

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

Planned Parenthood Mar Monte, Inc

94-1583439

Name and title of officer or person subject to tax

Stacy M Cross
President & CEO

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>129,916,913.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above organization or I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize Harrington Group, CPAs, LLP to enter my PIN 54321
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date ▶ 5/2/22

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

96187254321
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

Extended to May 16, 2022

OMB No. 1545-0047

Form **990**

Return of Organization Exempt From Income Tax

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

2020

Open to Public 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 For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Planned Parenthood Mar Monte, Inc		D Employer identification number 94-1583439
	Doing business as		E Telephone number (408) 795-3600
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1691 The Alameda	G Gross receipts \$ 138,987,869.	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code San Jose, CA 95126	H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	H(c) Group exemption number
F Name and address of principal officer: Stacy M. Cross same as C above		If "No," attach a list. See instructions	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ***.ppmarmonte.org			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1963	M State of legal domicile: CA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: Planned Parenthood Mar Monte invests in communities by providing health care and education, and	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a) 3 21
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 20
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 934
	6	Total number of volunteers (estimate if necessary) 6 384
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 21,566,783. 18,744,713.
	9	Program service revenue (Part VIII, line 2g) 104,071,423. 107,661,039.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) -1,334,758. 2,942,484.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 974,679. 568,677.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 125,278,127. 129,916,913.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 65,705,416. 72,572,677.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 0. 0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) 3,221,238.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 48,321,213. 54,275,266.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 114,026,629. 126,847,943.	
19	Revenue less expenses. Subtract line 18 from line 12 11,251,498. 3,068,970.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 155,405,439. 161,531,250.
	21	Total liabilities (Part X, line 26) 26,512,602. 24,745,616.
	22	Net assets or fund balances. Subtract line 21 from line 20 128,892,837. 136,785,634.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Stacy M. Cross</i>	Date 5/2/22			
	Type or print name and title Stacy M. Cross, President & CEO				
Paid Preparer Use Only	Print/Type preparer's name Sean E. Cain, CPA	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P01612986
	Firm's name Harrington Group, CPAs, LLP	Firm's EIN 95-4557617	Firm's address 2698 Mataro Street Pasadena, CA 91107		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

Input box for Schedule O check

1 Briefly describe the organization's mission:

The mission of Planned Parenthood Mar Monte, Inc. is to ensure that every individual has the knowledge, opportunity, and freedom to make every child a wanted child, and every family a healthy family.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No checkboxes

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 No checkboxes

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 revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 102,657,419. including grants of \$) (Revenue \$ 103,634,279.)

Patient Services - 34 health centers and additional satellite service sites; annual gynecological exams; cancer screening & treatment; birth control and reproductive health care; pregnancy testing & counseling; HIV testing & counseling; menopausal services; general adult and pediatric health; integrated behavioral health; gender affirming care services, prenatal care; emergency contraception; male sterilization; medical and surgical abortions. During the year there were 372,287 visits.

4b (Code:) (Expenses \$ 4,325,864. including grants of \$) (Revenue \$ 3,684,288.)

Education Services - Age/Developmentally appropriate and medically accurate sex education for youths 6-26 and high needs adult, teen peer-to-peer education programs, parent/child communication education; support and case management for young parents, and community outreach and referral. During the year there were 68,919 contacts.

4c (Code:) (Expenses \$ 2,733,220. including grants of \$) (Revenue \$ 342,472.)

Public Affairs - Educate & lobby legislators about the importance of affordable, accessible health care at local, state & national levels; monitor legislative & judicial activities regarding reproductive choice; inform, educate & mobilize the community about issues affecting access to reproductive health care & education.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 109,716,503.

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)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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 Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	X
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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part 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 in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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		
	2a		934
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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		
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)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
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?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	N/A	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	N/A	
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?		N/A
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		N/A
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	N/A	10a
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	N/A	11a
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	N/A	12b
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?		N/A
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b
c	Enter the amount of reserves on hand		13c
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		14b
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X
If "Yes," see 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?		X
If "Yes," complete Form 4720, Schedule O.			

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 O.		
	1a 21		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 20		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X
	9		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in 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?		X
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 **CA**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
Joanne Parise - (408) 795-3715
1691 The Alameda, San Jose, CA 95126

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 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 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Stacy Cross President/CEO	40.00 0.50	X		X				479,461.	0.	78,468.
(2) Laura Dalton Chief Medical Officer	40.00				X			454,945.	0.	50,781.
(3) Tom Motsiff CAFO	40.00			X				411,460.	0.	28,968.
(4) Maureen Guajardo Senior Dir. of Lab Services	40.00				X			314,142.	0.	50,503.
(5) Catherine Shubert Fritz General Counsel	40.00				X			334,653.	0.	20,331.
(6) Dominique Lee COO	40.00				X			324,096.	0.	27,315.
(7) Abraham Cabebe Physician	40.00				X			279,076.	0.	37,623.
(8) Katherine Aitken-Young Chair	6.00	X		X				0.	0.	0.
(9) Tanuja Bahal Immediate Past Chair	5.00	X		X				0.	0.	0.
(10) Nicole Winger Treasurer	1.00	X		X				0.	0.	0.
(11) Ali Edwards Secretary	1.00	X		X				0.	0.	0.
(12) Janine Bera, MD Board Member	1.00	X						0.	0.	0.
(13) Lisa Bowers Board Member	1.00	X						0.	0.	0.
(14) Reema Dirks Board Member	1.00	X						0.	0.	0.
(15) Jesse Dorogusker Board Member	1.00	X						0.	0.	0.
(16) Annie Flanzraich Board Member	1.00	X						0.	0.	0.
(17) Joan Gallo Board Member	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) Leticia Garcia Board Member	1.00	X						0.	0.	0.
(19) Karen Grove Board Member	1.00	X						0.	0.	0.
(20) Despina Hatton Board Member	1.00	X						0.	0.	0.
(21) Veva Islas Board Member	1.00	X						0.	0.	0.
(22) David Kladney Board Member	1.00	X						0.	0.	0.
(23) Lizelda Lopez Board Member	1.00	X						0.	0.	0.
(24) Gwen McDonald Board Member	1.00	X						0.	0.	0.
(25) Noah Moss Board Member	1.00	X						0.	0.	0.
(26) Trig Rosenblatt Board Member	1.00	X						0.	0.	0.
1b Subtotal								2,597,833.	0.	293,989.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,597,833.	0.	293,989.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **90**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 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	X	
5 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		X

Section B. Independent Contractors

1 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
BRIDGE Healthcare Partners, LLC 1691 The Alameda, San Jose, CA 95126	Professional Consulting	796,796.
Oncore Technology, LLC 1691 The Alameda, San Jose, CA 95126	Medical Services	142,986.
Boulder Associates 1691 The Alameda, San Jose, CA 95126	Professional Consulting	141,589.
NBS Real Estate Consulting, LLC 1691 The Alameda, San Jose, CA 95126	Professional Consulting	122,888.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **4**

See Part VII, Section A Continuation sheets

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	24,695.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,921,812.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	16,798,206.				
	g Noncash contributions included in lines 1a-1f	1g	\$				
	h Total. Add lines 1a-1f			18,744,713.			
	Program Service Revenue	2 a Family PACT	Business Code				
		900099	30,235,415.	30,235,415.			
b Medi-Cal Managed Care		900099	29,582,867.	29,582,867.			
c Medi-Cal/Medicaid		900099	29,283,448.	29,283,448.			
d Private Fees and Contracts		900099	18,559,309.	18,559,309.			
e _____							
f All other program service revenue							
g Total. Add lines 2a-2f			107,661,039.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		535,358.			535,358.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	85,218.			
			(ii) Personal				
	b Less: rental expenses ...	6b	85,218.				
	c Rental income or (loss)	6c	0.				
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	11,392,864.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	8,985,738.				
	c Gain or (loss)	7c	2,407,126.				
d Net gain or (loss)			2,407,126.		2,407,126.		
8 a Gross income from fundraising events (not including \$ 24,695. of contributions reported on line 1c). See Part IV, line 18	8a		0.				
			0.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			0.				
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a Miscellaneous income	Business Code	621110	568,677.		568,677.	
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d			568,677.			
12 Total revenue. See instructions			129,916,913.	107,661,039.	0.	3,511,161.	

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).

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) 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	1,043,502.	895,326.	125,220.	22,956.
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	50,795,744.	43,348,211.	5,978,605.	1,468,928.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,194,139.	1,895,034.	248,896.	50,209.
9 Other employee benefits	14,347,061.	12,237,750.	1,693,529.	415,782.
10 Payroll taxes	4,192,231.	3,650,517.	430,830.	110,884.
11 Fees for services (nonemployees):				
a Management				
b Legal	277,702.	8,135.	269,567.	
c Accounting	116,900.		116,900.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	6,484,982.	4,089,846.	1,916,780.	478,356.
12 Advertising and promotion	191,996.	159,278.	31,183.	1,535.
13 Office expenses	17,400,949.	16,515,453.	515,409.	370,087.
14 Information technology				
15 Royalties				
16 Occupancy	8,230,973.	7,429,306.	745,710.	55,957.
17 Travel	199,089.	185,147.	13,479.	463.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	30,230.	27,644.		2,586.
20 Interest	158,937.	28,825.	130,112.	
21 Payments to affiliates	542,870.	3,125.	539,745.	
22 Depreciation, depletion, and amortization	4,262,998.	4,043,804.	201,571.	17,623.
23 Insurance	1,117,040.	882,863.	200,377.	33,800.
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 O.)				
a Bad debt	8,600,000.	8,600,000.		
b Equipment & rental	2,975,277.	2,432,821.	514,392.	28,064.
c Other expenses	1,903,572.	1,764,172.	128,975.	10,425.
d Intercompany mgmt. fees	1,425,646.	1,425,646.		
e All other expenses	356,105.	93,600.	108,922.	153,583.
25 Total functional expenses. Add lines 1 through 24e	126,847,943.	109,716,503.	13,910,202.	3,221,238.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	22,266,691.	1	23,024,568.	
	2 Savings and temporary cash investments	16,877,965.	2	9,423,706.	
	3 Pledges and grants receivable, net		3		
	4 Accounts receivable, net	41,412,834.	4	36,180,519.	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use	1,293,295.	8	1,214,935.	
	9 Prepaid expenses and deferred charges	2,088,469.	9	1,781,803.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 91,785,920.			
	b Less: accumulated depreciation	10b 47,332,749.	46,467,602.	10c	44,453,171.
	11 Investments - publicly traded securities	23,853,197.	11	44,327,727.	
	12 Investments - other securities. See Part IV, line 11	1,000,000.	12	1,000,000.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	145,386.	15	124,821.	
16 Total assets. Add lines 1 through 15 (must equal line 33)	155,405,439.	16	161,531,250.		
Liabilities	17 Accounts payable and accrued expenses	18,852,666.	17	17,429,040.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22		
	23 Secured mortgages and notes payable to unrelated third parties	7,659,936.	23	7,316,576.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25	26,512,602.	26	24,745,616.	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.				
	27 Net assets without donor restrictions	111,983,604.	27	119,360,313.	
	28 Net assets with donor restrictions	16,909,233.	28	17,425,321.	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
	29 Capital stock or trust principal, or current funds		29		
	30 Paid-in or capital surplus, or land, building, or equipment fund		30		
	31 Retained earnings, endowment, accumulated income, or other funds		31		
	32 Total net assets or fund balances	128,892,837.	32	136,785,634.	
33 Total liabilities and net assets/fund balances	155,405,439.	33	161,531,250.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	129,916,913.
2	Total expenses (must equal Part IX, column (A), line 25)	2	126,847,943.
3	Revenue less expenses. Subtract line 2 from line 1	3	3,068,970.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	128,892,837.
5	Net unrealized gains (losses) on investments	5	4,661,067.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	162,760.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	136,785,634.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c 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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b	

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	33881789.	23561576.	21890381.	21566783.	18744713.	119645242
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	33881789.	23561576.	21890381.	21566783.	18744713.	119645242
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)						45,207.
6 Public support. Subtract line 5 from line 4.						119600035

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	33881789.	23561576.	21890381.	21566783.	18744713.	119645242
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	475,394.	806,933.	1169277.	831,456.	620,576.	3903636.
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.)	801,439.	441,844.	218,203.	904,559.	578,677.	2944722.
11 Total support. Add lines 7 through 10						126493600
12 Gross receipts from related activities, etc. (see instructions)					12	453,876,487.
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 ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)).....	14	94.55 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	93.21 %
16a 33 1/3% support test - 2020. 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	▶ <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2019. 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	▶ <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
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	▶ <input type="checkbox"/>	

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization'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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 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						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the 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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		Yes	No
2a			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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 trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	

Section 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	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2020

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

Planned Parenthood Mar Monte, Inc

Employer identification number

94-1583439

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

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

Special Rules

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

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

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

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

Name of organization Planned Parenthood Mar Monte, Inc	Employer identification number 94-1583439
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Planned Parenthood Federation of America 1691 The Alameda San Jose, CA 95126	\$ 4,937,399.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	The David and Lucile Packard Foundation 1691 The Alameda San Jose, CA 95126	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	The Grove Foundation 1691 The Alameda San Jose, CA 95126	\$ 825,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Schwab Charitable Fund 1691 The Alameda San Jose, CA 95126	\$ 771,139.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	The Gwen Anne Crosby 2008 Revocable Trust 1691 The Alameda San Jose, CA 95126	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Fidelity Charitable Gift Fund 1691 The Alameda San Jose, CA 95126	\$ 477,918.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization Planned Parenthood Mar Monte, Inc	Employer identification number 94-1583439
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization Planned Parenthood Mar Monte, Inc	Employer identification number 94-1583439
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

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.**

Open to Public Inspection

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

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

Name of organization Planned Parenthood Mar Monte, Inc	Employer identification number 94-1583439
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(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-.

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	112,009.													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	245,454.													
c	Total lobbying expenditures (add lines 1a and 1b)	357,463.													
d	Other exempt purpose expenditures	126490480.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	126847943.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	318,837.	267,503.	143,756.	357,463.	1,087,559.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	92,863.	112,502.	98,952.	112,009.	416,326.

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 of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 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)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (See instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

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

2020

Open to Public Inspection

Name of the organization Planned Parenthood Mar Monte, Inc **Employer identification number** 94-1583439

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar 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, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	29,661,752.	26,516,917.	24,428,319.	21,150,399.	19,026,976.
b Contributions	390,472.	1,462,944.	815,477.	973,187.	606,236.
c Net investment earnings, gains, and losses	7,431,833.	1,681,891.	1,273,121.	2,304,733.	1,517,187.
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	37,484,057.	29,661,752.	26,516,917.	24,428,319.	21,150,399.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 93.3500 %
 - b Permanent endowment 6.6500 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		12,129,923.		12,129,923.
b Buildings		51,187,122.	25,182,064.	26,005,058.
c Leasehold improvements		10,586,846.	7,709,295.	2,877,551.
d Equipment		17,286,674.	14,441,390.	2,845,284.
e Other		595,355.		595,355.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				44,453,171.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-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" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-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" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

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

Part V, line 4:

PPMM has adopted investment and spending policies, approved by the Board of Directors, for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment funds while also maintaining the purchasing power of those endowments assets over the long-term. Accordingly, the investment process seeks to achieve an after-cost total real rate of return, including investment income as well as capital appreciation, which exceeds the annual distribution with acceptable levels of risk. Endowment assets are invested in a well diversified asset mix, which includes equity and debt securities, that is intended to result in a consistent inflation-protected rate of return that has sufficient liquidity to make a reasonable annual distribution, while

Part XIII Supplemental Information *(continued)*

growing the funds if possible.

Part X, Line 2:

Planned Parenthood is exempt from taxation under Internal Revenue Code Section 501(c)(3) and California Revenue and Taxation Code Section 23701d.

Generally accepted accounting principles ("GAAP") provide accounting and disclosure guidance about positions taken by an organization in its tax returns that might be uncertain. Management has considered its tax positions and believes that all of the positions taken by Planned Parenthood in their federal and state exempt organization tax returns are more likely than not to be sustained upon examination. Planned Parenthood's returns are subject to examination by federal and state taxing authorities, generally for three and four years, respectively, after they are filed.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

Planned Parenthood Mar Monte, Inc

Employer identification number

94-1583439

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- 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:

- a** The organization? **5a**
- b** Any related organization? **5b**
- 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:

- a** The organization? **6a**
- b** Any related organization? **6b**
- 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**

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**

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? **9**

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2020

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		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) Stacy Cross President/CEO	(i)	479,461.	0.	0.	40,276.	38,192.	557,929.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) Laura Dalton Chief Medical Officer	(i)	433,222.	21,723.	0.	22,496.	28,285.	505,726.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) Tom Motsiff CAFO	(i)	389,737.	21,723.	0.	19,417.	9,551.	440,428.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) Maureen Guajardo Senior Dir. of Lab Services	(i)	314,142.	0.	0.	32,070.	18,433.	364,645.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) Catherine Shubert Fritz General Counsel	(i)	312,930.	21,723.	0.	12,308.	8,023.	354,984.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) Dominique Lee COO	(i)	302,373.	21,723.	0.	18,125.	9,190.	351,411.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) Abraham Cabebe Physician	(i)	279,076.	0.	0.	27,489.	10,134.	316,699.	0.
	(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.

Part I, Line 7:

During calendar year 2020, the CMO, CFO, General Counsel, & VP of Patient Services received bonuses based on accreditation achievements and overall performance.

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

Planned Parenthood Mar Monte, Inc

Employer identification number

94-1583439

Form 990, Part I, Line 1, Description of Organization Mission:

by expanding rights and access for all.

Form 990, Part VI, Section B, line 11b:

The Form 990 is reviewed and approved by the President/CEO, CFO and the Controller before submission to the IRS. The board members review them before submission to the IRS.

Form 990, Part VI, Section B, Line 12c:

PPMM board members, employees and volunteers have a responsibility to conduct themselves with the highest ethical standards. They are expected to avoid any conflict of interest or appearance related to their duties at PPMM.

No board member, employee or volunteer shall use his/her position with PPMM to further the manufacture, distribution, promotion or sale of any materials, products or services in which he/she has either direct or indirect financial interest or from which he/she receives any direct or indirect financial benefit.

No board member, employee or volunteer shall accept any gift or gratuity from any pharmaceutical firm, or medical device manufacturer, or a supplier of pharmaceuticals or medical devices to PPMM, or other supplier or potential supplier to PPMM, or from any provider or potential provider of services to PPMM. However, a board member, employee or volunteer may accept a gift of nominal value, such as an advertising novelty, when it is

Name of the organization

Planned Parenthood Mar Monte, Inc

Employer identification number

94-1583439

customarily offered to others having a similar relationship with the supplier or provider. No gifts of cash or cash equivalents are permitted.

PPMM board members will disclose any potential conflict of interest annually and as soon as he or she is aware of the real potential conflict. In addition, any board member who is aware of a possible conflict of interest related to any matter coming before the board has an obligation to refrain from discussion and/or voting on the issue.

No board or executive staff member of PPMM shall be granted a loan from any PPMM funds.

Approved by the Board of Directors, September 2015.

Form 990, Part VI, Section B, Line 15:

The Compensation Committee of the Board annually reviews and adjusts as appropriate the salaries of the CEO and Management Team based on external data, surveys and benchmarks.

Form 990, Part VI, Section C, Line 19:

PPMM makes its governing documents, conflict of interest policy and financial statements available to the public upon request. The Form 990 is also available on Guidestar.org.

Form 990, Part XI, line 9, Changes in Net Assets:

Unrealized gain on swap contract 162,760.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

2020

**Open to Public
Inspection**

Name of the organization **Planned Parenthood Mar Monte, Inc** Employer identification number **94-1583439**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
Planned Parenthood Advocates Mar Monte - 77-0261817, 1691 The Alameda, San Jose, CA 95126	Community education and public affairs and educate the public on candidates	California	501(c)(4)	N/A	Planned Parenthood Mar Monte	X	
East Valley Community Clinic - 94-2191935 2470 Alvin Avenue, #60 San Jose, CA 95121	To provide community health care	California	501(C)(3)	170(b)(1)(a)	Planned Parenthood Mar Monte		X

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

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

	Yes	No
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		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) Planned Parenthood Advocates Mar Monte	B	650,219.	Work plan agreement
(2) Planned Parenthood Advocates Mar Monte	N	1,407,545.	Resource sharing agreement
(3) Planned Parenthood Advocates Mar Monte (Amount is included in 2N)	O	0.	Resource sharing agreement
(4) East Valley Community Clinic	Q	47,839.	Actual cost
(5) East Valley Community Clinic	P	57,963.	Actual cost
(6) Planned Parenthood Advocates Mar Monte	Q	62,096.	Actual cost

California Exempt Organization
Annual Information Return

Calendar Year 2020 or fiscal year beginning (mm/dd/yyyy) 07/01/2020, and ending (mm/dd/yyyy) 06/30/2021

Corporation/Organization name
PLANNED PARENTHOOD MAR MONTE, INC

California corporation number
0453386

Additional information. See instructions.
FEIN
94-1583439

Street address (suite or room)
1691 THE ALAMEDA

City
SAN JOSE

State
CA

ZIP code
95126

Foreign country name
Foreign province/state/county
Foreign postal code

A First return Yes No

B Amended return Yes No

C IRC Section 4947(a)(1) trust Yes No

D Final information return?
 Dissolved Surrendered (Withdrawn) Merged/Reorganized
 Enter date: (mm/dd/yyyy) _____

E Check accounting method: (1) Cash (2) Accrual (3) Other

F Federal return filed? (1) 990T (2) 990PF (3) Sch H (990) (4) Other 990 series

G Is this a group filing? See instructions Yes No

H Is this organization in a group exemption Yes No
If "Yes," what is the parent's name? _____

I Did the organization have any changes to its guidelines not reported to the FTB? See instructions Yes No

J If exempt under R&TC Section 23701d, has the organization engaged in political activities? See instructions. Yes No

K Is the organization exempt under R&TC Section 23701g? Yes No
If "Yes," enter the gross receipts from nonmember sources \$ _____

L Is the organization a limited liability company? Yes No

M Did the organization file Form 100 or Form 109 to report taxable income? Yes No

N Is the organization under audit by the IRS or has the IRS audited in a prior year? Yes No

O Is federal Form 1023/1024 pending? Yes No
Date filed with IRS _____

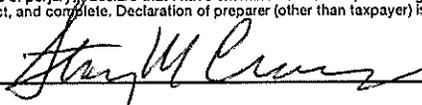
Part I Complete Part I unless not required to file this form. See General Information B and C.

Receipts and Revenues	1	Gross sales or receipts from other sources. From Side 2, Part II, line 8	1	120,243,156	00
	2	Gross dues and assessments from members and affiliates	2		00
	3	Gross contributions, gifts, grants, and similar amounts received STMT 1	3	18,744,713	00
	4	Total gross receipts for filing requirement test. Add line 1 through line 3. This line must be completed. If the result is less than \$50,000, see General Information B	4	138,987,869	00
	5	Cost of goods sold	5		00
	6	Cost or other basis, and sales expenses of assets sold	6	8,985,738	00
	7	Total costs. Add line 5 and line 6	7	8,985,738	00
	8	Total gross income. Subtract line 7 from line 4	8	130,002,131	00

Expenses	9	Total expenses and disbursements. From Side 2, Part II, line 18	9	126,933,161	00
	10	Excess of receipts over expenses and disbursements. Subtract line 9 from line 8	10	3,068,970	00

Filing Fee	11	Total payments	11		00
	12	Use tax. See General Information K	12		00
	13	Payments balance. If line 11 is more than line 12, subtract line 12 from line 11	13		00
	14	Use tax balance. If line 12 is more than line 11, subtract line 11 from line 12	14		00
	15	Penalties and Interest. See General Information J	15		00
	16	Balance due. Add line 12 and line 15. Then subtract line 11 from the result	16		00

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here
Signature of officer  Title **PRESIDENT & CEO** Date **5/2/22** Telephone _____

Paid Preparer's Use Only
Preparer's signature _____ Date _____ Check if self-employed PTIN **P01612986**
Firm's name (or yours, if self-employed) **HARRINGTON GROUP, CPAS, LLP** Firm's FEIN **95-4557617**
2698 MATARO STREET Telephone **(626) 403-6801**
PASADENA, CA 91107

May the FTB discuss this return with the preparer shown above? See instructions Yes No

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

028951 12-22-20

Receipts from Other Sources	1	Gross sales or receipts from all business activities. See instructions	•	1		00		
	2	Interest	•	2	535,358	00		
	3	Dividends	•	3		00		
	4	Gross rents	•	4	85,218	00		
	5	Gross royalties	•	5		00		
	6	Gross amount received from sale of assets (See Instructions)	STATEMENT 2	•	6	11,392,864	00	
	7	Other income	SEE STATEMENT 3	•	7	108,229,716	00	
	8	Total gross sales or receipts from other sources. Add line 1 through line 7. Enter here and on Side 1, Part I, line 1		•	8	120,243,156	00	
	9	Contributions, gifts, grants, and similar amounts paid		•	9		00	
	10	Disbursements to or for members		•	10		00	
	11	Compensation of officers, directors, and trustees	SEE STATEMENT 4	•	11	1,043,502	00	
	12	Other salaries and wages		•	12	50,795,744	00	
	Expenses and Disbursements	13	Interest	•	13	158,937	00	
		14	Taxes	•	14	4,192,231	00	
		15	Rents	•	15	8,230,973	00	
		16	Depreciation and depletion (See instructions)		•	16	4,262,998	00
		17	Other expenses and disbursements	SEE STATEMENT 5	•	17	58,248,776	00
		18	Total expenses and disbursements. Add line 9 through line 17. Enter here and on Side 1, Part I, line 9		•	18	126,933,161	00

Schedule L Balance Sheet		Beginning of taxable year		End of taxable year	
	(a)	(b)	(c)	(d)	
Assets					
1 Cash		39,144,656		•	32,448,274
2 Net accounts receivable		41,412,834		•	36,180,519
3 Net notes receivable				•	
4 Inventories		1,293,295		•	1,214,935
5 Federal and state government obligations				•	
6 Investments in other bonds				•	
7 Investments in stock				•	
8 Mortgage loans				•	
9 Other investments	STMT 6	24,853,197		•	45,327,727
10 a Depreciable assets	78,745,869		79,655,997		
b Less accumulated depreciation	(44,408,190)	34,337,679	(47,332,749)		32,323,248
11 Land		12,129,923		•	12,129,923
12 Other assets	STMT 7	2,233,855		•	1,906,624
13 Total assets		155,405,439			161,531,250
Liabilities and net worth					
14 Accounts payable		18,852,666		•	17,429,040
15 Contributions, gifts, or grants payable				•	
16 Bonds and notes payable				•	
17 Mortgages payable		7,659,936		•	7,316,576
18 Other liabilities					
19 Capital stock or principal fund				•	
20 Paid-in or capital surplus. Attach reconciliation				•	
21 Retained earnings or income fund		128,892,837		•	136,785,634
22 Total liabilities and net worth		155,405,439			161,531,250

Schedule M-1 Reconciliation of income per books with income per return			
Do not complete this schedule if the amount on Schedule L, line 13, column (d), is less than \$50,000.			
1 Net income per books	•	7,892,797	7 Income recorded on books this year not included in this return
2 Federal income tax	•		STMT 8
3 Excess of capital losses over capital gains	•		8 Deductions in this return not charged against book income this year
4 Income not recorded on books this year	•		•
5 Expenses recorded on books this year not deducted in this return	•		9 Total. Add line 7 and line 8
6 Total. Add line 1 through line 5		7,892,797	10 Net income per return. Subtract line 9 from line 6
			4,823,827
			4,823,827
			3,068,970

CA 199 Cash Contributions Statement 1
 Included on Part I, Line 3

Contributor's Name	Contributor's Address	Date of Gift	Amount
Planned Parenthood Federation of America	1691 The Alameda San Jose, CA 95126	06/30/21	4,937,399.
The David and Lucile Packard Foundation	1691 The Alameda San Jose, CA 95126	06/30/21	1,500,000.
The Grove Foundation	1691 The Alameda San Jose, CA 95126	06/30/21	825,000.
Schwab Charitable Fund	1691 The Alameda San Jose, CA 95126	06/30/21	771,139.
The Gwen Anne Crosby 2008 Revocable Trust	1691 The Alameda San Jose, CA 95126	06/30/21	500,000.
Fidelity Charitable Gift Fund	1691 The Alameda San Jose, CA 95126	06/30/21	477,918.
Sunlight Giving	1691 The Alameda San Jose, CA 95126	06/30/21	325,000.
The Benevity Community Impact Fund	1691 The Alameda San Jose, CA 95126	06/30/21	312,864.
Vanguard Charitable Endowment Program	1691 The Alameda San Jose, CA 95126	06/30/21	248,000.
El Camino Healthcare District	1691 The Alameda San Jose, CA 95126	06/30/21	225,000.
Silicon Valley Community Foundation	1691 The Alameda San Jose, CA 95126	06/30/21	220,432.
Sequoia Healthcare District	1691 The Alameda San Jose, CA 95126	06/30/21	189,400.
Hellman Foundation	1691 The Alameda San Jose, CA 95126	06/30/21	150,000.
Blue Shield of California Foundation	1691 The Alameda San Jose, CA 95126	06/30/21	137,500.
RSF Social Finance	1691 The Alameda San Jose, CA 95126	06/30/21	130,500.

Community Foundation for Monterey County	1691 The Alameda San Jose, CA 95126	06/30/21	125,940.
Lennox Foundation	1691 The Alameda San Jose, CA 95126	06/30/21	117,500.
Islands Fund	1691 The Alameda San Jose, CA 95126	06/30/21	110,000.
Philip F. Egan	1691 The Alameda San Jose, CA 95126	06/30/21	101,984.
Vadasz Family Foundation	1691 The Alameda San Jose, CA 95126	06/30/21	100,000.
John Wagers	1691 The Alameda San Jose, CA 95126	06/30/21	100,000.
The Gerald M. Kline Family Foundation	1691 The Alameda San Jose, CA 95126	06/30/21	100,000.
Harrington Family Foundation	1691 The Alameda San Jose, CA 95126	06/30/21	100,000.
Morgan Stanley Global Impact Funding Trust	1691 The Alameda San Jose, CA 95126	06/30/21	91,000.
Claire Giannini Fund	1691 The Alameda San Jose, CA 95126	06/30/21	82,580.
CARES Foundation	1691 The Alameda San Jose, CA 95126	06/30/21	80,000.
Margaret L. McCurdy	1691 The Alameda San Jose, CA 95126	06/30/21	72,266.
Goldman Sachs Philanthropy Fund	1691 The Alameda San Jose, CA 95126	06/30/21	71,250.
Richard H. Tiede	1691 The Alameda San Jose, CA 95126	06/30/21	65,000.
Eva K. Grove	1691 The Alameda San Jose, CA 95126	06/30/21	65,000.
The Bisconti Family Foundation	1691 The Alameda San Jose, CA 95126	06/30/21	60,000.
The U.S. Charitable Gift Trust	1691 The Alameda San Jose, CA 95126	06/30/21	58,800.
Janna Smith Lang	1691 The Alameda San Jose, CA 95126	06/30/21	55,000.

Sacramento Region Community Foundation	1691 The Alameda 95126	San Jose, CA	06/30/21	53,976.
Community Health Charities	1691 The Alameda 95126	San Jose, CA	06/30/21	50,212.
Rebecca Q. Morgan	1691 The Alameda 95126	San Jose, CA	06/30/21	50,000.
Jack I. Gardner	1691 The Alameda 95126	San Jose, CA	06/30/21	50,000.
Sierra Health Foundation	1691 The Alameda 95126	San Jose, CA	06/30/21	50,000.
The Scott Foundation	1691 The Alameda 95126	San Jose, CA	06/30/21	50,000.
Samueli Foundation	1691 The Alameda 95126	San Jose, CA	06/30/21	50,000.
The Joseph & Vera Long Foundation	1691 The Alameda 95126	San Jose, CA	06/30/21	50,000.
American Endowment Foundation	1691 The Alameda 95126	San Jose, CA	06/30/21	46,850.
RBC Wealth Management	1691 The Alameda 95126	San Jose, CA	06/30/21	46,712.
Jewish Community Federation & Endowment Fund	1691 The Alameda 95126	San Jose, CA	06/30/21	46,050.
Bank of America Charitable Gift Fund	1691 The Alameda 95126	San Jose, CA	06/30/21	41,250.
Charles Schwab & Company	1691 The Alameda 95126	San Jose, CA	06/30/21	40,500.
James H. Feit	1691 The Alameda 95126	San Jose, CA	06/30/21	40,000.
Orange County Community Foundation	1691 The Alameda 95126	San Jose, CA	06/30/21	36,250.
Rosemary Heil	1691 The Alameda 95126	San Jose, CA	06/30/21	35,040.
Barnet Segal Charitable Trust	1691 The Alameda 95126	San Jose, CA	06/30/21	35,000.
James V. Huhn	1691 The Alameda 95126	San Jose, CA	06/30/21	35,000.

The Aspen Institute	1691 The Alameda San Jose, CA 95126	06/30/21	30,000.
The Blackbaud Giving Fund	1691 The Alameda San Jose, CA 95126	06/30/21	28,762.
Amanda F. Peiffer	1691 The Alameda San Jose, CA 95126	06/30/21	27,920.
Edward Jones	1691 The Alameda San Jose, CA 95126	06/30/21	26,100.
David L. Beck	1691 The Alameda San Jose, CA 95126	06/30/21	26,000.
Sand Hill Foundation	1691 The Alameda San Jose, CA 95126	06/30/21	25,000.
Elizabeth Davila	1691 The Alameda San Jose, CA 95126	06/30/21	25,000.
William D. Leipham	1691 The Alameda San Jose, CA 95126	06/30/21	25,000.
Joseph Furgerson	1691 The Alameda San Jose, CA 95126	06/30/21	25,000.
Peggy H. Dow	1691 The Alameda San Jose, CA 95126	06/30/21	25,000.
Beth Grossman	1691 The Alameda San Jose, CA 95126	06/30/21	25,000.
Karla Jurvetson	1691 The Alameda San Jose, CA 95126	06/30/21	25,000.
UBS Donor Advised Fund	1691 The Alameda San Jose, CA 95126	06/30/21	22,000.
Francis J. Quillinan	1691 The Alameda San Jose, CA 95126	06/30/21	21,625.
United Way Bay Area	1691 The Alameda San Jose, CA 95126	06/30/21	20,104.
Joan G. Kjemtrup	1691 The Alameda San Jose, CA 95126	06/30/21	20,000.
Community Foundation Santa Cruz County	1691 The Alameda San Jose, CA 95126	06/30/21	20,000.
HRH Foundation	1691 The Alameda San Jose, CA 95126	06/30/21	20,000.

Stephen and Margaret Gill Family Foundation	1691 95126	The Alameda	San Jose, CA	06/30/21	20,000.
The Peggy and Jack Baskin Foundation	1691 95126	The Alameda	San Jose, CA	06/30/21	20,000.
East Bay Community Foundation	1691 95126	The Alameda	San Jose, CA	06/30/21	19,669.
Pershing, LLC	1691 95126	The Alameda	San Jose, CA	06/30/21	18,958.
Aleta Thielmeyer	1691 95126	The Alameda	San Jose, CA	06/30/21	18,008.
Bessemer Trust	1691 95126	The Alameda	San Jose, CA	06/30/21	17,000.
Nevada Education Fund for Planned Parenthood Affiliates	1691 95126	The Alameda	San Jose, CA	06/30/21	17,000.
Facebook	1691 95126	The Alameda	San Jose, CA	06/30/21	16,062.
The Bear Gulch Foundation	1691 95126	The Alameda	San Jose, CA	06/30/21	15,028.
Patricia A. Macholl	1691 95126	The Alameda	San Jose, CA	06/30/21	15,015.
Harden Foundation	1691 95126	The Alameda	San Jose, CA	06/30/21	15,000.
Blue Oak Foundation	1691 95126	The Alameda	San Jose, CA	06/30/21	15,000.
Sarah M. Roeske	1691 95126	The Alameda	San Jose, CA	06/30/21	15,000.
Orchard House Foundation	1691 95126	The Alameda	San Jose, CA	06/30/21	15,000.
County of Santa Clara	1691 95126	The Alameda	San Jose, CA	06/30/21	15,000.
Philanthropic Ventures Foundation	1691 95126	The Alameda	San Jose, CA	06/30/21	15,000.
Judith L. Estrin	1691 95126	The Alameda	San Jose, CA	06/30/21	15,000.
Nancy E. Stagliano	1691 95126	The Alameda	San Jose, CA	06/30/21	15,000.

Westridge Foundation	1691 The Alameda San Jose, CA 95126	06/30/21	15,000.
Raylene Collins	1691 The Alameda San Jose, CA 95126	06/30/21	15,000.
Bank of America	1691 The Alameda San Jose, CA 95126	06/30/21	15,000.
Suzanne F. Taunt	1691 The Alameda San Jose, CA 95126	06/30/21	14,764.
MobileCause Inc	1691 The Alameda San Jose, CA 95126	06/30/21	14,575.
Margaret B. Donat	1691 The Alameda San Jose, CA 95126	06/30/21	14,000.
George Deppe	1691 The Alameda San Jose, CA 95126	06/30/21	13,920.
National Philanthropic Trust	1691 The Alameda San Jose, CA 95126	06/30/21	13,000.
Penelope M. Blake	1691 The Alameda San Jose, CA 95126	06/30/21	13,000.
Network for Good	1691 The Alameda San Jose, CA 95126	06/30/21	12,930.
ImpactAssets, Inc.	1691 The Alameda San Jose, CA 95126	06/30/21	12,750.
Catherine H. Johnson	1691 The Alameda San Jose, CA 95126	06/30/21	12,500.
Katherine E. Aitken-Young	1691 The Alameda San Jose, CA 95126	06/30/21	11,760.
Meryl L. Selig	1691 The Alameda San Jose, CA 95126	06/30/21	11,500.
Judith Zaches	1691 The Alameda San Jose, CA 95126	06/30/21	11,000.
Fidelity Brokerage Services LLC	1691 The Alameda San Jose, CA 95126	06/30/21	10,641.
Global Impact	1691 The Alameda San Jose, CA 95126	06/30/21	10,543.
Nancy Buck Ransom Foundation	1691 The Alameda San Jose, CA 95126	06/30/21	10,000.

Daniel Weiner	1691 The Alameda San Jose, CA 95126	06/30/21	10,000.
Karen P. Loomis	1691 The Alameda San Jose, CA 95126	06/30/21	10,000.
King's Plaza Shopping Center	1691 The Alameda San Jose, CA 95126	06/30/21	10,000.
Marshall Postman	1691 The Alameda San Jose, CA 95126	06/30/21	10,000.
Amber Foundation	1691 The Alameda San Jose, CA 95126	06/30/21	10,000.
Susan Cohen	1691 The Alameda San Jose, CA 95126	06/30/21	10,000.
Freidenrich Family Foundation	1691 The Alameda San Jose, CA 95126	06/30/21	10,000.
Tiffany A. Woodruff	1691 The Alameda San Jose, CA 95126	06/30/21	10,000.
Joanna M. Beam	1691 The Alameda San Jose, CA 95126	06/30/21	10,000.
Wells Fargo Bank, N.A.	1691 The Alameda San Jose, CA 95126	06/30/21	10,000.
Danielle M. Gronner	1691 The Alameda San Jose, CA 95126	06/30/21	10,000.
Mutual of America Foundation	1691 The Alameda San Jose, CA 95126	06/30/21	10,000.
The Jacob and Lillian Holtzmann Foundation	1691 The Alameda San Jose, CA 95126	06/30/21	10,000.
Ellen B. Davis	1691 The Alameda San Jose, CA 95126	06/30/21	10,000.
Dianne L. Kendall	1691 The Alameda San Jose, CA 95126	06/30/21	10,000.
Elizabeth A. Hoffman	1691 The Alameda San Jose, CA 95126	06/30/21	10,000.
Sylvan C. Coleman Trust	1691 The Alameda San Jose, CA 95126	06/30/21	10,000.
Zachary B. Sank	1691 The Alameda San Jose, CA 95126	06/30/21	10,000.

James Spencer	1691 The Alameda San Jose, CA 95126	06/30/21	10,000.
Laurie G. Isbell	1691 The Alameda San Jose, CA 95126	06/30/21	10,000.
Larry A. Lagier	1691 The Alameda San Jose, CA 95126	06/30/21	9,060.
Susan Powell	1691 The Alameda San Jose, CA 95126	06/30/21	8,850.
Insurance Auto Auctions	1691 The Alameda San Jose, CA 95126	06/30/21	8,425.
Janet Fire	1691 The Alameda San Jose, CA 95126	06/30/21	8,000.
Jeremy Sugerman	1691 The Alameda San Jose, CA 95126	06/30/21	8,000.
Confidence Foundation	1691 The Alameda San Jose, CA 95126	06/30/21	8,000.
Independent Charitable Gift Fund	1691 The Alameda San Jose, CA 95126	06/30/21	8,000.
IBM Employee Charitable Contribution Campaign	1691 The Alameda San Jose, CA 95126	06/30/21	7,978.
Genny H. Smith	1691 The Alameda San Jose, CA 95126	06/30/21	7,921.
Emily M. Leisy	1691 The Alameda San Jose, CA 95126	06/30/21	7,852.
Fiduciary Trust International	1691 The Alameda San Jose, CA 95126	06/30/21	7,637.
Kevin P. Kennedy	1691 The Alameda San Jose, CA 95126	06/30/21	7,500.
Stifel Charitable Inc.	1691 The Alameda San Jose, CA 95126	06/30/21	7,500.
Stacy M. Cross	1691 The Alameda San Jose, CA 95126	06/30/21	7,400.
T. Rowe Price Program for Charitable Giving	1691 The Alameda San Jose, CA 95126	06/30/21	7,000.
TIAA	1691 The Alameda San Jose, CA 95126	06/30/21	6,619.

Genevieve A. Shiroma	1691 The Alameda San Jose, CA 95126	06/30/21	6,500.
Community Foundation of Western Nevada	1691 The Alameda San Jose, CA 95126	06/30/21	6,500.
Betsy Buchalter Adler	1691 The Alameda San Jose, CA 95126	06/30/21	6,250.
Renaissance Charitable Foundation	1691 The Alameda San Jose, CA 95126	06/30/21	6,100.
Trig Rosenblatt	1691 The Alameda San Jose, CA 95126	06/30/21	6,050.
Elaine Zelnik	1691 The Alameda San Jose, CA 95126	06/30/21	6,000.
Walter L. Dean	1691 The Alameda San Jose, CA 95126	06/30/21	6,000.
Robert E. Rice	1691 The Alameda San Jose, CA 95126	06/30/21	5,500.
Stephen L. Gould	1691 The Alameda San Jose, CA 95126	06/30/21	5,500.
Marian M. Kremer	1691 The Alameda San Jose, CA 95126	06/30/21	5,500.
Marcella S. Hardy	1691 The Alameda San Jose, CA 95126	06/30/21	5,500.
Anonymous Anonymous	1691 The Alameda San Jose, CA 95126	06/30/21	5,439.
The Wonderful Company Foundation Inc.	1691 The Alameda San Jose, CA 95126	06/30/21	5,400.
Robert A. Cook	1691 The Alameda San Jose, CA 95126	06/30/21	5,375.
Sandra J. Tillin	1691 The Alameda San Jose, CA 95126	06/30/21	5,367.
UBS Financial Services Inc.	1691 The Alameda San Jose, CA 95126	06/30/21	5,350.
Applied Materials Foundation	1691 The Alameda San Jose, CA 95126	06/30/21	5,280.
Amazon Smile Foundation	1691 The Alameda San Jose, CA 95126	06/30/21	5,277.

Merrill Lynch	1691 The Alameda San Jose, CA 95126	06/30/21	5,250.
Rebecca Shapley	1691 The Alameda San Jose, CA 95126	06/30/21	5,218.
Susan J. Hessel	1691 The Alameda San Jose, CA 95126	06/30/21	5,176.
Margaret A. Lizaur	1691 The Alameda San Jose, CA 95126	06/30/21	5,150.
Excite Credit Union	1691 The Alameda San Jose, CA 95126	06/30/21	5,150.
Susan Valeriotte	1691 The Alameda San Jose, CA 95126	06/30/21	5,100.
PayPal Charitable Giving Fund	1691 The Alameda San Jose, CA 95126	06/30/21	5,100.
Susan Rosenberg	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
Judith H. Therrien	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
Wendy M. Yen	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
Claudia E. Daniels	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
Aufmuth Family Foundation	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
The Greenside Foundation	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
Robert Katzive	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
Carol C. Mukhopadhyay	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
James P. Phillips	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
The Davidson Family Foundation	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
Diane A. Trombetta	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.

Jane Walton	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
Anne G. Stewart	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
Ralph E. Koldinger	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
Robin S. Netzer	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
Ishiyama Foundation	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
Susan M. Hyatt	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
Azadeh M. Hariri	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
Susan R. Varner	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
Marmor Foundation	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
Christine A. Doyle	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
David Rome	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
Nancy L. Hassig	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
Carol A. Malnick	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
Santa Clara Family Health Plan	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
First 5 Santa Clara County	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
Lisette J. Narragon	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
Evercore Wealth Management, LLC	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
MUFG Union Bank	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.

Planned Parenthood Mar Monte, Inc

94-1583439

Michelle R. Rapp	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
Paula Rantz	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
John R. Greed	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
Tomlinson Family Foundation	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
Julia S. Malone	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
Gilhuly Family Foundation	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
Janet Keyes	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
Arthur Min	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
The Partners Group, Ltd.	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
George L. McCall	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
Laura Pedersen	1691 The Alameda San Jose, CA 95126	06/30/21	5,000.
State of Nevada	4150 technology Way, Suite 300 Carson City, NV 89706	06/30/21	211,667.
County of Santa Cruz	1080 Emeline Avenue Santa Cruz, CA 95060	06/30/21	120,300.
California Department of Public Health	1615 Capitol Ave MS 8305, Suite 73.5.58 Sacramento, CA 95899	06/30/21	245,614.
Total included on line 3			<u>15,521,801.</u>

CA 199	Gross Amount from Sale of Assets	Statement	2
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Description	Date Acquired	Date Sold	Method Acquired	
	Sale of securities			Purchased
	Cost or Other Basis	Deprec.	Expense of Sale	Gross Sales Price
	8,985,738.	0.	0.	11,392,864.
Total to Form 199, Page 2, ln 6	8,985,738.	0.	0.	11,392,864.

CA 199	Other Income	Statement	3
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Description	Amount
Miscellaneous income	568,677.
Family PACT	30,235,415.
Medi-Cal Managed Care	29,582,867.
Medi-Cal/Medicaid	29,283,448.
Private Fees and Contracts	18,559,309.
Total to Form 199, Part II, line 7	108,229,716.

CA 199	Compensation of Officers, Directors and Trustees	Statement	4
Name and Address	Title and Average Hrs Worked/Wk	Compensation	
Stacy Cross 1691 The Alameda San Jose, CA 95126	President/CEO 40.00	593,864.	
Tom Motsiff 1691 The Alameda San Jose, CA 95126	CAFO 40.00	449,638.	
Katherine Aitken-Young 1691 The Alameda San Jose, CA 95126	Chair 6.00	0.	
Tanuja Bahal 1691 The Alameda San Jose, CA 95126	Immediate Past Chair 5.00	0.	
Nicole Winger 1691 The Alameda San Jose, CA 95126	Treasurer 1.00	0.	
Ali Edwards 1691 The Alameda San Jose, CA 95126	Secretary 1.00	0.	
Janine Bera, MD 1691 The Alameda San Jose, CA 95126	Board Member 1.00	0.	
Lisa Bowers 1691 The Alameda San Jose, CA 95126	Board Member 1.00	0.	
Reema Dirks 1691 The Alameda San Jose, CA 95126	Board Member 1.00	0.	
Jesse Dorogusker 1691 The Alameda San Jose, CA 95126	Board Member 1.00	0.	
Annie Flanzraich 1691 The Alameda San Jose, CA 95126	Board Member 1.00	0.	

Joan Gallo 1691 The Alameda San Jose, CA 95126	Board Member 1.00	0.
Leticia Garcia 1691 The Alameda San Jose, CA 95126	Board Member 1.00	0.
Karen Grove 1691 The Alameda San Jose, CA 95126	Board Member 1.00	0.
Despina Hatton 1691 The Alameda San Jose, CA 95126	Board Member 1.00	0.
Veva Islas 1691 The Alameda San Jose, CA 95126	Board Member 1.00	0.
David Kladney 1691 The Alameda San Jose, CA 95126	Board Member 1.00	0.
Lizelda Lopez 1691 The Alameda San Jose, CA 95126	Board Member 1.00	0.
Gwen McDonald 1691 The Alameda San Jose, CA 95126	Board Member 1.00	0.
Noah Moss 1691 The Alameda San Jose, CA 95126	Board Member 1.00	0.
Trig Rosenblatt 1691 The Alameda San Jose, CA 95126	Board Member 1.00	0.
Cole Wilbur 1691 The Alameda San Jose, CA 95126	Board Member 1.00	0.

Total to Form 199, Part II, line 11

1,043,502.

CA 199	Other Expenses	Statement	5
<u>Description</u>		<u>Amount</u>	
Bad debt		8,600,000.	
Equipment & rental		2,975,277.	
Other expenses		1,903,572.	
Intercompany mgmt. fees		1,425,646.	
Rent expenses		85,218.	
Payments to affiliates		542,870.	
Pension plan contributions		2,194,139.	
Other employee benefits		14,347,061.	
Legal fees		277,702.	
Accounting fees		116,900.	
Other professional fees		6,484,982.	
Advertising and promotion		191,996.	
Office expenses		17,400,949.	
Travel		199,089.	
Conferences and conventions		30,230.	
Insurance		1,117,040.	
All other expenses		356,105.	
Total to Form 199, Part II, line 17		58,248,776.	

CA 199	Other Investments	Statement	6
<u>Description</u>		<u>Beg. of Year</u>	<u>End of Year</u>
Investments - AFAXYS		1,000,000.	1,000,000.
Other publicly traded securities		23,853,197.	44,327,727.
Total to Form 199, Schedule L, line 9		24,853,197.	45,327,727.

CA 199	Other Assets	Statement	7
<u>Description</u>		<u>Beg. of Year</u>	<u>End of Year</u>
Prepaid Expenses and Deferred Charges		2,088,469.	1,781,803.
Deposits		145,386.	124,821.
Total to Form 199, Schedule L, line 12		2,233,855.	1,906,624.

CA 199	Income Recorded on Books this Year Not Included in this Return	Statement	8
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Description	Amount
Unrealized gain on investments	4,661,067.
Unrealized loss on swap contract	162,760.
Fundraising event expense	0.
Total to Form 199, Schedule M-1, line 7	4,823,827.

CA 199	Fund Balances	Statement	9
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Description	Beg. of Year	End of Year
Net assets without donor restrictions	111,983,604.	119,360,313.
Net assets with donor restrictions	16,909,233.	17,425,321.
Total to Form 199, Schedule L, line 21	128,892,837.	136,785,634.

TAXABLE YEAR
2020

California e-file Return Authorization for Exempt Organizations

FORM
8453-EO

Exempt Organization name	Identifying number
PLANNED PARENTHOOD MAR MONTE, INC	94-1583439

Part I Electronic Return Information (whole dollars only)

1 Total gross receipts (Form 199, line 4)	1	138,987,869
2 Total gross income (Form 199, line 8)	2	130,002,131
3 Total expenses and disbursements (Form 199, line 9)	3	126,933,161

Part II Settle Your Account Electronically for Taxable Year 2020

4 <input type="checkbox"/> Electronic funds withdrawal	4a Amount	4b Withdrawal date (mm/dd/yyyy)
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Part III Banking Information (Have you verified the exempt organization's banking information?)

5 Routing number _____	7 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
6 Account number _____	

Part IV Declaration of Officer

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, Box 4, I authorize an electronic funds withdrawal for the amount listed on line 4a.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2020 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's fee liability, the exempt organization will remain liable for the fee liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay.

Sign Here		Date	PRESIDENT & CEO	Title
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Part V Declaration of Electronic Return Originator (ERO) and Paid Preparer.

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB; I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2020 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for four years from the due date of the return or four years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

ERO Sign	ERO's signature	Date	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN
Must Sign	Firm's name (or yours if self-employed) and address	HARRINGTON GROUP, CPAS, LLP 2698 MATARO STREET PASADENA, CA	Firm's FEIN	95-4557617	ZIP code 91107

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

Paid Preparer Sign	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN
Must Sign	Firm's name (or yours if self-employed) and address		Firm's FEIN	ZIP code

**ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA**
Sections 12586 and 12587, California Government Code
11 Cal. Code Regs. sections 301-306, 309, 311, and 312

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470
STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916) 210-6400
WEBSITE ADDRESS:
***.oag.ca.gov/charities

<p><u>PLANNED PARENTHOOD MAR MONTE, INC</u> Name of Organization</p> <p>List all DBAs and names the organization uses or has used <u>1691 THE ALAMEDA</u> Address (Number and Street)</p> <p><u>SAN JOSE, CA 95126</u> City or Town, State, and ZIP Code</p> <p><u>(408) 795-3600</u> Telephone Number</p> <p><u>JOANNE_PARISE@PPMARMONT E.ORG</u> E-mail Address</p>	<p>Check if: <input type="checkbox"/> Change of address <input type="checkbox"/> Amended report</p> <p>State Charity Registration Number <u>CT01593</u></p> <p>Corporation or Organization No. <u>0453386</u></p> <p>Federal Employer ID No. <u>94-1583439</u></p>
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ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312)
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

PART A - ACTIVITIES

For your most recent full accounting period (beginning 07/01/2020 ending 06/30/2021) list:

Total Revenue (including noncash contributions) \$ 129,916,913 Noncash Contributions \$ 0 Total Assets \$ 161,531,250
Program Expenses \$ 109,716,503 Total Expenses \$ 126,847,943

PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT

Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest?		X
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		X
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		X
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used?		X
5. During this reporting period, did the organization receive any governmental funding? SEE STATEMENT 10	X	
6. During this reporting period, did the organization hold a raffle for charitable purposes?		X
7. Does the organization conduct a vehicle donation program?		X
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	X	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		X

I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

	STACY M. CROSS Printed Name	PRESIDENT & CEO Title	
			Date

