accounting Standards Board Auditing Standards Codification (“ASC”) Topic 820-10, *Fair Value Measurements*. ASC Topic 820-10 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels:

- Level 1: Inputs are quoted prices in active markets for identical assets or liabilities.
- Level 2: Inputs are quoted prices for similar assets or liabilities in an active market, quoted prices for identical or similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable and market-corroborated inputs which are derived principally from or corroborated by observable market data.
- Level 3: Inputs are derived from valuation techniques in which one or more significant inputs or value drivers are unobservable.

The Agency uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Agency measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 2 inputs are derived principally from or corroborated by observable market data by correlation or other means. Level 3 inputs are used when Level 1 or Level 2 inputs are not available.

There were no significant transfers between Level 1 and Level 2 during the years ended June 30, 2024 and 2023.

Beneficial Interests in Remainder Trusts and in Perpetual Trusts are measured at the estimated future cash flows which involve unobservable inputs. In addition, the assets of the Perpetual Trusts must be held in perpetuity and cannot be accessed by the Agency. As a result, these present value techniques would be Level 3 inputs.

# PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

## NOTES TO FINANCIAL STATEMENTS – (Continued)

June 30, 2024

The following table sets forth by level, within the fair value hierarchy, the Agency’s investments, beneficial interests in perpetual trusts and charitable remainder trusts measured at fair value as of June 30, 2024:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 12,163,108	\$ -	\$ -	\$ 12,163,108
Common stocks	3,309,341	-	-	3,309,341
Bonds	-	2,232,036	-	2,232,036
Alternative investments	-	-	26,124	26,124
Charitable remainder trusts	-	-	1,250,756	1,250,756
Beneficial interests	-	-	270,595	270,595
Total assets at fair value	<u>\$ 15,472,449</u>	<u>\$ 2,232,036</u>	<u>\$ 1,547,475</u>	<u>\$ 19,251,960</u>

The following table sets forth by level, within the fair value hierarchy, the Agency’s investments, beneficial interests in perpetual trusts and charitable remainder trusts measured at fair value as of June 30, 2023:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Mutual funds	\$ 12,091,899	\$ -	\$ -	\$ 12,091,899
Common stocks	2,860,802	-	-	2,860,802
Bonds	-	2,142,196	-	2,142,196
Alternative investments	-	-	24,187	24,187
Charitable remainder trusts	-	-	1,106,960	1,106,960
Beneficial interests	-	-	255,027	255,027
Total assets at fair value	<u>\$ 14,952,701</u>	<u>\$ 2,142,196</u>	<u>\$ 1,386,174</u>	<u>\$ 18,481,071</u>

The following is a reconciliation of investments for which significant unobservable inputs (Level 3) were used in determining value.

	<u>Remainder Trusts</u>	<u>Perpetual Trusts</u>	<u>Alternative Investments</u>	<u>Total</u>
July 1, 2023	\$ 1,106,960	\$ 255,027	\$ 24,187	\$ 1,386,174
Contributions	1,533	-	-	1,533
Adjustments to Net Present Value	142,263	15,568	2,721	160,552
Distributions	-	-	(784)	(784)
June 30, 2024	<u>\$ 1,250,756</u>	<u>\$ 270,595</u>	<u>\$ 26,124</u>	<u>\$ 1,547,475</u>
	<u>Remainder Trusts</u>	<u>Perpetual Trusts</u>	<u>Alternative Investments</u>	<u>Total</u>
July 1, 2022	\$ 969,633	\$ 245,316	\$ 19,076	\$ 1,234,025
Contributions	1,670	-	-	1,670
Adjustments to Net Present Value	135,657	9,711	5,882	151,250
Distributions	-	-	(771)	(771)
June 30, 2023	<u>\$ 1,106,960</u>	<u>\$ 255,027</u>	<u>\$ 24,187</u>	<u>\$ 1,386,174</u>

# PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

## NOTES TO FINANCIAL STATEMENTS – (Continued)

June 30, 2024

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### (6) PROPERTY AND EQUIPMENT

Property and equipment consist of the following as of June 30:

	<u>2024</u>	<u>2023</u>
Buildings and land	\$ 11,679,894	\$ 11,639,519
Leasehold improvements	980,353	980,353
Equipment and furniture	3,877,678	3,837,372
Construction in progress	<u>279,469</u>	<u>-</u>
	16,817,394	16,457,244
Accumulated depreciation and amortization	<u>(12,307,917)</u>	<u>(11,864,051)</u>
Property and equipment, net	<u>\$ 4,509,477</u>	<u>\$ 4,593,193</u>

Depreciation expense was \$443,866 and \$487,539 for the years ended June 30, 2024 and 2023, respectively.

### (7) LINE OF CREDIT

In 2024, the Agency entered into a line of credit with UBS Bank, whereby \$10,000,000 is available at the Secured Overnight Financing Rate plus eleven basis points (7.196% at June 30, 2024). The line is collateralized by the agency's investments.

As of June 30, 2024, no balance was outstanding on the line of credit.

### (8) LOANS PAYABLE

On December 20, 2012, the Agency obtained a \$2,640,000 loan from Citibank, N.A. The Citibank loan was secured by a mortgage on the Agency's headquarters building in Center City Philadelphia. The loan bore interest at a variable rate equal to 155 basis points in excess of the published LIBOR rate, adjusted monthly. The principal of the loan was being amortized over twenty years with a final balloon payment of all outstanding principal and unpaid interest originally due on December 20, 2022. The Agency secured a 3-month extension with Citibank before refinancing the mortgage.

On April 14, 2023 the Agency refinanced the Citibank mortgage by entering into a \$1,600,000 loan with Amalgamated Bank. The Amalgamated loan is secured by a mortgage on the Agency's headquarters building in Center City Philadelphia. The loan bears interest at a fixed rate equal to 4.5%. The principal of the loan is being amortized over twenty-five years with a final balloon payment of all outstanding principal and unpaid interest due on May 10, 2030. Under the terms of the loan agreement, the Agency must comply with certain financial covenants.

The outstanding balance of the loan was \$1,562,145 and \$1,597,246 as of June 30, 2024 and 2023, respectively.

# PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

## NOTES TO FINANCIAL STATEMENTS – (Continued)

June 30, 2024

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The principal payments due on the loan are as follows for the years ended June 30:

2025	\$ 36,942
2026	38,663
2027	40,464
2028	42,170
2029	44,314
Thereafter	<u>1,359,592</u>
	1,562,145
Unamortized financing costs	<u>(27,166)</u>
	<u>\$ 1,534,979</u>

### (9) LEASES

The Agency leases property under non-cancellable operating leases with remaining terms of one year or more. The Agency determines whether an agreement is or contains a lease at lease inception. Right-of-use assets represent the Agency's right to use an underlying asset for the lease term and the lease liability represents the Agency's obligation to make lease payments arising from the lease, measured at an amount equal to the present value of the minimum lease payments over the remaining expected terms of the leases. The discount rates for the leases are derived from the rate implicit in the lease whenever readily determinable or the Agency's incremental borrowing rate.

The following is the quantitative data related to the Agency's operating leases for the years ended June 30, 2024 and 2023:

	<u>2024</u>	<u>2023</u>
<b>Operating Lease Amounts:</b>		
Right-of-use assets	\$717,342	\$732,170
Lease liability	\$728,141	\$739,386
<b>Other Information:</b>		
Operating outgoing cash flows for operating leases	\$284,506	\$270,374
Weighted-average remaining lease term	3.58 years	3.55 years
Weighted average discount rate	2.9%	2.9%

Lease cost information for the years ended June 30, 2024 and 2023 is as follows:

Operating lease cost	<u>\$288,089</u>	<u>\$282,390</u>
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Future lease payments for the years ended June 30 are as follows:

2025	\$ 248,039
2026	185,992
2027	189,306
2028	99,714
2029	<u>42,543</u>
	765,594
Less: present value adjustment	<u>(37,453)</u>
Lease liability	<u>\$ 728,141</u>

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# PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

## NOTES TO FINANCIAL STATEMENTS – (Continued)

June 30, 2024

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### (10) LOAN GUARANTEE OBLIGATION

The Agency has entered into an agreement with Clinical Health Network for Transformation, Inc. (CHN). CHN was established to provide various services to its members as a management service organization. In connection with the agreement, the Agency has made a guarantee to pay its share of CHN's loan with Planned Parenthood Federation of America, Inc. The Agency shall not be liable for any repayment of the loan that is either forgiven, discharged, reduced or subject to any forbearance. The Agency's liability with respect to the loan guarantee totaled \$1,037,681 and \$1,017,730 as of June 30, 2024 and 2023, respectively.

On June 3, 2024, the Agency executed a Withdrawal Agreement with CHN to withdraw from the Company and relinquish its rights as a member. The Agency remains obligated for the loan guarantee.

### (11) NET ASSETS AND ENDOWMENT FUNDS

Net assets without donor restrictions include the following as of June 30:

	<u>2024</u>	<u>2023</u>
Board-designated endowment funds	\$ 12,409,532	\$ 11,030,930

Net assets with donor restrictions include the following as of June 30:

	<u>2024</u>	<u>2023</u>
<b>Subject to expenditure for a special purpose:</b>		
Charitable remainder trusts	\$ 1,250,756	\$ 1,106,960
Patient services	953,426	696,890
Education	28,353	53,750
Diversity, equity & inclusive initiatives	-	27,879
Other	92,136	79,351
Time restricted for operations	<u>215,000</u>	<u>140,000</u>
	<u>2,539,671</u>	<u>2,104,830</u>
<b>Perpetual in nature:</b>		
Donor restricted endowments required to be maintained in perpetuity	5,563,640	5,563,640
Trusts held by third parties	<u>270,595</u>	<u>255,027</u>
	<u>5,834,235</u>	<u>5,818,667</u>
Total net assets with donor restrictions	<u>\$ 8,373,906</u>	<u>\$ 7,923,497</u>

Included in net assets with donor restrictions that are perpetual in nature are perpetual income trusts and a charitable remainder trust. The Agency receives income derived by the trusts. The fair value of the Agency's share in the perpetual income trusts is \$270,595 and \$255,027 at June 30, 2024 and 2023, respectively.

# PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

## NOTES TO FINANCIAL STATEMENTS – (Continued)

June 30, 2024

Net assets are released from donor restrictions by incurring expenses satisfying the restricted purposes or by occurrence of other events specified by donors are as follows for the years ended June 30:

	<u>2024</u>	<u>2023</u>
Purpose restrictions accomplished		
Time restricted	\$ 105,000	\$ 225,776
Education	45,397	25,000
Diversity, equity & inclusive initiatives	27,879	22,121
Capital improvements	77,135	14,964
Patient services	118,440	-
Other	<u>93,084</u>	<u>14,154</u>
	<u>\$ 466,935</u>	<u>\$ 302,015</u>

### ENDOWMENTS

Funds are distributed for operations from the donor restricted and board designated endowment funds based on a percentage set by the Board of Directors each year; 5% in 2024 and 2023. In addition to the annual 5% draw, the Board of Directors approved a \$1,020,564 and \$749,515 withdrawal of board designated funds during 2024 and 2023, respectively.

The endowment net asset composition by type of fund as of June 30, 2024 is as follows:

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Donor-restricted endowment fund	\$ -	\$ 7,084,991	\$ 7,084,991
Board designated funds	<u>12,409,532</u>	<u>-</u>	<u>12,409,532</u>
Total funds	<u>\$ 12,409,532</u>	<u>\$ 7,084,991</u>	<u>\$ 19,494,523</u>

The changes in endowment net assets for the year ended June 30, 2024 are as follows:

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Endowment net assets at			
June 30, 2023	\$ 11,030,930	\$ 6,925,627	\$ 17,956,557
Investment income, net of fees	282,751	-	282,751
Contributions	747,496	1,533	749,029
Realized gains, net	178,330	-	178,330
Unrealized gains, net	1,983,465	15,568	1,999,033
Other	-	142,263	142,263
Board authorized distributions			
for operations	<u>(1,813,440)</u>	<u>-</u>	<u>(1,813,440)</u>
Endowment net assets as of			
June 30, 2024	<u>\$ 12,409,532</u>	<u>\$ 7,084,991</u>	<u>\$ 19,494,523</u>

# PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

## NOTES TO FINANCIAL STATEMENTS – (Continued)

June 30, 2024

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The endowment net asset composition by type of fund as of June 30, 2023 is as follows:

	<b><u>Without Donor Restrictions</u></b>	<b><u>With Donor Restrictions</u></b>	<b><u>Total</u></b>
Donor-restricted endowment fund	\$ -	\$ 6,925,627	\$ 6,925,627
Board designated funds	<u>11,030,930</u>	<u>-</u>	<u>11,030,930</u>
Total funds	<u>\$ 11,030,930</u>	<u>\$ 6,925,627</u>	<u>\$ 17,956,557</u>

The changes in endowment net assets for the year ended June 30, 2023 are as follows:

	<b><u>Without Donor Restrictions</u></b>	<b><u>With Donor Restrictions</u></b>	<b><u>Total</u></b>
Endowment net assets at June 30, 2022	\$ 9,464,804	\$ 6,778,589	\$ 16,243,393
Investment income, net of fees	257,880	-	257,880
Contributions	1,274,150	1,670	1,275,820
Realized gains, net	419,007	-	419,007
Unrealized gains, net	1,143,793	9,711	1,153,504
Other	-	135,657	135,657
Board authorized distributions for operations	<u>(1,528,704)</u>	<u>-</u>	<u>(1,528,704)</u>
Endowment net assets as of June 30, 2023	<u>\$11,030,930</u>	<u>\$ 6,925,627</u>	<u>\$ 17,956,557</u>

### (12) CONTRIBUTED SERVICES AND SUPPLIES

A number of unpaid volunteers have made significant contributions of time to the Agency. The value of these contributed services is not reflected in these financial statements since they did not meet the criteria for recognition under accounting principles generally accepted in the United States of America.

### (13) DEFINED CONTRIBUTION PLAN

The Agency has a defined contribution retirement plan that qualifies for tax treatment under Section 403(b) of the Internal Revenue Code. Eligible Agency employees may make voluntary tax deferred contributions to the plan. The Agency may make discretionary matching contributions on the employee deferrals. During the years ended June 30, 2024 and 2023, the Agency matched 50% of employee contributions up to 1% of the employee's salary.

Contributions made by the Agency to these plans totaled \$67,572 and \$72,484 for the years ended June 30, 2024 and 2023, respectively.

# PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

## NOTES TO FINANCIAL STATEMENTS – (Continued)

June 30, 2024

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### (14) TRANSACTIONS WITH AFFILIATES

The Agency remits dues and other amounts to affiliated member organizations including Planned Parenthood Federation of America, Inc., Planned Parenthood Pennsylvania Advocates, Inc., Better Health Consortium, Inc. and the Clinical Health Network.

The following summarizes dues and other amounts paid to affiliates for the years ended June 30:

	<u>2024</u>	<u>2023</u>
Planned Parenthood Federation	\$ 151,538	\$ 86,773
Planned Parenthood Pennsylvania Advocates, Inc.	24,000	60,000
Better Health Consortium, Inc.	828,818	916,192
Clinical Health Network	<u>973,692</u>	<u>1,290,788</u>
Total dues and other amounts paid to affiliates	<u>\$1,978,048</u>	<u>\$2,353,753</u>

Balances due to affiliates as of June 30, 2024 and 2023, respectively, totaled \$546,202 and \$30,401.

### (15) COLLABORATIVE FUNDRAISING PROGRAM

On July 1, 2011, the Agency began participating in the Collaborative Fundraising Program (“CFP”). The CFP (formerly known as the Collaborative Fundraising Initiative) is a program developed by Planned Parenthood Federation of America (“PPFA”) in cooperation with the Agency and three other Planned Parenthood affiliates. Its primary goal is to increase the amount of contributions made to support Planned Parenthood’s mission. The initial three year pilot concluded on June 30, 2014 and was amended and extended for additional years. On July 1, 2019, the agreement was extended for an additional five years through June 30, 2024.

Unless specifically excluded under the terms of the CFP agreement, all gifts made by individuals in the Agency’s service area (whether made to PPFA or the Agency) are included in the CFP. Expenses of the CFP reflect those incurred directly by the Agency, as well as those incurred by the PPFA in support of fundraising in the Agency’s service area.

Under the current CFP agreement, net funds raised collaboratively are generally to be shared at a ratio of 70% to the Agency and 30% to PPFA. The expense factor used in the computation of net funds raised is fixed at 30%. This expense factor is shared at a ratio of 36% to the Agency and 64% to PPFA. At the end of the year, the cost factors are applied to the contributions received specifically by the Agency and PPFA to determine each party’s individual net results. These results are then combined and the 70/30 split is computed. The difference between the individual net funds raised and each party’s share of the combined funds raised results in one party making a grant to the other party in the amount of the difference.

During the year ended June 30, 2024, the Agency received \$1,625,626 in CFP-sharable contributions. The sharing computation described above resulted in a grant of \$1,053,949 from PPFA to the Agency. During the year ended June 30, 2023, the Agency received \$1,664,340 in CFP-sharable contributions. The sharing computation described above resulted in a grant of \$1,189,364 from PPFA to the Agency. These amounts are included in contributions in the statements of activities.

# PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

## NOTES TO FINANCIAL STATEMENTS – (Continued)

June 30, 2024

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### (16) FEDERAL AND STATE GRANT ACTIVITY

Federal and state funds are received under established funding formulas through agreements with Access Matters. The Agency earns federal and state awards, based upon actual patient volume, in accordance with the terms of the agreements.

In June 2018, the White House administration proposed changes to the rules governing the Title X family planning program. These rules, collectively known as the "domestic gag rule" prohibited abortion referral and excluded agencies that provided abortion services from receiving Title X funding. Accordingly, Title X funding to the Agency ceased effective July 15, 2019. The Biden-Harris administration's Title X rule went into effect in November 2021, restoring Title X funding but at a rate reduced from pre-2019 levels.

### (17) FINANCIAL ASSETS AND LIQUIDITY RESOURCES

The following table reflects the Agency's financial assets as of June 30, 2024 and 2023, reduced by amounts that are not available to meet general expenditures within one year of the statement of financial position date because of donor and/or contractual restrictions.

	<u>2024</u>	<u>2023</u>
<b>Financial Assets</b>		
Cash and cash equivalents	\$ 239,208	\$ 2,325,377
Investments	17,730,609	17,119,084
Contributions and grants receivable, net – current portion	1,035,643	83,823
Accounts receivable, net	<u>1,044,891</u>	<u>825,220</u>
Total financial assets	20,050,351	20,353,504
Assets restricted as to use:		
Board-designated quasi and true endowment funds, net of beneficial interest in trusts	<u>(17,973,172)</u>	<u>(16,594,570)</u>
Financial assets available to meet general expenditures within one year	<u>\$ 2,077,179</u>	<u>\$ 3,758,934</u>

As part of the Agency's liquidity management, it has a practice to structure its financial assets to be available as its general expenditures, liabilities and other obligations come due. The Agency has donor-restricted endowment and investments used similar to quasi-endowment. In accordance with the Agency's spending rate, income generated by the endowment funds can be used to meet Agency obligations. The investments of the quasi-endowment, \$12,409,532 and \$11,030,930 as of June 30, 2024 and 2023, respectively, could also be made available with Board approval.

### (18) SUBSEQUENT EVENTS

Subsequent events have been evaluated through February 27, 2025, the date that the financial statements were available to be issued. Management has determined that there are no subsequent events that would require disclosure or adjustment in the financial statements.

## **SUPPLEMENTAL INFORMATION**

# PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

## SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

For the Year Ended June 30, 2024

Federal Grantor/ Pass-through Grantor Program Title	Federal ALN	Pass-through Contract Number	Expenditures
Department of Health and Human Services:			
Pass-through - Access Matters			
Family Planning Services	93.217	231201-1	\$ 477,560
Family Planning Services	93.217	231201-2	<u>159,187</u>
	Total 93.217		<u>636,747</u>
Pass-through - PA Dept of Human Services, Access Matters			
S.S Block Grant	93.667	S231211-1-1	<u>148,277</u>
	Total 93.667		<u>148,277</u>
Pass-through - PA Dept of Human Services, Access Matters			
Title V - Teen	93.994	S231211-1	61,902
Pass-through - PA Dept of Health, Access Matters			
MCH Block Grant	93.994	243004	<u>75,104</u>
	Total 93.994		<u>137,006</u>
Pass-through - PA Dept of Health			
HIV Care Formula Grant	93.917	N/A	<u>454</u>
	Total 93.917		<u>454</u>
<b>Total Federal Awards</b>			<u><u>\$ 922,484</u></u>

# PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

## NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

June 30, 2024

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### (1) BASIS OF PRESENTATION

The accompanying Schedule of Expenditures of Federal Awards presents the expenditures of all federal awards programs of Planned Parenthood Southeastern Pennsylvania (the “Agency”) using the accrual basis of accounting. The information in this schedule is presented in accordance with the requirements of *Title 2 U.S. Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (“Uniform Guidance”). Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation of, the financial statements.

The Agency did not elect to use the 10% de minimis indirect cost rate.

**INDEPENDENT AUDITORS' REPORT  
ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON  
COMPLIANCE AND OTHER MATTERS REQUIRED BY  
GOVERNMENT AUDITING STANDARDS**

**To The Board of Directors  
Planned Parenthood Southeastern Pennsylvania  
Philadelphia, Pennsylvania**

We have audited, in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of Planned Parenthood Southeastern Pennsylvania, which comprise the statement of financial position as of June 30, 2024, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated February 27, 2025.

**Internal Control Over Financial Reporting**

In planning and performing our audit of the financial statements, we considered Planned Parenthood Southeastern Pennsylvania's internal control over financial reporting ("internal control") as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of Planned Parenthood Southeastern Pennsylvania's internal control. Accordingly, we do not express an opinion on the effectiveness of Planned Parenthood Southeastern Pennsylvania's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of Planned Parenthood Southeastern Pennsylvania's financial statements will not be prevented, or detected and corrected, on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in the Planned Parenthood Southeastern Pennsylvania's internal control that we consider to be material weaknesses. However, material weaknesses may exist that were not identified.

**Compliance And Other Matters**

As part of obtaining reasonable assurance about whether Planned Parenthood Southeastern Pennsylvania's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

**To The Board of Directors  
Planned Parenthood Southeastern Pennsylvania  
Philadelphia, Pennsylvania**

**Intended Purpose**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Planned Parenthood Southeastern Pennsylvania's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Planned Parenthood Southeastern Pennsylvania's internal control and compliance. Accordingly, this report is not suitable for any other purpose.

*Tait, Weller & Baker LLP*

**Philadelphia, Pennsylvania  
February 27, 2025**

**INDEPENDENT AUDITORS' REPORT  
 ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM AND  
 ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE  
 UNIFORM GUIDANCE**

**To The Board of Directors  
 Planned Parenthood Southeastern Pennsylvania  
 Philadelphia, Pennsylvania**

**Report On Compliance For Each Major Federal Program**

***Opinion On Each Major Federal Program***

We have audited the compliance of Planned Parenthood Southeastern Pennsylvania with the types of compliance requirements described in the U.S. Office of Management and Budget's *OMB Compliance Supplement* that could have a direct and material effect on its major federal program for the year ended June 30, 2024. Planned Parenthood Southeastern Pennsylvania's major federal program is identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, Planned Parenthood Southeastern Pennsylvania complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on its major federal program for the year ended June 30, 2024.

***Basis for Opinion on Each Major Federal Program***

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of Planned Parenthood Southeastern Pennsylvania and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of Planned Parenthood Southeastern Pennsylvania's compliance with the compliance requirements referred to above.

***Responsibilities of Management for Compliance***

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to Planned Parenthood Southeastern Pennsylvania's federal programs.

**To The Board of Directors  
Planned Parenthood Southeastern Pennsylvania  
Philadelphia, Pennsylvania**

***Auditor's Responsibilities for the Audit of Compliance***

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on Planned Parenthood Southeastern Pennsylvania's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about Planned Parenthood Southeastern Pennsylvania's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding Planned Parenthood Southeastern Pennsylvania's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of Planned Parenthood Southeastern Pennsylvania's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of Planned Parenthood Southeastern Pennsylvania's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

**Report on Internal Control over Compliance**

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

**To The Board of Directors  
Planned Parenthood Southeastern Pennsylvania  
Philadelphia, Pennsylvania**

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, we identified a deficiency in internal control over compliance, as described in the accompanying schedule of findings and questioned costs as Finding 2024-001, that we consider to be a significant deficiency.

Planned Parenthood Southeastern Pennsylvania's response to the internal control over compliance finding identified in our audit is described in the accompanying schedule of findings and questioned costs. Planned Parenthood Southeastern Pennsylvania's response was not subjected to the auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

*Tait, Weller & Baker LLP*

**Philadelphia, Pennsylvania  
February 27, 2025**

# PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

## SCHEDULE OF FINDINGS AND QUESTIONED COSTS

Year Ended June 30, 2024

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### SECTION I – SUMMARY OF AUDITORS’ RESULTS

#### Financial Statements

Type of auditor’s report issued: Unmodified

Internal control over financial reporting:

- Material weakness(es) identified? \_\_\_\_\_ yes  no
- Significant deficiency(s) identified that are not considered to be material weakness(es)? reported \_\_\_\_\_ yes  none
- Noncompliance material to financial statements noted? \_\_\_\_\_ yes  no

#### Federal Awards

Internal control over major program:

- Material weakness(es) identified? \_\_\_\_\_ yes  no
- Significant deficiency(s) identified that are not considered to be material weakness(es)? reported   X   yes  none

Type of auditor’s report issued on compliance for major program: Unmodified

Any audit findings disclosed that are required to be reported in accordance with Subpart F, Section 516 of the Uniform Guidance?   X   yes  no

#### Identification of major program:

<i>Assistance Listing Number</i>	<i>Name of Federal Program or Cluster</i>
93.217	Family Planning Services

Dollar threshold used to distinguish between type A and type B programs: \$750,000

Auditee qualified as low-risk auditee?   X   yes  no

# PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

## *SCHEDULE OF FINDINGS AND QUESTIONED COSTS - (Continued)*

**Year Ended June 30, 2024**

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### **SECTION II – FINANCIAL STATEMENT FINDINGS**

None

### **SECTION III – FEDERAL AWARD FINDINGS AND QUESTIONED COSTS**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Family Planning Services Program – ALN #93.217

#### **Finding 2024-001**

*Criteria and Condition:* Planned Parenthood Southeastern Pennsylvania is required to identify a patient's income classification through a financial assessment. Planned Parenthood Southeastern Pennsylvania in six instances was unable to provide a financial assessment to support patient visits being tested.

*Context:* A sample of 60 patients who were provided care under the Program was selected for audit testing. Planned Parenthood Southeastern Pennsylvania was unable to support the patient income classifications for six of the patients.

*Cause:* Employees in certain instances did not adhere to the Agency's policy with respect to maintaining timely and accurate financial assessments to support patient visits.

*Effect:* The effect of not maintaining financial assessments for the visits being tested is unknown.

*Questioned Costs:* None

*Auditors' Recommendation:* Planned Parenthood Southeastern Pennsylvania should ensure that the Agency maintains financial assessments to support patients' income classifications and amounts charged.

*Views of Responsible Officials and Planned Corrective Actions:* Upon identifying issues, reminders of retention policies were delivered to all center staff via email. This topic was also added to the training agenda for future meetings with new and current staff.

**PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA**

***SUMMARY OF PRIOR YEAR FINDINGS***

**Year Ended June 30, 2024**

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Not applicable as there were no findings for the year ended June 30, 2023.

**Schedule H, Line 4i**  
**Schedule of Assets (Held At End of Year)**

Name of Plan: PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA EMPLOYEES SAVINGS AND RETIREMENT PLAN  
Employer Identification Number: 23-1352509  
For plan year (beginning/ending): 01-01-2024 TO 12-31-2024 Plan number: 003

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
	ALGER	ALGER CAP APPRECIATION INSTL Y MUTUAL FUND SHARES	0	478,097
	AMERICAN CENTURY	AMERCENT EQTY INC R6 MUTUAL FUND SHARES	0	419,473
	AMERICAN CENTURY	AMERCENT INFLATION ADJ BOND R6 MUTUAL FUND SHARES	0	32,937
	AMERICAN CENTURY	AMERCENT REALESTATE R6 MUTUAL FUND SHARES	0	40,151
	AMERICAN FUNDS	AMERFDS AMERICAN HIGH-INC R6 MUTUAL FUND SHARES	0	70,543
	AMERICAN FUNDS	AMERFDS EUROPAC GRTH R6 MUTUAL FUND SHARES	0	286,118
*	AMERICAN UNITED LIFE INS CO	AUL FIXED ACCOUNT	0	603,059
*	AMERICAN UNITED LIFE INS CO	AUL STABLE VALUE ACCOUNT	0	327,137
	BLACKROCK	BLACKROCK GLOBAL ALLOCATION K MUTUAL FUND SHARES	0	324,046
	FRANKLIN/TEMPLETON	CLEARBRIDGE MID CAP I MUTUAL FUND SHARES	0	85,601
	FIDELITY	FIDELITY 500 INDEX MUTUAL FUND SHARES	0	937,588
	FIDELITY	FIDELITY ADV FREEDOM 2010 K6 MUTUAL FUND SHARES	0	24,345
	FIDELITY	FIDELITY ADV FREEDOM 2015 K6 MUTUAL FUND SHARES	0	180,904
	FIDELITY	FIDELITY ADV FREEDOM 2020 K6 MUTUAL FUND SHARES	0	413,945
	FIDELITY	FIDELITY ADV FREEDOM 2025 K6 MUTUAL FUND SHARES	0	135,495
	FIDELITY	FIDELITY ADV FREEDOM 2030 K6 MUTUAL FUND SHARES	0	459,370
	FIDELITY	FIDELITY ADV FREEDOM 2035 K6 MUTUAL FUND SHARES	0	407,043
	FIDELITY	FIDELITY ADV FREEDOM 2040 K6 MUTUAL FUND SHARES	0	885,631
	FIDELITY	FIDELITY ADV FREEDOM 2045 K6 MUTUAL FUND SHARES	0	287,677
	FIDELITY	FIDELITY ADV FREEDOM 2050 K6 MUTUAL FUND SHARES	0	28,643
	FIDELITY	FIDELITY ADV FREEDOM 2055 K6 MUTUAL FUND SHARES	0	148,539
	FIDELITY	FIDELITY ADV FREEDOM 2060 K6 MUTUAL FUND SHARES	0	16,502
	FIDELITY	FIDELITY ADV FREEDOM INCOME K6 MUTUAL FUND SHARES	0	2,691
	FRANKLIN/TEMPLETON	FRANKLIN INCOME R6 MUTUAL FUND SHARES	0	77,276
	INVESCO	INVESCO DEVELOPING MKTS R6 MUTUAL FUND SHARES	0	81,732
	INVESCO	INVESCO INTL BOND R6 MUTUAL FUND SHARES	0	99,717
	JANUS HENDERSON	JAN HEN GLOBAL TECHNOLOGY N MUTUAL FUND SHARES	0	80,294
	JANUS HENDERSON	JAN HEN TRITON N MUTUAL FUND SHARES	0	302,869
*	PARTICIPANTS	LOANS 6% TO 8.25%	0	272,841
	MFS	MFS MID CAP VALUE R6 MUTUAL FUND SHARES	0	124,841
	PIMCO	PIMCO INCOME INSTL MUTUAL FUND SHARES	0	21,349
	PIMCO	PIMCO TOTAL RETURN INSTL MUTUAL FUND SHARES	0	195,519
	T. ROWE PRICE	TROWEPRICE GLOBAL ALLOC I MUTUAL FUND SHARES	0	73,367
	VANGUARD	VANGUARD ENERGY ADM MUTUAL FUND SHARES	0	136,234
	VIRTUS	VIRTUS NFJ SMALL CAP VALUE R6 MUTUAL FUND SHARES	0	123,605