Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

A F	or the	e 2022 calendar year, or tax year beginning し Jโ	JL 1, 2022 and	ending J	<u>UN 30, 2023</u>	
	heck if pplicable	PLANNED PARENTHOOD OF S	OUTH FLORIDA		D Employer identif	ication number
	Addres	AND THE TREASURE COAST,	INC.			
	Name change	Doing business as SEE NOTE ON	SCHEDULE O		59-13911	.15
	Initial return	Number and street (or P.O. box if mail is not deli 2300 NORTH FLORIDA MANG	,	Room/suite	E Telephone number 561-848-	
	∟return/ termin ated				G Gross receipts \$	37,993,195.
	Ameno		409		H(a) Is this a group	
	Application				for subordinate	
	pendin	SAME AS C ABOVE			H(b) Are all subordinates	—
	ax-exe	empt status: X 501(c)(3) 501(c) ()	(insert no.) 4947(a)(1)	or 527	1	a list. See instructions
	Vebsit	ITTI DDGENIEI ODG	(H(c) Group exemption	
			sociation Other	L Year		M State of legal domicile; FL
		Summary			•	<u> </u>
	1	Briefly describe the organization's mission or most	significant activities: PROV	IDE CO	MPREHENSIVE	SEXUAL
Governance		HEÁLTH CARE THROUGH DIRECT				
ja Ja	2	Check this box if the organization discon	tinued its operations or dispos	sed of more	than 25% of its net as	sets.
Ş	3	Number of voting members of the governing body (Part VI, line 1a)		3	23
	I	Number of independent voting members of the government				23
ø Ø		Total number of individuals employed in calendar ye				309
ij		Total number of volunteers (estimate if necessary)				597
Activities &		Total unrelated business revenue from Part VIII, colo				0.
⋖		Net unrelated business taxable income from Form 9				0.
					Prior Year	Current Year
a)	8	Contributions and grants (Part VIII, line 1h)			14,885,018.	13,499,722.
Revenue	9				9,632,250.	13,308,164.
eve	I	Investment income (Part VIII, column (A), lines 3, 4,			145,881.	-80,507.
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			1,885,959.	-174,151.
	l	Total revenue - add lines 8 through 11 (must equal F			26,549,108.	
		Grants and similar amounts paid (Part IX, column (A			0.	0.
	l	Benefits paid to or for members (Part IX, column (A)			0.	0.
S	45	Salaries, other compensation, employee benefits (P			13,667,424.	15,448,165.
Expenses	16a	Professional fundraising fees (Part IX, column (A), lir			0.	0.
<u>e</u>	b	Total fundraising expenses (Part IX, column (D), line	4 - 54 4	61.		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d,			10,600,517.	15,009,623.
		Total expenses. Add lines 13-17 (must equal Part IX			24,267,941.	30,457,788.
		Revenue less expenses. Subtract line 18 from line 1			2,281,167.	-3,904,560.
Or Ces				Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)			40,604,861.	39,268,618.
ASS	21	Total liabilities (Part X, line 26)			2,684,430.	
Net Assets	22	Net assets or fund balances. Subtract line 21 from I	ine 20		37,920,431.	36,047,053.
	art II	Signature Block				
Und	er pena	lties of perjury, I declare that I have examined this return, i	ncluding accompanying schedule	s and stateme	ents, and to the best of m	y knowledge and belief, it is
true,	correc	t, and complete. Declaration of preparer (other than officer	r) is based on all information of wh	nich preparer	has any knowledge.	
Sig		Signature of officer			Date	
Her	е	ALEXANDRA MANDADO, PRESIDE	NT/CEO			
		Type or print name and title				
		31 1 1	Preparer's signature	[Date Check	PTIN
Paid	l	JAMES F. MULLEN, IV			self-emplo	
	arer	Firm's name EISNER ADVISORY GF			Firm's EIN 8	37-1353108
Use	Only	Firm's address 505 SOUTH FLAGLER		0 0		
		WEST PALM BEACH, F	L 33401		Phone no. 5 6	51-832-9292
N 4	. 41 15	RS discuss this return with the preparer shown above	o2 Soc instructions			X Yes No

	rt III Statement of Program Service Accomplishments
Pa	—
1	Check if Schedule O contains a response or note to any line in this Part III
•	THE MISSION OF PLANNED PARENTHOOD OF SOUTH FLORIDA AND THE TREASURE
	COAST IS TO PROVIDE COMPREHENSIVE SEXUAL HEALTH CARE THROUGH THE
	PROVISION OF CLINICAL SERVICES, EDUCATION AND ADVOCACY. WE DO SO BY
	UNDERSTANDING AND RESPONDING TO THE NEEDS OF THOSE SEEKING OUR
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
 4а	revenue, if any, for each program service reported. (Code:) (Expenses \$ 21,999,663 · including grants of \$) (Revenue \$ 12,789,640 ·)
4 a	MEDICAL PATIENT SERVICES - THE ORGANIZATION PROVIDES MEDICAL SERVICES
	AND PATIENT VISITS IN A MEDICAL CLINIC AND FAMILY PLANNING COUNSELING.
	IN 2022/2023, THE HEALTH CLINICS SERVED APPROXIMATELY 52,680 PATIENTS
	WITH APPROXIMATELY 63,038 MEDICAL VISITS IN HEALTH CENTERS SERVICING
	FORTY-FIVE COUNTIES.
4b	(Code:) (Expenses \$ 2,375,218. including grants of \$) (Revenue \$ 518,524.)
	PUBLIC AFFAIRS - THROUGH ITS PUBLIC POLICY INITIATIVE, THE ORGANIZATION
	ADVOCATES FOR THE PROTECTION OF WOMEN'S HEALTH AND EACH INDIVIDUAL'S
	RIGHTS TO PRIVACY AND ACCESS TO FAMILY PLANNING BY MONITORING LOCAL
	AGENCIES, THE STATE LEGISLATURE, AND THE U.S. CONGRESS.
4c	(Code:) (Expenses \$
	PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP) - THIS YOUTH
	DEVELOPMENT PROGRAM PROVIDED THE TEEN OUTREACH PROGRAM (TOP) AND FAMILY
	LIFE AND SEXUAL HEALTH (FLASH) PROGRAMS TO APPROXIMATELY 1,563 TEENS IN 2022/2023.
	2022/2023•
4d	Other program services (Describe on Schedule O.)
_	(Expenses \$ 669,722. including grants of \$) (Revenue \$) Total program service expenses 25,745,719.
<u>4e</u>	Total program service expenses 25, 745, 719.
	101111 999 (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
0	Schedule D, Part III	-		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		7.7	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	L	Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	5			

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			٦,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			٦,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			3,7
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? F Contract Con	00-		Х
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x
20	"Yes," complete Schedule L, Part IV	29	х	22
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29	21	
30		30		x
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	٠.		
52	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			37
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	٥.		
-	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7-	Х	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a_	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7b		
C	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	70		- 21
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	Gross income from members or shareholders 11a			
р	Gross income from other sources. (Do not net amounts due or paid to other sources against			
120	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b				
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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

Section A. Governing Body and Management 1a Enter the number of voting members of the governing body at the end of the tax year 1 there are material differences in voting rights among members of the governing body, or if the governing body delighted broad submitty is not an executive committee or similar committee, explain on Schedule 0. b Enter the number of voting members included on line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 5 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 Ta be governing body? 9 Is there ary officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization in smalling address? If Yes. "provide the numes and addresses on Schedule O. 9 Section B. Policies (Titus Saccion R requests information about policies not required by the Internal Revenue Code). 10a Did the org	teretion A. Governing Body and Management Tener the number of voting members of the governing body at the end of the tax year 1a 23 18 18 18 18 18 18 18 1	Section A. Governing Body and Management Yes No	Section A. Governing Body and Management 1	1a Enter the number of voting members of the governing body at the end of the tax year 1 a 23	Section A. Governing Body and Management Tener the number of voting members of the governing body at the end of the tax year 1a 23
1a Enter the number of voting members of the governing body at the end of the tax year 1a 2.3 1	It a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. It a 23 It be grant the number of voting members included on line 1s, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management of the governing body or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Did the organization have members and significant changes to its governing documents since the prior Form 990 was filed? Did the organization have members of stockholders? Did the organization have members, stockholders? Did the organization have members, stockholders, or dher persons who had the power to elect or appoint one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? But the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? Each committee with authority to act on behalf of the governing body? But there ary officer, director, trustee, or key employees listed in Part VII, Section A, who cannot be reached at the organization realing address? If "Yes " rought the names and addressess on Schedule O. Did the organization have local chapters, branches, or affiliates? Did the organization have a written policies and procedures governi	It there are material differences in voting members of the governing body at the end of the tax year 1 a 23 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. 1 b Enter the number of voting members included on line 1a, above, who are independent 1. 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees a management duties customanily performed by or under the direct supervision of officers, directors, trustees, or key employees on a management company or other person? 3 Did the organization daw any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization have local chapters, branches, or affiliates? 9 If "Yes," did the organization have virtten policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10a Did the organization have a written whistleblower policy? If "No," go to line 13 Did the organization have a written whistleblower policy? If "No," go to line 15 Did the organization have a written whistleblower policy? 10b Were officers, directors, or trustees, and key employees itsed in Process for determining compensation of the following per	1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule 0. b Enter the number of voting members included on line 1a, above, who are inclependent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, directors, trustees, or key employees to a management company or other person? 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If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed FL	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 6a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 6 b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X 16a X 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		, , , , , , , , , , , , , , , , , , , ,
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed FL	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	If "Voo" to line 150 or 15h describe the process on Schodule O. See instructions	DI LITTIER OTHERS OF KEV AMDIOVAGE OF THE ORGANIZATION
taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed FL	taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	taxable entity during the year?	taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	if tes to line 15a of 15b, describe the process of Schedule O. See instructions.	b other employees of the organization
taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed FL	taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	taxable entity during the year?	taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's		
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b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed FL	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	tartable ontily daming the year.	b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	77	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average	(do		Pos	C) ition	than o	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	offic				s both r/trus		compensation from	compensation from related	amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
SAMANTHA DEANS	37.50					Ι,,		207 020		22 200
PHYSICIAN	27 50					Х		307,030.	0.	22,299.
ALEXANDRA MANDADO	37.50	-		,,				206 200	0	10 100
PRESIDENT/CEO	27 50			Х				296,380.	0.	19,182.
KANTHI DHADUVAI MD	37.50					x		234,583.	0.	16,191.
MICHELLE FOWLER	37.50									
C00					Х			208,153.	0.	22,041.
SHELLY TIEN	37.50									
MD						Х		214,947.	0.	12,618.
JOHN MCGOLDRICK	37.50									
VP HUMAN RESOURSES						Х		166,320.	0.	29,055.
LAURA GOODHUE	37.50									
VP PUBLIC POLICY						Х		171,320.	0.	22,745.
DAVID GARTNER	37.50									
CFO						X		166,320.	0.	22,387.
GLORY GUERRERO	37.50									
VP -CLINICAL CARE						X		173,308.	0.	14,826.
DOLLY VOORHEES DAVIS	2.00									
CHAIRMAN		X		Х				0.	0.	0.
ELAINE BLACK	2.00									
DIRECTOR		Х						0.	0.	0.
KIRSTEN DOOLITTLE	2.00									
DIRECTOR		Х						0.	0.	0.
THEODORE GLASSER	2.00									
ASSISTANT SECRETARY		Х						0.	0.	0.
CHRISTINE CURTIS	2.00									
DIRECTOR		Х						0.	0.	0.
DAVID L. BALL	2.00									
DIRECTOR		Х						0.	0.	0.
DEBRA FRANK	2.00									
DIRECTOR		Х						0.	0.	0.
DIANE GOLDMAN	2.00	_						_	_	_
DIRECTOR		X						0.	0.	990 (2022)

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Part VII Section A. Officers, Directors, Trus	tees. Kev Emr	olov	ees.	and	, I Hid	ahes	t Co	ompensated Employee	S (continued)	
(A)	(B)		,	((J		(D)	(E)	(F)
Name and title	Average hours per week	box	not cl , unles cer an	Posi heck i	ition more rson i	than o	n an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
CAROLE A. BARHAM	2.00							_	_	_
DIRECTOR		Х						0.	0.	0.
MARSHA LAUFER	2.00							_		
DIRECTOR		Х						0.	0.	0.
ERICA MERRELL	2.00							_	_	_
DIRECTOR		Х						0.	0.	0.
DELLESA KIRK-JOHNSON	2.00									
DIRECTOR		Х						0.	0.	0.
JODY LEHMAN	2.00									
DIRECTOR		Х						0.	0.	0.
DEBORAH MOSKOW-MAUNUS	2.00									
DIRECTOR		Х						0.	0.	0.
PATRICIA MINTMIRE	2.00									
DIRECTOR		Х						0.	0.	0.
ANTONIA WRIGHT	2.00									
DIRECTOR		Х						0.	0.	0.
ELAINE JOHNSON JAMES	2.00									
SECRETARY		Х						0.	0.	0.
1b Subtotal								1,938,361.	0.	181,344.
c Total from continuation sheets to Part VI	I, Section A							0.	0.	0.
d Total (add lines 1b and 1c)								1,938,361.	0.	181,344.

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Yes Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on 3 line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Х 4 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person

Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ivanie and pusiness address	Description of services	Compensation
CLINICAL HEALTH NETWORK FOR TRANSFORMATION	REVENUE CYCLE, IT,	
C/O PP GULF COAST, HOUSTON , TX 77023	CALL CENTER	1,328,486.
BETTER HEALTH, 3262 WESTHEIMER RD, #944,	MEDICAL RECORDS	
HOUSTON , TX 77098	DATABASE HOSTING	380,735.
ROBERT J. PEARL D.O., PA, 11225 WATERCREST		
CIRCLE E., PARKLAND, FL 33076	MEDICAL SERVICES	319,500.
QUEST DIAGNOSTICS, INC.		
P.O. BOX 530440, ATLANTA, GA 30353	LABORATORY	259,618.
JAMES DOUGLAS PILC, 7209 1ST AVENUE NORTH,		
ST PETERSBURG, PA 33710	MEDICAL SERVICES	227,300.
2 Total number of independent contractors (including but not limited to those liste	ed above) who received more than	
\$100,000 of compensation from the organization 5		
		000

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2022)

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Form 990_ AND THE	TREASURE	, (.UA	10 T		TIA	<u>.</u>		59-139	TTT2
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, aı	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition	ı		Reportable	Reportable	Estimated
	hours	(cl			that		ly)	compensation	compensation	amount of
	per week (list any hours for related organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	below line)	Individua	Institutio	Officer	Key employee	Highest c	Former			
ARCHER A. BARRY	2.00								•	•
TREASURER		X						0.	0.	0.
CAROL C. LANG	2.00								•	•
VICE CHAIR	0.00	Х						0.	0.	0.
STEPHEN VON OEHSEN	2.00	.,							0	0
VICE CHAIR	2 00	Х						0.	0.	0.
SCOTT KRESSNER	2.00	٦,							•	^
DIRECTOR	2 00	Х	\vdash	_		\vdash	_	0.	0.	0.
ELSIE ROMERO DIRECTOR	2.00	Х						0.	0.	0
WHITNEY UNTIEDT	2.00	Λ						0.	0.	0.
DIRECTOR	2.00	Х						0.	0.	0.
DINECTOR								0.	0.	0.
	1	İ	ı	ı	ı	ı	l	I		

Form 990 (2022) AND THE Part VIII Statement of Revenue

			Check if Schedule O c	onta	ains a	response	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
									function revenue	business revenue	sections 512 - 514
S S	1 :	_	Federated campaigns			1a					
Contributions, Gifts, Grants and Other Similar Amounts	' '					1b					
يَّ ق			Membership dues			1c	1,373,276.				
fts, Ar	,		Fundraising events				1,373,270.				
ig ig	•		Related organizations			1d	2 103 595				
ns, Sim			Government grants (contri			1e	2,193,585.				
e ë	1	Ť	All other contributions, gifts,				0 020 061				
들됨			similar amounts not included			1f	9,932,861.				
ont od (!		Noncash contributions included in I	ines 1	la-1f	1g \$	356,101.	12 400 500			
O B		h	Total. Add lines 1a-1f					13,499,722.			
							Business Code				
Se	2 :	_	PATIENT SERVICE FEES				624100	12,789,640.	12789640.		
ē Ķ	- 1	b	PUBLIC AFFAIRS				900099	518,524.	518,524.		
S D	•	С									
ar ev		d									
Program Service Revenue	•	е									
<u>4</u>	1	f	All other program service	rever	nue						
		g	Total. Add lines 2a-2f					13,308,164.			
	3		Investment income (includ	ling (divide	nds, intere	est, and				
								659,738.			659,738.
	4		Income from investment o								
	5		Royalties			-					
			,			i) Real	(ii) Personal				
	6 :	а	Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6с							
			Net rental income or (loss)				I				
			Gross amount from sales of		(i) S	ecurities	(ii) Other				
	•	u	assets other than inventory	7a		525,571.					
		h	Less: cost or other basis	74	,	,					
a	'		and sales expenses	7h	111 -	115,839.	149,977.				
ž		_	Gain or (loss)	7c		590,268.					
eve								-740,245.			-740,245.
her Revenue			Net gain or (loss)					710,213.			710,213.
	8	а	Gross income from fundraising			I					
Ò			including \$1,3			-					
			contributions reported on		,	I	0.				
			Part IV, line 18								
			Less: direct expenses				174,151.	174 151			174 151
			Net income or (loss) from t					-174,151.			-174,151.
	9 :	а	Gross income from gaming								
			Part IV, line 19								
			Less: direct expenses								
			Net income or (loss) from				T				
	10	10 a Gross sales of inventory, less returns									
			and allowances								
			Less: cost of goods sold				ol .				
		С	Net income or (loss) from s	sales	s of inv	ventory					
S							Business Code				
o a	11 :	а									
ane	ı	b									
Miscellaneous Revenue		С									
Aisc B		d	All other revenue								
_			Total. Add lines 11a-11d								
	12		Total revenue. See instruction	ns		<u></u>		26,553,228.	13308164.	0.	-254,658.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do r	Check if Schedule O contains a resport of include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	ot include amounts reported on lines 65, 85, 95, and 105 of Part VIII.	Total expenses	Program service expenses	Managèment and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
_	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	2,451,084.	1,326,724.	905,913.	218,447
6	Compensation not included above to disqualified				-
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	10,325,496.	8,804,242.	939,166.	582,088
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	204,512.	139,228.	46,455.	<u>18</u> ,829
9	Other employee benefits	1,461,004.	865,548.	539,927.	18,829 55,529 65,131
0	Payroll taxes	1,006,069.	822,551.	118,387.	65,131
1	Fees for services (nonemployees):				
а	Management				
	Legal	55,140.	53,727.	1,081.	332 2,601
С	Accounting	56,511.	45,435.	8,475.	2,601
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	128,752.		128,752.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)	2,699,875.	1,948,892.	252,552.	498,431
12	Advertising and promotion	154,665.	154,665.		
13	Office expenses	169,007.	166,759.	1,599.	649 9,249
14	Information technology	636,972.	597,592.	30,131.	9,249
15	Royalties				
16	Occupancy	815,536.	717,384.	98,152.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.65 505	222 526	45 444	
9	Conferences, conventions, and meetings	867,725.	820,526.	15,141.	32,058
20	Interest				
1	Payments to affiliates	701 105	7.60 5.01	21 040	6 724
22	Depreciation, depletion, and amortization	791,195.	762,521.	21,940.	6,734
3	Insurance	380,126.	362,146.	13,757.	4,223
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
_	amount, list line 24e expenses on Schedule 0.) MEDICAL EXPENSES	5,269,174.	5,269,174.	0.	0
	COMMUNICATION EXPENSE	916,273.	895,999.	11,617.	8,657
b	PUBLIC AFFAIRS	912,529.	912,529.	0.	0,037
c d	REPAIRS & MAINTENANCE	341,394.	311,328.	30,066.	0
-		814,749.	768,749.	17,797.	28,203
	All other expenses Add lines 1 through 24e	30,457,788.	25,745,719.	3,180,908.	1,531,161
2 <u>5</u> 26	Joint costs. Complete this line only if the organization	30, 231, 100 •	20,,20,,100	3,100,000	1,331,101
	Juni Lusis. Complete this file only if the organization				
.0	reported in column (R) joint costs from a combined		I	l l	
.0	reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Form 990 (2022)

Form 990 (
Part X	Ba	lance	Sheet

<u>rar</u>	t X	Balance Sneet					
		Check if Schedule O contains a response or note	to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			289,499.	1	219,749
	2	Savings and temporary cash investments			4,165,444.	2	2,475,516
	3	Pledges and grants receivable, net			3,031,913.	3	1,863,344
	4	Accounts receivable, net			1,032,718.	4	840,199
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa					
		controlled entity or family member of any of these	e perso	ons		5	
	6	Loans and other receivables from other disqualifi	ed per	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			408,439.	8	520,633
¥	9				64,536.	9	183,148
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		17,021,348.			
	b	Less: accumulated depreciation		5,374,115.	12,372,484.	10c	11,647,233
	11	Investments - publicly traded securities			18,710,144.	11	20,509,680
	12	Investments - other securities. See Part IV, line 1	1			12	
	13	Investments - program-related. See Part IV, line 1				13	
	14	Intangible assets				14	1 000 115
	15	Other assets. See Part IV, line 11			529,684.	15	1,009,116
	16	Total assets. Add lines 1 through 15 (must equa			40,604,861.	16	39,268,618
	17	Accounts payable and accrued expenses			2,410,382.	17	2,659,357
	18	Grants payable			0.0 0.01	18	26 000
	19	Deferred revenue			90,071.	19	36,280
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete P				21	
es	22	Loans and other payables to any current or forme					
≣		trustee, key employee, creator or founder, substa					
Liabilities		controlled entity or family member of any of these				22	
_	23	Secured mortgages and notes payable to unrelat		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay					
		parties, and other liabilities not included on lines of Schedule D	17-24).	. Complete Part X	183,977.	25	525,928
	26				2,684,430.	26	3,221,565
	20	Organizations that follow FASB ASC 958, chec		• X	2,001,1501	20	3,221,303
Se		and complete lines 27, 28, 32, and 33.	K HEI				
ğ	27				27,127,718.	27	27,652,383
3ale	28	Net assets with donor restrictions			10,792,713.	28	8,394,670
틸		Organizations that do not follow FASB ASC 95					0,002,000
ᆵ		and complete lines 29 through 33.	0, 0110				
ō	29	Capital stock or trust principal, or current funds				29	
sets	30	Paid-in or capital surplus, or land, building, or equ				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc				31	
et.	32	Total net assets or fund balances			37,920,431.	32	36,047,053
~	33				40,604,861.	33	39,268,618

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,55		
2	Total expenses (must equal Part IX, column (A), line 25)	2	30	,45	7,7	88.
3	Revenue less expenses. Subtract line 2 from line 1	3	3	,90	4,5	60.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	37	,92	0,4	31.
5	Net unrealized gains (losses) on investments	5	1	.,94	1,2	<u>67.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7		4	5,3	98.
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9		4	4,5	17.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	coluṃn (B))	10	36	,04	7,0	53.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	J			
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule (Э.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	tik			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

2022

OMB No. 1545-0047

Open to Public Inspection

PLANNED PARENTHOOD OF SOUTH FLORIDA **Employer identification number** Name of the organization AND THE TREASURE COAST, 59-1391115 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

59-1391115 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization sheeft and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge grants or the post of the post of the organization without charge growth or the post of the post of the organization without charge governmental unit or publicly supported organization included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 2 Public support. Selvaratine 3 from line 4 3 Gross income from included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 4 Public support. Selvaratine 3 from line 4 5 Gross income from interest, dividends, payments received on securities loans, entis, royalties, and income from similar sources activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assests (Explain in Part VI). 11 Total support precentage for 2022 (life, 6 capital assests (Explain in Part VI). 12 Gross receipts from related business activities, whether or not the sale of capital assests (Explain in Part VI). 13 First 5 years. If the Form 990 is for the organization did not check the box on line 13, and line 14 is 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test - 2022. If the organization did not check the box on line 13 or 16a, and line 14 is 30% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	Sec	ction A. Public Support						
membership fees received. (10 not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total, Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subractine 3 Profiles 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royaltes, and income from unrelated business activities, whether or not the business is regularly carried on 0 Other income. Do not include gain or loss from the sale of capital assess et (Explain in Part VI). 11 Total support. Add lines 7 through 10 12 Gross receipts from related additional subress activities, whether or not the business is regularly carried on 0 Other income. Do not include gain or loss from the sale of capital assess (Explain in Part VI). 11 Total support profiles of 2022 (line) first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. 8 Section C. Computation of Public Support Percentage 8 Section C. Computation of Public Support Percentage 8 Description C. Computation of Public Support Percentage 8 Description C. Computation of Public Support Percentage 8 Description C. Computation or Public Support Percentage 1 Public support percentage from 2021 Schedule A, Part II, line 14 1 Public support percentage from 2021 Schedule A, Part II, line 14 1 Public support percentage from 2021 Schedule A, Part II, line 14 1 Public support percentage from 2021 Schedule A, Part II, line 14 1 Public support percentage from 2021 Schedule A, Part II, line 14 1 Public support percentage from 2021 Schedule A, Part II, line 14 1 Public support percentage from 2021 Schedule A, Part II, line 14 1 Publ	Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Include any "unusual grants.") 2 Tax revenues leviad for the organization benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit to publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support, Selventines from line 4 8 Cross income from interest, dividends, payments received on securities loans, entis, royalities, and income from similar sources activities, whether or not the business activities, whether or not the business activities, whether or not metated on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). 11 Total support related activities, etc. (see instructions) 12 First 5 years. If the Form 990 is for the organization of irist, second, third, fourth, or fifth tax year as a section 501(c)(S) organization, check this box and stop here. The organization of programization and stop here. The organization qualifies as a publicly supported organization meets the facts and circumstances test. The organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization capitals as a publicly supported organization meets the facts and circumstances test. The organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization capitals as a publicly supported organization meets the facts and circumstances test. The organization did not check a box on line 13 or 16a, and line 15 is 30 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts and circumstances t	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit to rubilicity supported organization') included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Fulls support. Subract live 9 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalities, and income from interest, and income from interest, dividends. Payments received on securities loans, rents, royalities, and income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assess (Explain in Part VI) 11 Total support. Add lines? through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage Section C. Computation of Public Support Percentage 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (fi)) 15 93.47 15 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (fi)) 16 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. 2022. If the organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization dualifies as a publicly supported		membership fees received. (Do not						
tration's benefit and either paid to or expended on its behalf 3. The value of services or facilities furnished by a governmental unit to the organization without charge 4. Total, Add lines 1 through 3 5. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6. Public support. Substict line 3 from line 4 8. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 9. Net income from unrelated business activities, whether or not the business is regularly carried on 10. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11. Total support. Add lines 7 through 10 12. Gross receipts from related activities, etc. (see instructions) 12. First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section SO1(c)(S) organization, check this box and stop here 8. Exelion C. Computation of Public Support Percentage 14. Public support percentage for 2022 (line 6, column (f), divided by line 11, column (fi) 15. Public support percentage for 2022 (line 6, column (f), divided by line 11, column (fi) 16. Sa 31 1/3% support test - 2022. If the organization of line tock the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17. In the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the facts-and-circumstances test. The organization dividence the supplication public organization meets the facts-and-circumstances test. The organization supplication support organization.		include any "unusual grants.")	10040935.	8073479.	10854271.	14789150.	13325571.	57083406.
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18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	18	Private foundation. If the organization	on did not check a b	oox on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		

59-1391115 Page 3

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support		1	T			
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	•		•	•		· —
0-	check this box and stop here						
	ction C. Computation of Publi					T T	
	Public support percentage for 2022 (I	, (,,	,	(//		15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Investigation					16	%
	•			no 13 column (f)		17	0/
	Investment income percentage for 20						<u>%</u>
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198	33 1/3% support tests - 2022. If the						
L	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the						
i.	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2022

59-1391115 Page 5

1 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11b blow, the governing body of a supported organization? b A family member of a person described on line 11a above? c A 35% controlled entity of a person described on line 11a above? c A 35% controlled entity of a person described on line 11b a bove? c A 35% controlled entity of a person described on line 11b above? If "yes" to line 11a, 11b, or 11c, provide given the provided organization of the controlled entity of a person described on line 11b above? If "yes" to line 11a, 11b, or 11c, provide given the provided organization or section of the controlled entity of a person described on line 11a above? 1 Did the governing body, members of the governing body, efficients acting in their official capacity, or membership of one or more supported organization above the power to regulately appoint or elect at least a majority of the organization is officers, directors, or trustees were allocated among the supported organization and what confidence or estimation are extended organization in a more than one supported organizations and what confidence or estimations are described by the properties of personal and personal constitutions and what confidence or estimations are estimated organizations and what confidence or estimations are estimated or the supported organizations and personal described organizations and personal described organizations and personal described or personal described organizations and personal described organizations and personal described organizations and personal described organizations and personal described or the organizations and personal described organizations. 1 Were a majority of the organization is apported organizations and personal described or the organizations and personal described or line 2, above, did the organizations and personal described or line 2, above, did the	Par	t IV Supporting Organizations _(continued)			
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b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			3a		
		, ,			
of its supported organizations: If yes, describe in Fart vi the role played by the organization in this regard.		of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

AND THE TREASURE COAST, INC. Schedule A (Form 990) 2022 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifying t	rust o	n Nov. 20, 1970 (<i>explain in</i> P	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must co	omplet	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	_	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally i	ntegra	ated Type III supporting organ	nization (see
	instructions).			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity 2 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 6 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 10 10 Line 8 amount divided by line 9 amount (i) (ii) Underdistributions Distributable **Excess Distributions** Section E - Distribution Allocations (see instructions) Amount for 2022 Pre-2022 1 Distributable amount for 2022 from Section C, line 6 2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2022 **a** From 2017 **b** From 2018 c From 2019 **d** From 2020 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: a Applied to underdistributions of prior years **b** Applied to 2022 distributable amount c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions 6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2023. Add lines 3 and 4c. 8 Breakdown of line 7: a Excess from 2018 **b** Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

PLANNED PARENTHOOD OF SOUTH FLORIDA

59-139<u>1115 Page 8</u> AND THE TREASURE COAST, INC. Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part VI Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

ax) (See separate instructions), then

● Section 501(c)(4), (5), or (6) organizations: Complete Part III.

ame of organization

PLANNED PARENTHOOD OF SOUTH FLORIDA

Employer identification number

AND THE TREASURE COAST INC.

59-1391115

	TREASURE COAST,			59-1391115
Part I-A Complete if the or	ganization is exempt unde	er section 501(c)	or is a section 527 org	ganization.
 Provide a description of the organi Political campaign activity expend Volunteer hours for political campa 	itures		n Part IV. \$	
Part I-B Complete if the or	ganization is exempt unde	er section 501(c)(3).	
1 Enter the amount of any excise tax	incurred by the organization unde	er section 4955	\$	
2 Enter the amount of any excise tax				
3 If the organization incurred a section				
4a Was a correction made?				Yes No
b If "Yes," describe in Part IV. Part I-C Complete if the ore	ganization is exempt unde	or section 501(c)	except section 501(c	1/31
1 Enter the amount directly expende	•			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
2 Enter the amount of the filing orga		•		
exempt function activities		· ·		
3 Total exempt function expenditure				
line 17b			\$	
4 Did the filing organization file Forn				
5 Enter the names, addresses and e made payments. For each organization contributions received that were periodical action committee (PAC). It	ation listed, enter the amount paid romptly and directly delivered to a	from the filing organiz separate political orga	ation's funds. Also enter the anization, such as a separate	e amount of political
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2022

LHA

232041 11-08-22

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Schedule C (Form 990) 2022	AND THE	TREASURE	COAST, INC.		59-1391115	Pag
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	n is exempt under section 501(c)(3) and file		ction under
expenses, and share of exces	gs to an affiliated group (and list in Part IV each affiliated s lobbying expenditures). ed box A and "limited control" provisions apply.	group member's name	, address, EIN,
Limits on Lobb	oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence publ	lic opinion (grassroots lobbying)	0.	
b Total lobbying expenditures to influence a leg	, , , , , , , , , , , , , , , , , , , ,	960,863.	
, , ,	J 1b)	960,863.	
	,	29,496,925.	
	s 1c and 1d)	30,457,788.	
f Lobbying nontaxable amount. Enter the amount		1,000,000.	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
Not over \$500,000	20% of the amount on line 1e.		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
Over \$17,000,000	\$1,000,000.		
g Grassroots nontaxable amount (enter 25% of	line 1f)	250,000.	
h Subtract line 1g from line 1a. If zero or less, e		0.	
i Subtract line 1f from line 1c. If zero or less, e	nter -0-	0.	
	r line 1h or line 1i, did the organization file Form 4720		
	, <u> </u>		Yes No
(Some organizations that made	4-Year Averaging Period Under Section 501(h) a section 501(h) election do not have to complete all	of the five columns be	low.

Lobbying Expenditures During 4-Year Averaging Period									
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total				
2a Lobbying nontaxable amount	991,210.	1,000,000.	1,000,000.	1,000,000.	3,991,210.				
b Lobbying ceiling amount (150% of line 2a, column(e))					5,986,815.				
c Total lobbying expenditures	61,624.	328,387.	268,741.	960,863.	1,619,615.				
d Grassroots nontaxable amount	247,803.	250,000.	250,000.	250,000.	997,803.				
e Grassroots ceiling amount (150% of line 2d, column (e))					1,496,705.				
f Grassroots lobbying expenditures		45,456.	122,661.		168,117.				

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
the lobbying activity.	Yes	No	Amo	ount	
During the year, did the filing organization attempt to influence foreign, national, state, or					
local legislation, including any attempt to influence public opinion on a legislative matter					
or referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?					
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
i Other activities?					
j Total. Add lines 1c through 1i					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5),	or sec	tion		
301(0)(0).			Yes	N	
		1	103	<u>``</u>	
Mana and advantially all (000) an arraya di car manais ad arraya di cardiale di cardiale de cardiale d				l	
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2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?		. 2			
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	ne prior year? on 501(c)(5),	2 3 or sec		0:-	
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022
Open to Public Inspection

Name of the organization

PLANNED PARENTHOOD OF SOUTH FLORIDA AND THE TREASURE COAST, INC.

Employer identification number 59-1391115

Schedule D (Form 990) 2022

Par	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		iiiiai i uiius	oi Accou	Complete ii	tne
	organization answered Tes Offrom 990, Part IV, Illie	(a) Donor advised	d funds	(b) Fu	nds and other acc	ounts
1	Total number at end of year	() ===================================		()		<u> </u>
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v		d in donor advisi	ed funds		
•	are the organization's property, subject to the organization's	-			Yes	No
6	Did the organization inform all grantees, donors, and donor ad					
•	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?	· · · · · · · · · · · · · · · · · · ·	• •	ū	Yes	☐ No
Par						
1	Purpose(s) of conservation easements held by the organization		,	,		
-	Preservation of land for public use (for example, recreat		Preservation of	a historically	/ important land ar	ea
	Protection of natural habitat		ı	_	istoric structure	
	Preservation of open space		, , , , , , , , , , , , , , , , , , , ,			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	tion in the form	of a conserva	ation easement on	the last
_	day of the tax year.				Held at the End of	
а				2a		
	Number of conservation easements on a certified historic stru					
	Number of conservation easements included in (c) acquired a					
_	historic structure listed in the National Register	• • •		2d		
3	Number of conservation easements modified, transferred, rele				during the tax	
_	year	, g ,	,	9	g	
4	Number of states where property subject to conservation eas	ement is located				
5	Does the organization have a written policy regarding the peri		on, handling of			
_	violations, and enforcement of the conservation easements it	•			Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting, I					<u> </u>
	3 , 1	,	Ü		· ·	
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enf	orcing conservat	tion easemer	nts during the year	
	5, 1	,	Ü		0 ,	
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	of section 170(I	h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?	, ,	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes	☐ No
9	In Part XIII, describe how the organization reports conservation					
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial stateme	ents that des	cribes the	
	organization's accounting for conservation easements.	J				
Par	t III Organizations Maintaining Collections of	Art, Historical Trea	sures, or Ot	her Simila	r Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its reve	nue statement a	nd balance s	heet works	
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education,	or research in fu	rtherance of	public	
	service, provide in Part XIII the text of the footnote to its finan	icial statements that desc	ribes these item	S.		
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue	statement and b	alance shee	t works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furth	erance of pu	ıblic service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1				\$	
					\$	
2	If the organization received or held works of art, historical trea					
	the following amounts required to be reported under FASB AS			J /1		
а	Revenue included on Form 990, Part VIII, line 1	-			\$	
	Assets included in Form 990, Part X				\$	

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

	t III Organizations Maintaining Col	lections of Art	, Historical Tre	asures, oi	r Other	Similar	Assets	S (continu	ued)
3	Using the organization's acquisition, accession,							(COTTENT)	
_	collection items (check all that apply):		,			,			
а	Public exhibition	d	I oan or excl	hange progra	am				
b	Scholarly research	e	Other						
c	Preservation for future generations	· ·							
4	Provide a description of the organization's colle	ctions and explain	how they further th	e organizatio	n's exem	nt nurnos	se in Part	XIII	
5	During the year, did the organization solicit or re	•	•	J			oo iirr art	7.III.	
Ŭ	to be sold to raise funds rather than to be maint							Yes	☐ No
Pai	t IV Escrow and Custodial Arrange								110
	reported an amount on Form 990, Part X		to il tilo organization	ii anoworca	100 0111	01111 000	, , , ,	11110 0, 01	
	Is the organization an agent, trustee, custodian		ary for contributions	or other ass	sets not in	ncluded			
	on Form 990, Part X?							Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII and								
-	The root, oxplainting arrangement in rate xiii arr		ownig table.					Amount	
c	Beginning balance					1c			
	Additions during the year								
	Distributions during the year								
f	Ending balance					1f			
	Did the organization include an amount on Form							Yes	No
	If "Yes," explain the arrangement in Part XIII. Ch					· · · · · · · · · · · · · · · · · · ·			
Par						D.			
		(a) Current year	(b) Prior year	(c) Two year			ears back	(e) Four	years back
1a	Beginning of year balance	3,185,979.	3,185,979.	3,184	1,979.		84,979.		184,979.
b	Contributions	, ,		,	1,000.	•		,	
	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
·	and programs								
f	Administrative expenses								
g g	End of year balance	3,185,979.	3,185,979.	3 . 185	5,979.	3.1	84,979.	3.	184,979.
2	Provide the estimated percentage of the curren		· · · · · ·	· · · · ·	, -		, -	,	
a	Board designated or quasi-endowment	t your ond balance	%	, mora ao.					
b	Permanent endowment 100	%							
	Term endowment %								
·	The percentages on lines 2a, 2b, and 2c should	egual 100%							
32	Are there endowment funds not in the possessi	•	tion that are held an	ıd administer	ed for the	,			
ou	organization by:	on or the organizat	non that are note an	a aarministor	00 101 1110	•		Γ	Yes No
	(i) Unrelated organizations							3a(i)	X
	(ii) Related organizations							3a(ii)	X
h	If "Yes" on line 3a(ii), are the related organization	ns listed as require	ed on Schedule R?						
4	Describe in Part XIII the intended uses of the or							. [02]	
	t VI Land, Buildings, and Equipmer		vinione rando.						
	Complete if the organization answered "		Part IV, line 11a. S	ee Form 990	, Part X, li	ine 10.			
	Description of property	(a) Cost or ot				cumulate	ed	(d) Book	value
	2000 in the property	basis (investm				reciation	~	(u) 200	valuo
1a	Land	<u> </u>	· ·	7,975.				2,127	7,975.
	Buildings			2,514.	1.9	55,74	14.		7770.
c	Leasehold improvements			1,827.		15,96			,859.
	Equipment			0,246.		82,93			7,312.
	Other			8,786.		19,46			$\frac{7322}{0.317}$
	. Add lines 1a through 1e. (Column (d) must equ	al Form 990 Part X			-				,233.

Schedule D (Form 990) 2022 AND THE TREA Part VII Investments - Other Securities. Complete if the organization answered "Yes" of the organization of the organization answered "Yes" of the organization of the organiz	,		-1391115 Page 3
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			,
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.	(h) Deele velve
	Description		(b) Book value
(1)			_
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)	45.)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11e or 11f See Form 990 Part X line 25	
. (a) Description of liability	111 01111 000,1 art 14, mic	THE OF THE GOOD OF THE ZO	(b) Book value
(1) Federal income taxes			(b) Book value
(2) OPERATING LEASE LIABILITIE	g		525,928.
(3)	<u> </u>		323,320.
• •			
(4)			
<u>(6)</u> (7)			
<u>(7)</u>			
(8)			
(9)	05.)		525,928.
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		1 243,340.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

	PLANNED PARENTHOOD OF SOUT	TH FLO	RIDA						
Sche	dule D (Form 990) 2022 AND THE TREASURE COAST, IN				1391115 Page 4				
Par	t XI Reconciliation of Revenue per Audited Financial Statem	ents Wit	h Revenue per Re	turn.					
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.							
1	Total revenue, gains, and other support per audited financial statements			1	28,230,261.				
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:								
а	Net unrealized gains (losses) on investments	2a	1,941,267.						
b	Donated services and use of facilities								
С	Recoveries of prior year grants								
d	Other (Describe in Part XIII.)		44,518.						
	Add lines 2a through 2d			2e	1,985,785.				
3	Subtract line 2e from line 1			3	26,244,476.				
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				, ,				
-	Investment expenses not included on Form 990, Part VIII, line 7b	4a	128,752.						
	Other (Describe in Part XIII.)		180,000.						
	Add lines 4a and 4b		•	4c	308,752.				
	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	26,553,228.				
Par	t XII Reconciliation of Expenses per Audited Financial Staten	nents Wi	th Expenses per l						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		,						
1	Total expenses and losses per audited financial statements			1	30,103,638.				
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			•	30,103,030.				
	· · · · · ·	2a							
	Donated services and use of facilities			-					
	Prior year adjustments			-					
C	Other losses			-					
d	Other (Describe in Part XIII.)			٠.	0.				
	Add lines 2a through 2d			2e	30,103,638.				
3	Subtract line 2e from line 1			3	30,103,030.				
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1	17/ 150						
	Investment expenses not included on Form 990, Part VIII, line 7b		174,150.						
	Other (Describe in Part XIII.)	4b	180,000.		254 150				
	Add lines 4a and 4b			4c	354,150.				
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	30,457,788.				
	t XIII Supplemental Information.								
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa			l; Part	X, line 2; Part XI,				
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad	ditional info	ormation.						
PAR	RT X, LINE 2:								
PHE	ORGANIZATION EVALUATES ITS UNCERTAIN TAX	POSI'	<u> </u>	ORD	ANCE WITH				
FAS	BB ASC 740, INCOME TAXES, WHICH STATES THA	T MAN	AGEMENT'S DE	TER	MINATION				
OF_	THE TAXABLE STATUS OF AN ENTITY, INCLUDIN	G ITS	STATUS AS A	TA	X-EXEMPT				
ENT	TITY, IS A TAX POSITION SUBJECT TO THE STA	NDARD	S REQUIRED F	OR .	ACCOUNTING				
FOR	R UNCERTAINTY IN INCOME TAXES. MANAGEMENT	DOES	NOT BELIEVE	TH	AT THE				
ORG	SANIZATION HAS ANY SIGNIFICANT UNCERTAIN T	AX PO	SITIONS THAT	' WO	ULD BE				

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN VALUE OF ASSETS HELD IN TRUST

MATERIAL TO THE CONSOLIDATED FINANCIAL STATEMENTS.

44,518.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

PLANNED PARENTHOOD OF SOUTH FLORIDA **Employer identification number** Name of the organization 59-1391115 AND THE TREASURE COAST, Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

232081 10-27-22

Schedule G (Form 990) 2022

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events PALM BEACH TRADITION OF (add col. (a) through 5 DINNER DANCECHOICE LUNCH col. (c)) (event type) (total number) (event type) 529,140. 511,807. 332,329. 1,373,276. 1 Gross receipts 529,140 511,807. 332,329. 1,373,276. 2 Less: Contributions Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages Entertainment 55,047. 91,316. 174,151 Other direct expenses 174,151 **10** Direct expense summary. Add lines 4 through 9 in column (d) -174,15111 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain:

232082 10-27-22

PLANNED PARENTHOOD OF SOUTH FLORIDA AND THE TREASURE COAST, INC.

Sch	edule G (Form 990) 2022 AND THE TREASURE COAST, INC. 59-1	<u> </u>	L5 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Ye	s No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Ye	s No
13	Indicate the percentage of gaming activity conducted in:		о <u> </u>
		13a	%
	The organization's facility	13b	// %
	An outside facility	ISD	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		s L No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
	Addiess		
16	Coming manager information:		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
Ī	retain the state gaming license?	☐ Ye	s No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		о <u> </u>
U	·		
Da	organization's own exempt activities during the tax year \$ rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	.4.111 1:	0.05.105
ı a		rt III, IInes	9, 90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

PLANNED PARENTHOOD OF SOUTH FLORIDA 59-1391115 Page 4 AND THE TREASURE COAST, INC. Schedule G (Form 990) Part IV | Supplemental Information (continued)

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

the organization answered "Yes" on Form 990, Part IV, line 23 Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Part I Questions Regarding Compensation

PLANNED PARENTHOOD OF SOUTH FLORIDA AND THE TREASURE COAST, INC.

 $Employer\ identification\ number \\ 59-1391115$

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		_X_
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		_X_
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		_X_
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8_		_X_
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4058.6(c)?	۱۵		

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

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

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

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

(A) Name and Title		compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
SAMANTHA DEANS	(i)	281,250.	25,000.	780.	9,656.	12,643.	329,329.	0.
PHYSICIAN	(ii)	0.	0.	0.	0.	0.	0.	0.
ALEXANDRA MANDADO	(i)	265,130.	20,000.	11,250.	0.	19,182.	315,562.	0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
KANTHI DHADUVAI	(i)	234,583.	0.	0.	10,250.	5,941.	250,774.	0.
MD	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHELLE FOWLER	(i)	175,833.	25,000.	7,320.	10,250.	11,791.	230,194.	0.
C00	(ii)	0.	0.	0.	0.	0.	0.	0.
SHELLY TIEN	(i)	214,167.	0.	780.	10,250.	2,368.	227,565.	0.
MD	(ii)	0.	0.	0.	0.	0.	0.	0.
JOHN MCGOLDRICK	(i)	150,000.	15,000.	1,320.	9,900.	19,155.	195,375.	0.
VP HUMAN RESOURSES	(ii)	0.	0.	0.	0.	0.	0.	0.
LAURA GOODHUE	(i)	155,000.	15,000.	1,320.	9,300.	13,445.	194,065.	0.
VP PUBLIC POLICY	(ii)	0.	0.	0.	0.	0.	0.	0.
DAVID GARTNER	(i)	150,000.	15,000.	1,320.	9,000.	13,387.	188,707.	0.
CFO	(ii)	0.	0.	0.	0.	0.	0.	0.
GLORY GUERRERO	(i)	164,188.	0.	9,120.	3,331.	11,495.	188,134.	0.
VP -CLINICAL CARE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

PLANNED PARENTHOOD OF SOUTH FLORIDA AND THE TREASURE COAST, INC.

Employer identification number 59-1391115

Pai	ti iy	pes of Property								
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts report Form 990, Part VII	ed on	(d) Method of de noncash contribu	termin		s
1	Δrt - Work	s of art			,	<u>, </u>				
2		rical treasures								
3		onal interests								
4		publications								
5		nd household goods								
6		other vehicles								
7		planes								
8		l property	37	12	256	101	amoar ottomn	~		
9		- Publicly traded	X	13	356	, 101.	STOCK QUOTE	5		
10		- Closely held stock								
11		- Partnership, LLC, or								
		ests								
12	Securities	- Miscellaneous								
13	Qualified of	onservation contribution -								
	Historic st									
14	Qualified of	onservation contribution - Other								
15	Real estat	e - Residential								
16	Real estate	e - Commercial								
17	Real estate	e - Other								
18	Collectible	s								
19		ntory								
20		medical supplies								
21										
22		artifacts								
23		specimens								
24		ical artifacts								
25	_	(
26	Other									
27	Other	<u> </u>								
28	Other	,								
29		Forms 8283 received by the organiz	ation during	the tax vear for co	ontributions					
		he organization completed Form 828	-			29				
		9	, , -	9					Yes	No
30a	During the	year, did the organization receive by	/ contributio	n any property rep	orted in Part I lines	s 1 throug	h 28 that it			
000	•				·	•	•			
	must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?							30a		х
h								JJa		
31	b If "Yes," describe the arrangement in Part II. 1. Does the organization have a gift acceptance policy that requires the review of any ponstandard contributions?						31		Х	
							31	\vdash	-23	
s∠a	2a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash						20-	x		
	contributio							32a	$\overline{}$	
		escribe in Part II.	- l		. Carried at the Control of the Cont	(-):- ·	Land.			
33		nization didn't report an amount in co	olumn (c) foi	r a type of property	for which column	(a) is chec	ckea,			
	describe ir	η Part II.								

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

PLANNED PARENTHOOD OF SOUTH FLORIDA

Schedule M	(Form 99	90) 2022		HE TREAS								391115	Page 2
Part II	is repor	emental ting in Part t for any ad	I, column	(b), the number	the information of contribution	on require ons, the n	ed by Pa umber o	rt I, lines 3 f items rec	30b, 32 ceived,	b, and 33, a or a combi	and whethen ation of b	er the organizati oth. Also compl	on ete
SCHEDU	LE M,	, LINE	32B:										
THE OR	GANIZ	ZATION	USES	NORTHER	N TRUSI	FOR	THE	SALE	OF	SECUR	ITIES	DONATED	
DURING	THE	YEAR.											

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

EXPENSES \$ 669,722.

PLANNED PARENTHOOD OF SOUTH FLORIDA AND THE TREASURE COAST, INC.

Employer identification number 59-1391115

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SERVICES, AND BY PROTECTING AND RESPECTING THE ESSENTIAL PRIVACY RIGHTS, DIGNITY AND CULTURE OF EACH INDIVIDUAL.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: COMPREHENSIVE EDUCATION PROGRAMS - THE ORGANIZATION OFFERS A WIDE RANGE OF AGE-APPROPRIATE INSTRUCTIVE PROGRAMS. IN 2022/2023, THE ORGANIZATION HELPED APPROXIMATELY 17,688 AREA RESIDENTS. THE ORGANIZATION ALSO COLLABORATES WITH TARGETED ORGANIZATIONS THAT ASSIST WITH ISSUES OF YOUTH AND SEXUALITY.

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

THE RETURN WAS REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO FILING.

INCLUDING GRANTS OF \$ 0.

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

THE QUESTION IS RAISED BY THE BOARD CHAIR AT EACH TO MONITOR COMPLIANCE, MEETING OF THE BOARD OF DIRECTORS, ASKING DIRECTORS TO DISCLOSE IF A CONFLICT OF INTEREST HAS DEVELOPED SINCE THE LAST MEETING OR SINCE SIGNING THE ANNUAL CONFLICT OF INTEREST POLICY STATEMENT. ACCORDING TO THE ORGANIZATION'S GOVERNANCE POLICY, IF A CONFLICT SHOULD BE DISCLOSED, DIRECTOR HAS THE RESPONSIBILITY TO WITHDRAW FROM DECISION-MAKING, ON THE CONFLICT, OR RESIGN FROM THE BOARD DEPENDING ON THE CIRCUMSTANCES.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION DATA IS COLLECTED FROM MULTIPLE SOURCES INCLUDING (BUT NOT LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2022

REVENUE \$

Schedule O (Form 990) 2022	Page 2
Name of the organization PLANNED PARENTHOOD OF SOUTH FLORIDA AND THE TREASURE COAST, INC.	Employer identification number 59-1391115
LIMITED TO) AFFILIATE COMPENSATION DATA, EXTERNAL SURVEY D.	ATA FOR
COMPARABLE POSITIONS, FORMS 990 OF OTHER ORGANIZATIONS, AND	
MARKET DATA OF COMPARABLE POSITIONS FROM PLACEMENT SERVICE	
DATA.	
FORM 990, PART VI, SECTION C, LINE 19:	
CERTAIN DOCUMENTS ARE AVAILABLE ON THE GUIDESTAR WEBSITE,	AND OTHER
DOCUMENTS MAY BE MADE AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
CHANGE IN VALUE OF ASSETS HELD IN TRUST	44,517.
FORM 990, PART XII, LINE 2C:	
THERE WERE NO CHANGES TO EITHER THE OVERSIGHT PROCESS OR T	HE SELECTION
PROCESS.	
FORM 990, BOX C, DOING BUSINESS AS:	
THE ORGANIZATION REGISTERED AND BEGAN DOING BUSINESS AS PL	ANNED
PARENTHOOD OF SOUTH, EAST AND NORTH FLORIDA EFFECTIVE APRI	L 1, 2015.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

PLANNED PARENTHOOD OF SOUTH FLORIDA

Employer identification number 59-1391115 AND THE TREASURE COAST, INC.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
HEALTH SERVICES OF SOUTH FLORIDA, LLC -					
45-2848919, 423 FERN STREET, SUITE 200, WEST	7				
PALM BEACH, FL 33401	PROVIDE FAMILY PLANNING	FLORIDA		4,981.	N/A
PROTECTION MEDICAL ARCHIVE, LLC - 27-0267951					
423 FERN STREET, SUITE 200	MANAGE ARCHIVE OF PATIENT				
WEST PALM BEACH, FL 33401	RECORDS	FLORIDA		0.	N/A
EDIFICE DEVELOPMENT LLC - 81-1388401					
423 FERN STREET, SUITE 200					
WEST PALM BEACH, FL 33401	FACILITY DEVELOPMENT	DELAWARE		4,152,369.	N/A

organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	(g) n 512(b)(13) ntrolled entity?	
				501(c)(3))		Yes	No	
_								
							 	
-								

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

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

		,					_			_														
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)		(k)												
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disproportionate		Code V-UBI	Gener	al or Per	rcentage												
of related organization		(state or	(state or	entity	(related, unrelated, lexcluded from tax under	income	end-of-year assets	allocations?		amount in box	nanag partne 35) Yes N	er? OW	rcentage wnership											
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	No														
										\vdash														
-																								
										\vdash														

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

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

1a

Yes No

Schedule R (Form 990) 2022

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)				1b	
c Gift, grant, or capital contribution from related organization(s)				1c	
d Loans or loan guarantees to or for related organization(s)				1d	
e Loans or loan guarantees by related organization(s)				1e	
f Dividends from related organization(s)				1f	
g Sale of assets to related organization(s)				1g	
h Purchase of assets from related organization(s)				1h	
i Exchange of assets with related organization(s)				1i	
j Lease of facilities, equipment, or other assets to related organization(s)				1j	
k Lease of facilities, equipment, or other assets from related organization(s)				1k	
I Performance of services or membership or fundraising solicitations for related organizations				11	
m Performance of services or membership or fundraising solicitations by related org	ganization(s)			1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization	ation(s)			1n	
Sharing of paid employees with related organization(s)				10	
p Reimbursement paid to related organization(s) for expenses				1p	
q Reimbursement paid by related organization(s) for expenses				1q	
r Other transfer of cash or property to related organization(s)				1r	
s Other transfer of cash or property from related organization(s)				1s	
2 If the answer to any of the above is "Yes," see the instructions for information on	who must complete th	is line, including covered relati	onships and transaction thresholds.		
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount ir	ıvolved	
(1)					
(2)					
(3)					
(4)					
(5)					
(6)			<u> </u>	D/F 1	00) 0000
232163 09-14-22	40		Schedule	e R (Form 9	90) 2022

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000