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

2025

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [X] a single-employer plan
- [ ] a DFE (specify) _____

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

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 (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

1144 LOCUST STREET
PHILADELPHIA, PA 19107-6734

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.

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2026	DONNA ROBINSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a	Plan administrator's name and address [X] Same as Plan Sponsor	**3b**	Administrator's EIN
		3c	Administrator's telephone number
4	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:	**4b**	EIN
a	Sponsor's name	**4d**	PN
c	Plan Name		

5	Total number of participants at the beginning of the plan year	**5**	229
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	193
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	175
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	40
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	215
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	216
g(1)	Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	160
g(2)	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	156
h	Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic 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 Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[X] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[ ] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] 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)

a Pension Schedules

- **(1)** [X] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [X] **A** (Insurance Information) – Number Attached 1
- **(4)** [X] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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

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.

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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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_____

SCHEDULE A
(Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA EMPLOYEES SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

D Employer Identification Number (EIN)
23-1352509

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	156	01/01/2025	12/31/2025

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.

(a) Total amount of commissions paid	**(b)** Total amount of fees paid

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.

4	Current value of plan's interest under this contract in the general account at year end	4	949817
5	Current value of plan's interest under this contract in separate accounts at year end	5	7799540

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	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.	6d	

Specify nature of costs ▶

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	Balance at the end of the previous year			7b	930196
c	Additions: (1) Contributions deposited during the year	7c(1)	105638		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	24225		
	(4) Transferred from separate account	7c(4)	12486		
	(5) Other (specify below)	7c(5)	31197		
	▶ LOAN REPAYMENT				
	(6)Total additions			7c(6)	173546
d	Total of balance and additions (add lines **7b** and **7c(6)**).			7d	1103742
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	114649		
	(2) Administration charge made by carrier	7e(2)	543		
	(3) Transferred to separate account	7e(3)	1400		
	(4) Other (specify below)	7e(4)	37333		
	▶ LOANS ISSUED				
	(5) Total deductions			7e(5)	153925
f	Balance at the end of the current year (subtract line **7e(5)** from line **7d**)			7f	949817

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:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	0
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	0
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line **9c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
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.			**10b**	

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. ▶

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2025** **This Form is Open to Public Inspection.**

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA EMPLOYEES SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

D Employer Identification Number (EIN)
23-1352509

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).. . . . . [X] 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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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 66 67 38	NONE	3031	Yes [X] No [ ]	Yes [ ] No [X]	51189	Yes [X] No [ ]

(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 [X] No [ ]	Yes [ ] No [X]	20921	Yes [ ] No [X]

(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 [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

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	51189
(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	20770
(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.

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

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

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

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

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

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** 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)

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA EMPLOYEES SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

D Employer Identification Number (EIN)
23-1352509

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: AUL AMERICAN UNIT TRUST

b Name of sponsor of entity listed in (a): AMERICAN UNITED LIFE INSURANCE CO

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
35-0145825-000	P	7799540

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

a Plan name

b Name of plan sponsor | **c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA EMPLOYEES SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

D Employer Identification Number (EIN)
23-1352509

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.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	3291
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	0
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	272841	259843
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)	0	0
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	6982142	7799540
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	930196	949817
(15) Other	1c(15)	0	0

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
1e Buildings and other property used in plan operation	1e	0	0
1f Total assets (add all amounts in lines 1a through 1e)	1f	8185179	9012491
Liabilities			
1g Benefit claims payable	1g	0	0
1h Operating payables	1h	0	0
1i Acquisition indebtedness	1i	0	0
1j Other liabilities	1j	0	0
1k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
1l Net assets (subtract line 1k from line 1f)	1l	8185179	9012491

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.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	77825	
(B) Participants	2a(1)(B)	502277	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		580102
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	21442	
(F) Other	2b(1)(F)	24255	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		45697
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1202907
c Other income	2c		0
d Total income. Add all **income** amounts in column (b) and enter total	2d		1828706
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	999638	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		999638
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses:			
(1) Salaries and allowances	2i(1)	0	
(2) Contract administrator fees	2i(2)	1756	
(3) Recordkeeping fees	2i(3)	0	
(4) IQPA audit fees	2i(4)	0	
(5) Investment advisory and investment management fees	2i(5)	0	
(6) Bank or trust company trustee/custodial fees	2i(6)	0	
(7) Actuarial fees	2i(7)	0	
(8) Legal fees	2i(8)	0	
(9) Valuation/appraisal fees	2i(9)	0	
(10) Other trustee fees and expenses	2i(10)	0	
(11) Other expenses	2i(11)	0	
(12) Total administrative expenses. Add lines **2i(1)** through **(11)**	2i(12)		1756
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1001394
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		827312
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		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)** [X] 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) [X] 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
a 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.)	4a		X	
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.)	4b		X	
c 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.)	4c		X	
d 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.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g 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?	4g		X	
h 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?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j 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.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n 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.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? [ ] Yes [X] 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.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** 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 _____.

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2025 and ending 12/31/2025

A Name of plan
PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA EMPLOYEES SAVINGS AND RETIREMENT PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

D Employer Identification Number (EIN)
23-1352509

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

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.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3**

Part II Funding Information (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.)

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.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c 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) **6c**

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**

Part III Amendments

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**

Part IV ESOPs (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.

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).)*
(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): _____

---

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:

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

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:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

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

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
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	**16b**	

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, 2025

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, 2025 and 2024, 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, 2025 and 2024, 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.

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 April 28, 2026, 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
April 28, 2026

PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

STATEMENTS OF FINANCIAL POSITION

June 30, 2025 and 2024

ASSETS	2025	2024
Cash and cash equivalents	$ 791,021	$ 239,208
Contributions and grants receivable, net	413,294	1,110,643
Accounts receivable, net	1,538,391	1,044,891
Prepaid expenses and other current assets	387,608	306,836
Investments	19,097,806	17,730,609
Charitable remainder trusts	1,395,857	1,250,756
Beneficial interests in perpetual trusts	282,899	270,595
Property and equipment, net of accumulated depreciation	4,496,129	4,509,477
Right of use assets	697,889	717,342
Total assets	$ 29,100,894	$ 27,180,357
LIABILITIES AND NET ASSETS		
LIABILITIES		
Accounts payable and accruals	$ 1,223,713	$ 1,439,583
Line of credit payable	702,844	-
Deferred revenue	140,784	2,390
Accrued payroll	845,413	660,025
Loan payable	1,502,731	1,534,979
Lease liability	711,633	728,141
Loan guarantee obligation	1,053,343	1,037,681
Total liabilities	6,180,461	5,402,799
COMMITMENTS		
NET ASSETS		
Without donor restrictions		
Undesignated	1,093,233	994,120
Board designated	13,744,265	12,409,532
Total net assets without donor restrictions	14,837,498	13,403,652
With donor restrictions	8,082,935	8,373,906
Total net assets	22,920,433	21,777,558
Total liabilities and net assets	$ 29,100,894	$ 27,180,357

PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

STATEMENT OF ACTIVITIES

For the Year Ended June 30, 2025

	Without Donor Restrictions				
	Operating	Board Designated	Total	With Donor Restrictions	Total
REVENUES, GAINS AND OTHER SUPPORT					
Contributions	$ 7,774,040	$ 29,160	$ 7,803,200	$ 157,409	$ 7,960,609
Public grants	1,453,310	-	1,453,310	-	1,453,310
Service fees					
Title XIX funds	2,952,196	-	2,952,196	-	2,952,196
All other	8,481,951	-	8,481,951	-	8,481,951
Investment income	648	338,305	338,953	-	338,953
Net realized gains on investments	-	5,271,455	5,271,455	-	5,271,455
Net unrealized losses on investments	-	(3,495,010)	(3,495,010)	-	(3,495,010)
Other	3,018	-	3,018	157,405	160,423
	20,665,163	2,143,910	22,809,073	314,814	23,123,887
Net assets released from restrictions					
Satisfaction of program restrictions	605,785	-	605,785	(605,785)	-
Transfers					
Board-authorized for operating purposes	809,177	(809,177)	-	-	-
TOTAL REVENUES, GAINS AND OTHER SUPPORT	22,080,125	1,334,733	23,414,858	(290,971)	23,123,887
EXPENSES					
Program Services					
Health centers	11,933,641	-	11,933,641	-	11,933,641
Surgical centers	4,440,709	-	4,440,709	-	4,440,709
Education and training	615,556	-	615,556	-	615,556
Public affairs	333,202	-	333,202	-	333,202
Total Program Services	17,323,108	-	17,323,108	-	17,323,108
Supporting Services					
Administration	3,883,190	-	3,883,190	-	3,883,190
Fundraising	759,052	-	759,052	-	759,052
Total Supporting Services	4,642,242	-	4,642,242	-	4,642,242
Loan guarantee expense	15,662	-	15,662	-	15,662
TOTAL EXPENSES	21,981,012	-	21,981,012	-	21,981,012
CHANGE IN NET ASSETS	99,113	1,334,733	1,433,846	(290,971)	1,142,875
NET ASSETS AT BEGINNING OF YEAR	994,120	12,409,532	13,403,652	8,373,906	21,777,558
NET ASSETS AT END OF YEAR	$ 1,093,233	$ 13,744,265	$ 14,837,498	$ 8,082,935	$ 22,920,433

See notes to financial statements.

PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

STATEMENT OF ACTIVITIES

For the Year Ended June 30, 2024

	Without Donor Restrictions				
	Operating	Board Designated	Total	With Donor Restrictions	Total
REVENUES, GAINS AND OTHER SUPPORT					
Contributions	$ 5,153,830	$ 747,496	$ 5,901,326	$ 759,513	$ 6,660,839
Public grants	2,199,681	-	2,199,681	-	2,199,681
Service fees					
Title XIX funds	1,814,803	-	1,814,803	-	1,814,803
All other	7,342,179	-	7,342,179	-	7,342,179
Investment income	740	282,751	283,491	-	283,491
Net realized gains on investments	-	178,330	178,330	-	178,330
Net unrealized gains on investments	-	1,983,465	1,983,465	-	1,983,465
Other	(509)	-	(509)	157,831	157,322
	16,510,724	3,192,042	19,702,766	917,344	20,620,110
Net assets released from restrictions					
Satisfaction of program restrictions	466,935	-	466,935	(466,935)	-
Transfers					
Board-authorized for operating purposes	1,813,440	(1,813,440)	-	-	-
TOTAL REVENUES, GAINS AND OTHER SUPPORT	18,791,099	1,378,602	20,169,701	450,409	20,620,110
EXPENSES					
Program Services					
Health centers	11,994,810	-	11,994,810	-	11,994,810
Surgical centers	4,468,243	-	4,468,243	-	4,468,243
Education and training	555,237	-	555,237	-	555,237
Public affairs	433,082	-	433,082	-	433,082
Total Program Expenses	17,451,372	-	17,451,372	-	17,451,372
Supporting Services					
Administration	3,688,466	-	3,688,466	-	3,688,466
Fundraising	713,930	-	713,930	-	713,930
Total Supporting Services	4,402,396	-	4,402,396	-	4,402,396
Loan guarantee expense	19,951	-	19,951	-	19,951
TOTAL EXPENSES	21,873,719	-	21,873,719	-	21,873,719
CHANGE IN NET ASSETS	(3,082,620)	1,378,602	(1,704,018)	450,409	(1,253,609)
NET ASSETS AT BEGINNING OF YEAR	4,076,740	11,030,930	15,107,670	7,923,497	23,031,167
NET ASSETS AT END OF YEAR	$ 994,120	$ 12,409,532	$ 13,403,652	$ 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, 2025

	Program Services						
	Health Centers	Surgical Centers	Education and Training Programs	Public Affairs	Administration	Fundraising	Total
Salaries	$ 6,603,897	$ 1,540,594	$ 364,054	$ 101,084	$ 2,578,440	$ 458,530	$ 11,646,599
Benefits	1,160,582	281,304	63,548	16,574	461,192	83,068	2,066,268
Total compensation	7,764,479	1,821,898	427,602	117,658	3,039,632	541,598	13,712,867
Contract physicians	-	810,784	-	-	-	-	810,784
Medical supplies	1,202,304	524,511	352	-	-	-	1,727,167
Program supplies	7,908	-	23,312	10,299	42,501	-	84,020
Laboratory	181,423	21,714	-	-	-	-	203,137
Staff recruitment	-	-	-	-	4,218	-	4,218
Books and periodicals	5,267	-	210	3,962	12,738	2,927	25,104
Printing and publication/videos	14,630	1,193	150	477	3,921	3,848	24,219
Postage and telephone	65,437	65,186	1,530	54	52,893	3,997	189,097
Special events	-	162	-	775	13,306	73,658	87,901
Practice management	472,776	118,194	-	-	-	-	590,970
Billing Services	159,620	39,905	-	-	-	-	199,525
Advertising	-	-	-	-	315,216	-	315,216
Rent	280,623	-	-	-	-	-	280,623
Occupancy/utilities	192,534	82,966	41,666	11,196	174,519	18,124	521,005
Maintenance and repairs	94,677	35,414	390	-	89,806	20	220,307
Malpractice insurance	148,446	219,685	-	-	-	-	368,131
Property, casualty and miscellaneous insurance	50,277	7,920	-	-	2,822	-	61,019
Depreciation	-	-	-	-	486,612	-	486,612
Provision for bad debts	3,279	11,712	-	-	-	-	14,991
Professional fees	62,138	29,683	6,858	55,322	356,416	2,358	512,775
Audit and legal	-	-	-	-	76,540	-	76,540
Dues	-	-	-	37,139	-	-	37,139
Office and copying	241,033	53,852	939	1,044	340,664	690	638,222
Connectivity services	65,308	10,626	-	-	122,500	-	198,434
Travel	26,044	6,824	2,876	1,362	21,309	2,534	60,949
Training	28,567	1,862	2,840	233	17,743	-	51,245
Cleaning/waste removal	71,643	51,466	-	-	-	-	123,109
Bank services	47,291	60,265	-	-	19,339	8,150	135,045
Interest	-	-	-	-	102,924	-	102,924
Other miscellaneous expense	49,938	30,914	1,028	(864)	20,533	506	102,055
Total expenses before allocations & loan guarantee expense	11,235,642	4,006,736	509,753	238,657	5,316,152	658,410	21,965,350
Allocation - salaries	560,397	258,683	88,823	86,636	(1,081,175)	86,636	-
Allocation - depreciation	137,602	175,290	16,980	7,909	(351,787)	14,006	-
Total expenses	$ 11,933,641	$ 4,440,709	$ 615,556	$ 333,202	$ 3,883,190	$ 759,052	$ 21,965,350

See notes to financial statements.

PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

STATEMENT OF FUNCTIONAL EXPENSES

For the Year Ended June 30, 2024

	Program Services						
	Health Centers	Surgical Centers	Education and Training Programs	Public Affairs	Administration	Fundraising	Total
Salaries	$ 6,395,474	$ 1,379,069	$ 298,028	$ 34,898	$ 2,144,789	$ 427,216	$ 10,679,474
Benefits	1,016,069	229,560	50,014	6,279	405,064	71,544	1,778,530
Total compensation	7,411,543	1,608,629	348,042	41,177	2,549,853	498,760	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	4,086	28,736
Printing and publication/videos	9,880	14,591	158	-	1,676	3,003	29,308
Postage and telephone	39,337	48,456	11	-	4,957	3,105	95,866
Special events	-	116	-	370	8,485	56,453	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	14,272	540,435
Maintenance and repairs	64,809	24,492	2,012	-	120,699	222	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	30,420	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	1,269	316,558
Connectivity services	83,349	23,124	-	-	-	-	106,473
Travel	32,432	3,571	6,538	313	16,750	3,248	62,852
Training	37,092	1,187	372	420	14,094	1,150	54,315
Cleaning/waste removal	66,123	66,786	-	-	-	-	132,909
Bank services	52,108	50,795	-	-	21,949	7,583	132,435
Interest	-	-	-	-	72,421	-	72,421
Other miscellaneous expense	45,887	21,313	1,363	1,529	11,681	3,846	85,619
Total expenses before allocations & loan guarantee expense	11,412,534	4,089,793	465,949	347,807	4,910,268	627,417	21,853,768
Allocation - salaries	405,202	184,582	73,634	75,488	(814,394)	75,488	-
Allocation - depreciation	177,074	193,868	15,654	9,787	(407,408)	11,025	-
Total expenses	$ 11,994,810	$ 4,468,243	$ 555,237	$ 433,082	$ 3,688,466	$ 713,930	$ 21,853,768

See notes to financial statements.

PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

STATEMENTS OF CASH FLOWS

For the Years Ended June 30, 2025 and 2024

	2025	2024
Cash flows from operating activities		
Change in net assets	$ 1,142,875	$ (1,253,609)
Adjustments to reconcile change in net assets to net cash used in operating activities		
Depreciation	486,612	443,866
Amortization of right of use assets	291,108	288,089
Operating lease liability payments	(288,163)	(284,506)
Amortization of loan fees	4,691	4,691
Provision for bad debts	14,991	236,577
Net unrealized (gains) losses on investments	3,495,010	(1,983,465)
Net realized gains on investments	(5,271,455)	(178,330)
Change in charitable remainder trusts	(145,101)	(143,796)
Change in beneficial interests in perpetual trusts	(12,304)	(15,568)
Changes in:		
Contributions and grants receivable, net	697,349	(976,820)
Accounts receivable, net	(508,491)	(456,248)
Prepaid expenses and other current assets	(80,772)	(40,089)
Accounts payable and accruals	(215,870)	1,013,945
Accrued payroll	185,388	81,734
Deferred revenue	138,394	2,390
Loan guarantee obligation	15,662	19,951
Net cash used in operating activities	(50,076)	(3,241,188)
Cash flows from investing activities		
Purchase of property and equipment	(473,264)	(360,150)
Proceeds from sale of investments	794,038	1,852,496
Purchases of investments	(384,790)	(302,226)
Net cash provided by (used in) investing activities	(64,016)	1,190,120
Cash flows from financing activities		
Repayments of loans payable	(36,939)	(35,101)
Net proceeds from line of credit payable	702,844	-
Net cash provided by (used in) financing activities	665,905	(35,101)
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	551,813	(2,086,169)
Cash and cash equivalents, beginning of the year	239,208	2,325,377
Cash and cash equivalents, end of the year	$ 791,021	$ 239,208
SUPPLEMENTAL DISCLOSURE OF CASH FLOW INFORMATION:		
Interest paid during the year	$ 102,924	$ 74,421
Right of use asset in exchange for operating lease liability	$ 245,235	$ 254,397

(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.

ALLOWANCE FOR DOUBTFUL ACCOUNTS

The provision for doubtful accounts was $428,606 and $278,672 at June 30, 2025 and 2024, 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 $809,177 and $1,813,440 in 2025 and 2024, 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.

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, 2022, 2023 and 2024, as well as the return to be filed for the fiscal year ended June 30, 2025.

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 $315,216 and $302,079 for the years ending June 30, 2025 and 2024, respectively.

(2) CONCENTRATIONS OF CREDIT AND OTHER RISK

Cash

At June 30, 2025, 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, 2025 and 2024 consist of the following unconditional promises:

	2025	2024
Unconditional promises expected within 1 year	$ 413,294	$1,035,643
Unconditional promises expected 1 to 5 years	-	75,000
Unconditional promises to give	$ 413,294	$1,110,643

(4) INVESTMENTS

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

	2025	2024
Mutual Funds		
Cash and Money Market Funds	$ 2,095,357	$ 447,481
Fixed Income Funds	1,482,080	1,104,362
Domestic Equity Funds	6,811,583	8,417,139
International Funds	1,993,265	2,194,126
Common Stocks	2,770,232	3,309,341
Fixed Income – U.S. Treasury and Corporate Bonds	3,914,312	2,232,036
Alternative Investment	30,977	26,124
	$ 19,097,806	$ 17,730,609

Investment fees are charged directly to the funds by the investment managers. The fees range from .5% to 1% and amounted to $126,491 and $107,177 for the years ended June 30, 2025 and 2024, 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, 2025 and 2024.

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.

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, 2025:

	Level 1	Level 2	Level 3	Total
Mutual funds	$ 12,382,285	$ -	$ -	$ 12,382,285
Common stocks	2,770,232	-	-	2,770,232
Bonds	-	3,914,312	-	3,914,312
Alternative investments	-	-	30,977	30,977
Charitable remainder trusts	-	-	1,395,857	1,395,857
Beneficial interests	-	-	282,899	282,899
Total assets at fair value	$ 15,152,517	$ 3,914,312	$1,709,733	$ 20,776,562

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:

	Level 1	Level 2	Level 3	Total
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	$ 15,472,449	$ 2,232,036	$1,547,475	$ 19,251,960

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

	Remainder Trusts	Perpetual Trusts	Alternative Investments	Total
July 1, 2024	$ 1,250,756	$ 270,595	$ 26,124	$ 1,547,475
Adjustments to Net Present Value	145,101	12,304	8,220	165,625
Distributions	-	-	(3,367)	(3,367)
June 30, 2025	$ 1,395,857	$ 282,899	$ 30,977	$ 1,709,733

	Remainder Trusts	Perpetual Trusts	Alternative Investments	Total
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	$ 1,250,756	$ 270,595	$ 26,124	$ 1,547,475

(6) PROPERTY AND EQUIPMENT

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

	2025	2024
Buildings and land	$ 11,863,007	$ 11,679,894
Leasehold improvements	987,386	980,353
Equipment and furniture	4,376,708	3,877,678
Construction in progress	63,557	279,469
	17,290,658	16,817,394
Accumulated depreciation and amortization	(12,794,529)	(12,307,917)
Property and equipment, net	$ 4,496,129	$ 4,509,477

Depreciation expense was $486,612 and $443,866 for the years ended June 30, 2025 and 2024, respectively.

(7) LINE OF CREDIT

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 (6.094% at June 30, 2025). The line is collateralized by the agency's investments.

As of June 30, 2025, $702,844 was outstanding on the line of credit. There was nothing outstanding as of June 30, 2024.

(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 $1,525,206 and $1,562,145 as of June 30, 2025 and 2024, respectively.

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

2026	$ 38,663
2027	40,464
2028	42,170
2029	44,314
2030	1,359,595
	1,525,206
Unamortized financing costs	(22,475)
	$ 1,502,731

(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, 2025 and 2024:

	2025	2024
Operating Lease Amounts:		
Right-of-use assets	$697,889	$717,342
Lease liability	$711,633	$728,141
Other Information:		
Operating outgoing cash flows for operating leases	$288,163	$284,506
Weighted-average remaining lease term	3.30 years	3.58 years
Weighted average discount rate	2.9%	2.9%

Lease cost information for the years ended June 30, 2025 and 2024 is as follows:

Operating lease cost	$291,108	$288,089

Future lease payments for the years ended June 30 are as follows:

2026	$ 239,492
2027	242,807
2028	153,215
2029	96,044
2030	13,375
	744,933
Less: present value adjustment	(33,300)
Lease liability	$ 711,633

(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 $1,053,343 and $1,037,681 as of June 30, 2025 and 2024, 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:

	2025	2024
Board-designated endowment funds	$ 13,744,265	$ 12,409,532

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

	2025	2024
Subject to expenditure for a special purpose:		
Charitable remainder trusts	$ 1,395,857	$ 1,250,756
Patient services	607,436	953,426
Education	-	28,353
Other	158,103	92,136
Time restricted for operations	75,000	215,000
	2,236,396	2,539,671
Perpetual in nature:		
Donor restricted endowments required to be maintained in perpetuity	5,563,640	5,563,640
Trusts held by third parties	282,899	270,595
	5,846,539	5,834,235
Total net assets with donor restrictions	$ 8,082,935	$ 8,373,906

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 $282,899 and $270,595 at June 30, 2025 and 2024, respectively.

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:

	2025	2024
Purpose restrictions accomplished		
Time restricted	$ 140,000	$ 105,000
Education	28,353	45,397
Diversity, equity & inclusive initiatives	-	27,879
Capital improvements	-	77,135
Patient services	395,990	118,440
Other	41,442	93,084
	$ 605,785	$ 466,935

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 2025 and 2024. In addition to the annual 5% draw, the Board of Directors approved a $1,020,564 withdrawal of board designated funds during 2024.

The endowment net asset composition by type of fund as of June 30, 2025 is as follows:

	Without Donor Restrictions	With Donor Restrictions	Total
Donor-restricted endowment fund	$ -	$ 7,242,396	$ 7,242,396
Board designated funds	13,744,265	-	13,744,265
Total funds	$ 13,744,265	$ 7,242,396	$ 20,986,661

The changes in endowment net assets for the year ended June 30, 2025 are as follows:

	Without Donor Restrictions	With Donor Restrictions	Total
Endowment net assets at June 30, 2024	$ 12,409,532	$ 7,084,991	$ 19,494,523
Investment income, net of fees	338,305	-	338,305
Contributions	29,160	-	29,160
Realized gains, net	5,271,455	-	5,271,455
Unrealized gains (losses)	(3,495,010)	12,304	(3,482,706)
Other	-	145,101	145,101
Board authorized distributions for operations	(809,177)	-	(809,177)
Endowment net assets as of June 30, 2025	$ 13,744,265	$ 7,242,396	$ 20,986,661

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

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

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

	Without Donor Restrictions	With Donor Restrictions	Total
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	(1,813,440)	-	(1,813,440)
Endowment net assets as of June 30, 2024	$ 12,409,532	$ 7,084,991	$ 19,494,523

(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, 2025 and 2024, the Agency matched 50% of employee contributions up to 1% of the employee's salary.

Contributions made by the Agency to these plans totaled $82,365 and $67,572 for the years ended June 30, 2025 and 2024, respectively.

(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:

	2025	2024
Planned Parenthood Federation	$ 140,412	$ 151,538
Planned Parenthood Pennsylvania Advocates, Inc.	108,000	24,000
Better Health Consortium, Inc.	970,974	828,818
Clinical Health Network	225,292	973,692
Total dues and other amounts paid to affiliates	$1,444,678	$1,978,048

Balances due to affiliates as of June 30, 2025 and 2024 totaled $232,708 and $546,202, respectively.

(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.

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, 2025, the Agency received $1,847,003 in CFP-sharable contributions. The sharing computation described above resulted in a grant of $1,015,026 from PPFA to the Agency. 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. These amounts are included in contributions in the statements of activities.

(16) FEDERAL AND STATE GRANT ACTIVITY

On July 4, 2025, President Trump signed the One Big Beautiful Bill Act into law. Among its provisions, the Act imposed a one-year moratorium on federal Medicaid reimbursements to health care organizations primarily engaged in family planning and reproductive health services that also provide abortion services and that received more than $800,000 in Medicaid funding in fiscal year 2023, effectively suspending the Agency's ability to bill Medicaid for covered non-abortion services during that period. The Agency, along with Planned Parenthood affiliates nationwide, filed legal challenges to the provision; however, following a First Circuit Court of Appeals ruling in December 2025 overturning a preliminary injunction, the lawsuit was voluntarily dismissed in January 2026, allowing the defunding provision to take full effect. While some states have allocated supplemental state funds to partially offset the loss of federal Medicaid reimbursements, Pennsylvania has not, and the financial impact on the Agency has been significant. Management continues to evaluate the ongoing budgetary impact and explore alternative funding sources to sustain patient services during this period.

(17) FINANCIAL ASSETS AND LIQUIDITY RESOURCES

The following table reflects the Agency's financial assets as of June 30, 2025 and 2024, 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.

	2025	2024
Financial Assets		
Cash and cash equivalents	$ 791,021	$ 239,208
Investments	19,097,806	17,730,609
Contributions and grants receivable, net – current portion	413,294	1,035,643
Accounts receivable, net	1,538,391	1,044,891
Total financial assets	21,840,512	20,050,351
Assets restricted as to use:		
Board-designated quasi and true endowment funds, net of beneficial interest in trusts	(19,307,905)	(17,973,172)
Financial assets available to meet general expenditures within one year	$ 2,532,607	$ 2,077,179

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, $13,744,265 and $12,409,532 as of June 30, 2025 and 2024, respectively, could also be made available with Board approval.

(18) SUBSEQUENT EVENTS

Subsequent events have been evaluated through April 28, 2026, 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, 2025

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	231201-2	$ 477,560
	Total 93.217		477,560
Pass-through - PA Dept of Human Services, Access Matters			
S.S Block Grant	93.667	S231201-2	202,247
	Total 93.667		202,247
Pass-through - PA Dept of Health, Access Matters			
Title V - Teen	93.994	S231201-2	90,472
Pass-through - PA Dept of Health, Access Matters			
MCH Block Grant	93.994	243004-2	57,404
	Total 93.994		147,876
Total Federal Awards			$ 827,683

PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

NOTES TO SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS

June 30, 2025

(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, 2025, 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 April 28, 2026.

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
April 28, 2026

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, 2025. 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, 2025.

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.

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. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

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
April 28, 2026

PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

SCHEDULE OF FINDINGS AND QUESTIONED COSTS

Year Ended June 30, 2025

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	X	no
• Significant deficiency(s) identified that are not considered to be material weakness(es)?	_____	yes	X	none reported
• Noncompliance material to financial statements noted?	_____	yes	X	no

Federal Awards

Internal control over major program:

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

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?	_____	yes	X	no

Identification of major program:

Assistance Listing Number	*Name of Federal Program or Cluster*
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

SECTION II – FINANCIAL STATEMENT FINDINGS

None

SECTION III – FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

None

PLANNED PARENTHOOD SOUTHEASTERN PENNSYLVANIA

SUMMARY OF PRIOR YEAR FINDINGS

Year Ended June 30, 2025

FEDERAL AWARD FINDINGS:

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.

Current Status: Corrective action taken.

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): 01-01-2025 TO 12-31-2025 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	639,715
	AMERICAN CENTURY	AMERCENT EQTY INC R6 MUTUAL FUND SHARES	0	209,119
	AMERICAN CENTURY	AMERCENT INFLATION ADJ BOND R6 MUTUAL FUND SHARES	0	21,201
	AMERICAN CENTURY	AMERCENT REALESTATE R6 MUTUAL FUND SHARES	0	35,402
	AMERICAN FUNDS	AMERFDS AMERICAN HIGH-INC R6 MUTUAL FUND SHARES	0	86,527
	AMERICAN FUNDS	AMERFDS EUPAC R6 MUTUAL FUND SHARES	0	335,087
*	AMERICAN UNITED LIFE INS CO	AUL FIXED ACCOUNT	0	597,870
*	AMERICAN UNITED LIFE INS CO	AUL STABLE VALUE ACCOUNT	0	351,946
	BLACKROCK	BLACKROCK GLOBAL ALLOCATION K MUTUAL FUND SHARES	0	271,039
	FRANKLIN/TEMPLETON	CLEARBRIDGE MID CAP I MUTUAL FUND SHARES	0	81,893
	FIDELITY	FIDELITY 500 INDEX MUTUAL FUND SHARES	0	1,058,504
	FIDELITY	FIDELITY ADV FREEDOM 2010 K6 MUTUAL FUND SHARES	0	24,675
	FIDELITY	FIDELITY ADV FREEDOM 2015 K6 MUTUAL FUND SHARES	0	223,016
	FIDELITY	FIDELITY ADV FREEDOM 2020 K6 MUTUAL FUND SHARES	0	394,684
	FIDELITY	FIDELITY ADV FREEDOM 2025 K6 MUTUAL FUND SHARES	0	140,742
	FIDELITY	FIDELITY ADV FREEDOM 2030 K6 MUTUAL FUND SHARES	0	566,415
	FIDELITY	FIDELITY ADV FREEDOM 2035 K6 MUTUAL FUND SHARES	0	498,640
	FIDELITY	FIDELITY ADV FREEDOM 2040 K6 MUTUAL FUND SHARES	0	1,131,802
	FIDELITY	FIDELITY ADV FREEDOM 2045 K6 MUTUAL FUND SHARES	0	406,325
	FIDELITY	FIDELITY ADV FREEDOM 2050 K6 MUTUAL FUND SHARES	0	60,497
	FIDELITY	FIDELITY ADV FREEDOM 2055 K6 MUTUAL FUND SHARES	0	192,030
	FIDELITY	FIDELITY ADV FREEDOM 2060 K6 MUTUAL FUND SHARES	0	37,432
	FIDELITY	FIDELITY ADV FREEDOM RET K6 MUTUAL FUND SHARES	0	1,813
	FRANKLIN/TEMPLETON	FRANKLIN INCOME R6 MUTUAL FUND SHARES	0	91,100
	INVESCO	INVESCO DEVELOPING MKTS R6 MUTUAL FUND SHARES	0	91,265
	INVESCO	INVESCO INTL BOND R6 MUTUAL FUND SHARES	0	88,484
	JANUS HENDERSON	JAN HEN GLOBAL TECHNOLOGY N MUTUAL FUND SHARES	0	102,452
	JANUS HENDERSON	JAN HEN TRITON N MUTUAL FUND SHARES	0	343,431
*	PARTICIPANTS	LOANS 6% TO 8.25%	0	259,843
	MFS	MFS MID CAP VALUE R6 MUTUAL FUND SHARES	0	121,030
	PIMCO	PIMCO INCOME INSTL MUTUAL FUND SHARES	0	23,193
	PIMCO	PIMCO TOTAL RETURN INSTL MUTUAL FUND SHARES	0	144,536
	T. ROWE PRICE	TROWEPRICE GLOBAL ALLOC I MUTUAL FUND SHARES	0	87,173
	VANGUARD	VANGUARD ENERGY ADM MUTUAL FUND SHARES	0	174,077
	VIRTUS	VIRTUS NFJ SMALL CAP VALUE R6 MUTUAL FUND SHARES	0	116,242