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2009

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Open to Public Inspection

► The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury
Internal Revenue Service

For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30, 2010

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Please use IRS label or print or type See specific instructions. PLANNED PARENTHOOD OF THE ST. LOUIS REGION 4251 FOREST PARK AVENUE ST. LOUIS, MO 63108	D Employer Identification Number 43-0652666	
		E Telephone number (314) 531-7526	
		F Name and address of principal officer PAULA GIANINO SAME AS C ABOVE	G Gross receipts \$ 9,785,691.
		I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		J Website: ► WWW.PPSLR.ORG	H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list (see instructions)

K Form of organization Corporation Trust Association Other ► **L** Year of Formation 1932 **M** State of legal domicile MO**Part I** Summary

1 Briefly describe the organization's mission or most significant activities. <u>TO PROVIDE, PROTECT, AND SUPPORT REPRODUCTIVE RIGHTS AND SERVICES.</u>
2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets
3 Number of voting members of the governing body (Part VI, line 1a) 3 33
4 Number of independent voting members of the governing body (Part VI, line 1b) 4 0
5 Total number of employees (Part V, line 2a) 5 181
6 Total number of volunteers (estimate if necessary) 6 708
7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a 0.
b Net unrelated business taxable income from Form 990-T, line 34 7b 0.

SCANNED JAN 20 2011 Activities & Governance

Revenue Expenses

Not Assets or Fund Balances

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 ► *Geetha* Signature of officer **Date** *1/4/11*
 ► *Geetha Sant, Pres + Bd. Chair* Type or print name and title

Paid Preparer's Use Only	Preparer's signature <i>Tamber M Alsop, CPA, CFE</i>	Date <i>12-28-10</i>	Check if self employed <input type="checkbox"/> Preparer's identifying number (see instructions) <i>N/A</i>
	Firm's name (or yours if self employed), address, and ZIP + 4 <i>HOCHSCHILD BLOOM & CO LLP CPAS</i>	EIN <i>N/A</i>	Phone no <i>636-532-9525</i>
	► <i>16100 CHESTERFIELD PKWY W #125</i>		
	<i>CHESTERFIELD, MO 63017-4829</i>		

May the IRS discuss this return with the preparer shown above? (see instructions)

BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/29/09 Form 990 (2009)

og/17 3

Part III Statement of Program Service Accomplishments1 Briefly describe the organization's missionTO PROVIDE, PROTECT, AND SUPPORT REPRODUCTIVE RIGHTS AND SERVICES.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

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

If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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: **10000**) (Expenses \$ 5,249,995, including grants of \$ _____) (Revenue \$ 4,963,915)FAMILY PLANNING SERVICES AND PATIENT MEDICAL CARE - PROVIDE FAMILIES WITH PLANNING ALTERNATIVES AND ADVICE, AND MEDICAL SERVICES FOR CONTRACEPTIVE AND OTHER PURPOSES4b (Code: **10000**) (Expenses \$ 1,216,239, including grants of \$ _____) (Revenue \$ 2,224)PUBLIC RELATIONS AND EDUCATION - PROMOTE THE ORGANIZATION'S SERVICES AND EDUCATE THE PUBLIC ON THE ISSUES OF CONTRACEPTION AND FAMILY PLANNING.4c (Code: **10000**) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

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

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

4e Total program service expenses ► 6,466,234.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3 X	
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4 X	
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7 X	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8 X	
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9 X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10 X	
11 Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11 X	
• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
• Did the organization report an amount for investments- other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		
• Did the organization report an amount for investments- program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		
• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		
• 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? If 'Yes,' complete Schedule D, Part X		
12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12 X	
12A Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	12 A X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 X	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15 X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16 X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	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? If 'Yes,' complete Schedule G, Part II	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19 X	
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20 X	

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25	24a	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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?	24c	
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b	X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).		
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I	33	X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35	X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	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? If 'Yes,' complete Schedule R, Part VI	37	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note: All Form 990 filers are required to complete Schedule O	38	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	22	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
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	181	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to file this return (see instructions)</i>	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X	
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If 'Yes,' enter the name of the foreign country. ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	4b		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X	
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
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?	6a	X	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).	7d		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X	
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X	
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations	8		
Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.	9a		
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter	10a		
a Initiation fees and capital contributions included on Part VIII, line 12	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	11a		
a Gross income from other members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) nonexempt 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	12b		

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 in Schedule O. See instructions.

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body	33	
1b	Enter the number of voting members that are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? SEE SCHEDULE O	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? SEE SCH O	X	
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director or 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 in Schedule O		X

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

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	X	
10b	b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
12b	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does 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?		
15a	a The organization's CEO, Executive Director, or top management official	X	
15b	b Other officers of key employees of the organization SEE SCHEDULE O	X	
16a	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
16b	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed → MO IL

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

Own website Another's website Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

► TOM HEMINGWAY 4251 FOREST PARK AVENUE ST. LOUIS MO 63108 (314) 531-7526

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors
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. Use Schedule J-2 if additional space is needed.

- 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. See instructions for definition of 'key employees'.
- 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.

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(c) Position (check all that apply)					(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			
POLLY O'BRIEN CHAIR	0.4	X		X			0.	0.	0.
KIM OLSON VICE CHAIR	0.4	X		X			0.	0.	0.
SUSAN APPLETON CHAIR APPOINTME	0.4	X		X			0.	0.	0.
TERRY CROW DIRECTOR	0.4	X					0.	0.	0.
DAVID GOERISCH TREASURER	0.4	X		X			0.	0.	0.
DIANA BAUMOHL DIRECTOR	0.4	X					0.	0.	0.
DAVID DANFORTH DIRECTOR	0.4	X					0.	0.	0.
SHEREEN FISCHER DIRECTOR	0.4	X					0.	0.	0.
STEVE COBURN ASST. TREASURER	0.4	X		X			0.	0.	0.
REV. DAVID GREENHAW DIRECTOR	0.4	X					0.	0.	0.
GERRY GREIMAN DIRECTOR	0.4	X					0.	0.	0.
JACKIE HAMILTON DIRECTOR	0.4	X					0.	0.	0.
MELISSA JOHNSEN DIRECTOR	0.4	X					0.	0.	0.
LYDIA PADILLA DIRECTOR	0.4	X					0.	0.	0.
SALLY SCOTT DIRECTOR	0.4	X					0.	0.	0.
ELLEN SHERBERG DIRECTOR	0.4	X					0.	0.	0.
LISA LANGENECKERT DIRECTOR	0.4	X					0.	0.	0.

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

(A) Name and Title	(B) Average hours per week	(c) Position (check all that apply)				(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		
ALAN MORRIS, M.D. DIRECTOR	0.4	X					0.	0.	0.
JOAN NEWMAN SECRETARY	0.4	X	X				0.	0.	0.
SHANTI PARIKH DIRECTOR	0.4	X					0.	0.	0.
MAUREEN PHALEN DIRECTOR	0.4	X					0.	0.	0.
MICHELE THOMAS DIRECTOR	0.4	X					0.	0.	0.
LINDA L. RACLIN DIRECTOR	0.4	X					0.	0.	0.
GEETHA RAO SANT DIRECTOR	0.4	X					0.	0.	0.
KACIE STARR TRIPPLETT DIRECTOR	0.4	X					0.	0.	0.
DAVID EISENBERG, M.D. MEDICAL DIRECTOR	0.4	X					0.	0.	0.
MARY TRULASKE DIRECTOR	0.4	X					0.	0.	0.
ELIZABETH TUCKER DIRECTOR	0.4	X					0.	0.	0.
HENK VAN DER WERFF DIRECTOR	0.4	X					0.	0.	0.
ANABETH WEIL DIRECTOR	0.4	X					0.	0.	0.
1b Total						►	534,964.	0.	88,735.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 1

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual	3	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	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person	5	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.

(A) Name and business address	(B) Description of Services	(C) Compensation
REPRODUCTIVE HEALTH SERVICES 4251 FOREST PARK AVENUE ST LOUIS, MO 6	MEDICAL SERVICES	660,949.
ANDA, INC. 2915 WESTON ROAD WESTON, FL 33331	BIRTH CONTROL PROD.	457,785.
AFFILIATE RISK MANAGEMENT SERVICES, INC 434 W 33RD, 10TH FLOOR NEW	INSURANCE	227,417.
MEDIAQUEST TWO CITY PLACE DRIVE, SUITE 200 ST LOUIS, MO 63141	RADIO ADVERTISING	204,731.
UNITED HEALTHCARE INSURANCE CO DEPT CH 10151 PALATINE, IL 60055-015	GROUP HEALTH INS.	186,295.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 11

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	1b Membership dues	1b				
	1c Fundraising events	1c				
	1d Related organizations	1d				
	1e Government grants (contributions)	1e				
	1f All other contributions, gifts, grants, and similar amounts not included above	1f	1,794,305.			
	1g Noncash contribns included in lns 1a-1f.		\$ 273,811.			
h Total. Add lines 1a-1f		► 1,794,305.				
PROGRAM SERVICE REVENUE	Business Code					
	2a FAMILY PLANNING FEES & SE		2,427,292.	2,427,292.		
	2b MEDICAID PAYMENTS		786,195.	786,195.		
	2c GOV'T FEES AND CONTRACTS		649,987.	649,987.		
	2d					
	2e					
	2f All other program service revenue		► 3,863,474.			
g Total. Add lines 2a-2f		► 3,863,474.				
3 Investment income (including dividends, interest and other similar amounts)		► 173,092.			173,092.	
4 Income from investment of tax-exempt bond proceeds		►				
5 Royalties		►				
6a Gross Rents	(i) Real	(ii) Personal				
6b Less rental expenses						
6c Rental income or (loss)						
6d Net rental income or (loss)		►				
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
7b Less cost or other basis and sales expenses	1,035,572.					
7c Gain or (loss)	1,030,638.					
7d Net gain or (loss)	4,934.	►			4,934.	
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c).						
See Part IV, line 18	a					
b Less, direct expenses	b					
c Net income or (loss) from fundraising events		►				
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities		►				
10a Gross sales of inventory, less returns and allowances	a 2,909,258.					
b Less cost of goods sold	b 1,024,202.					
c Net income or (loss) from sales of inventory		► 1,885,056.	1,885,056.			
Miscellaneous Revenue	Business Code					
11a MISCELLANEOUS REVENUE			9,990.		9,990.	
11b						
11c						
11d All other revenue						
11e Total. Add lines 11a-11d		► 9,990.				
12 Total revenue. See instructions		► 7,730,851.	5,748,530.	0.	188,016.	

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) but are not required to complete columns (B), (C), and (D).

<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 governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	377,682.	377,682.	0.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))	0.	0.	0.	0.
7 Other salaries and wages	3,462,979.	3,212,198.	83,707.	167,074.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	117,222.	99,222.	11,123.	6,877.
9 Other employee benefits	210,421.	168,254.	16,225.	25,942.
10 Payroll taxes	355,942.	317,105.	25,520.	13,317.
11 Fees for services (non-employees)				
a Management				
b Legal	12,514.	3,146.	9,010.	358.
c Accounting	19,358.	17,667.	792.	899.
d Lobbying				
e Prof fundraising svcs. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	281,975.	279,450.	2,525.	
13 Office expenses	118,262.	96,036.	14,121.	8,105.
14 Information technology				
15 Royalties				
16 Occupancy	284,763.	276,622.	6,536.	1,605.
17 Travel	45,317.	34,112.	8,102.	3,103.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,386.	8,289.	5,503.	1,594.
20 Interest				
21 Payments to affiliates	102,542.		102,542.	
22 Depreciation, depletion, and amortization	376,260.	340,103.	27,007.	9,150.
23 Insurance	95,836.	89,848.	4,580.	1,408.
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a <u>BAD DEBTS</u>	434,098.	338,363.		95,735.
b <u>CONTRACT SERVICES</u>	301,816.	268,874.	16,924.	16,018.
c <u>LAB FEES</u>	188,631.	188,631.		
d <u>MEDICAL SUPPLIES</u>	138,932.	138,643.	289.	
e <u>TELEPHONE</u>	113,041.	105,526.	6,527.	988.
f All other expenses	239,767.	106,463.	108,436.	24,868.
25 Total functional expenses Add lines 1 through 24f	7,292,744.	6,466,234.	449,469.	377,041.
26 Joint costs. Check here ► <input checked="" type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	1,925,474.	1	1,564,104.
	2 Savings and temporary cash investments	144,055.	2	244,590.
	3 Pledges and grants receivable, net	2,272,881.	3	1,500,348.
	4 Accounts receivable, net	339,457.	4	288,257.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	50,000.	7	50,000.
	8 Inventories for sale or use	155,359.	8	136,769.
	9 Prepaid expenses and deferred charges	130,497.	9	169,182.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 8,338,461.		
	b Less accumulated depreciation	10b 3,134,203.	5,470,903.	10c 5,204,258.
	11 Investments – publicly-traded securities	5,246,731.	11	7,281,480.
	12 Investments – other securities. See Part IV, line 11		12	
	13 Investments – program-related See Part IV, line 11		13	
	14 Intangible assets	439,290.	14	439,290.
	15 Other assets. See Part IV, line 11	272,154.	15	345,070.
16 Total assets. Add lines 1 through 15 (must equal line 34)	16,446,801.	16	17,223,348.	
LIABILITIES	17 Accounts payable and accrued expenses	64,292.	17	102,099.
	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 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	703,159.	25	607,048.
	26 Total liabilities. Add lines 17 through 25	767,451.	26	709,147.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	12,058,834.	27	13,664,924.
	28 Temporarily restricted net assets	2,469,220.	28	1,685,972.
	29 Permanently restricted net assets	1,151,296.	29	1,163,305.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances.	15,679,350.	33	16,514,201.
	34 Total liabilities and net assets/fund balances.	16,446,801.	34	17,223,348.

BAA

Form 990 (2009)

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990 Cash Accrual Other

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

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?

b Were the organization's financial statements audited by an independent accountant?

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 in Schedule O

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both.

Separate basis Consolidated basis Both consolidated and separate basis

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?

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 in Schedule O and describe any steps taken to undergo such audits.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization **PLANNED PARENTHOOD OF THE
ST. LOUIS REGION** Employer identification number **43-0652666**

Part I **Reason for Public Charity Status** (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
3 A hospital or cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
9 An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions— subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**.(Complete Part III.)
10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)** See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
a Type I b Type II c Type III — Functionally integrated d Type III— Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**
f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g (i)		
11g (ii)		
11g (iii)		

h Provide the following information about the supported organizations

Total

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

Schedule A (Form 990 or 990-EZ) 2009

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants')	2,119,790.	1,984,173.	3,929,399.	2,020,946.	1,794,305.	11,848,613.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						0.
4 Total. Add lines 1 through 3	2,119,790.	1,984,173.	3,929,399.	2,020,946.	1,794,305.	11,848,613.
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)						0.
6 Public support. Subtract line 5 from line 4						11,848,613.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2,119,790.	1,984,173.	3,929,399.	2,020,946.	1,794,305.	11,848,613.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	204,142.	300,337.	275,330.	184,211.	173,092.	1,137,112.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV	3,704.	24,300.	29,222.	18,273.	9,990.	85,489.
11 Total support. Add lines 7 through 10						13,071,214.
12 Gross receipts from related activities, etc (see instructions)					12	0.

13 **First five 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**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	90.7 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	90.8 %
16a 33-1/3 support test—2009. If the organization did not check the box on line 13, and the 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—2008. 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—2009 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 IV 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—2008. 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 IV 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 I Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in an 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, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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 yr beginning in) ▶

	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 IV)						
13 Total support. (add lines 9, 10c, 11, and 12)						

14 First five 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 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33-1/3 support tests - 2009. 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 - 2008.** If the organization did not check a box on line 14 or 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 Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE C
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Political Campaign and Lobbying Activities**

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. ► See separate instructions.

OMB No. 1545-0047

2009Open to Public
Inspection**If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, 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,' to 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,' to Form 990, Part IV, line 5 (Proxy Tax), then

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

Name of organization	Employer identification number
PLANNED PARENTHOOD OF THE	43-0652666

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 SEE PART IV
- 2 Political expenditures ► \$ 17,013.
- 3 Volunteer hours

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 ► \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ► \$ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

4a Was a correction made?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	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 of 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 payments were made. 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

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

Schedule C (Form 990 or 990-EZ) 2009

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 groupB 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.)**

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)

8,507.

8,506.

17,013.

7,275,731.

7,292,744.

514,637.

707,938.

b Total lobbying expenditures to influence a legislative body (direct lobbying)

c Total lobbying expenditures (add lines 1a and 1b)

d Other exempt purpose expenditures

e Total exempt purpose expenditures (add lines 1c and 1d)

f Lobbying nontaxable amount Enter the amount from the following table in both columns

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)

128,659.

h Subtract line 1g from line 1a If zero or less, enter -0.

i Subtract line 1f from line 1c If zero or less, enter -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?

 Yes 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 instructions for lines 2a through 2f.)
Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	631,455.	689,890.	691,873.	707,938.	2,721,156.
b Lobbying ceiling amount (150% of line 2a, column (e))					4,081,734.
c Total lobbying expenditures	59,550.	49,898.	72,577.	17,013.	199,038.
d Grassroots nontaxable amount	157,864.	172,473.	174,468.	176,985.	681,790.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,022,685.
f Grassroots lobbying expenditures	29,775.	24,949.	36,289.	8,507.	99,520.

BAA

Schedule C (Form 990 or 990-EZ) 2009

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)).

	(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? If 'Yes,' describe in Part IV				
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 carryover lobbying and political 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) if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line 3 is answered 'Yes.'

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	2	
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

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1. Also, complete this part for any additional information

PART I-A, LINE 1 - DIRECT AND INDIRECT POLITICAL CAMPAIGN ACTIVITIES**PROVIDED FINANCIAL SUPPORT FOR ALLOWABLE INFORMATION, EDUCATIONAL, AND LOBBYING****ACTIVITIES OTHER THAN ELECTORAL OR POLITICAL.**

Part IV Supplemental Information (continued)

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

OMB No. 1545 0047

2009Open to Public
Inspection

- Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
- Attach to Form 990. ► See separate instructions

Name of the organization

Employer identification number

PLANNED PARENTHOOD OF THE
ST. LOUIS REGION

43-0652666

Part II Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

- 1 Total number at end of year
- 2 Aggregate contributions to (during year)
- 3 Aggregate grants from (during year)
- 4 Aggregate value at end of year

(a) Donor advised funds	(b) Funds and other accounts

- 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? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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? Yes No

Part III Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of certified historic structure
<input type="checkbox"/> 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 Year
2a
2b
2c
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 easement it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____
- 7 Amount of expenses incurred in monitoring, inspecting, 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 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIV, 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 IV Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets
Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
- 1b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 SFAS 116 relating to these items.
 - a Revenues included in 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 are a 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 programs
 e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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 organization answered 'Yes' to 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 XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds Complete if organization answered 'Yes' to 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	3,620,516.	3,743,410.			
b Contributions	190,900.	1,290,650.			
c Net Investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	962,139.	1,413,544.			
f Administrative expenses					
g End of year balance	2,849,277.	3,620,516.			

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► 40.80 %

c Term endowment ► 59.20 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land		1,445,900.		1,445,900.
b Buildings		4,631,838.	1,414,413.	3,217,425.
c Leasehold improvements		634,985.	345,874.	289,111.
d Equipment				
e Other		1,625,738.	1,373,916.	251,822.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 5,204,258.

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Schedule D (Form 990) 2009

Part VII Investments—Other Securities See Form 990, Part X, line 12. **N/A**

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other _____		

Part VIII Investments—Program Related (See Form 990, Part X, line 13) **N/A**

Part IX Other Assets (See Form 990 Part X line 15) **N/A**

Total. (Column (b) must equal Form 990, Part X, col (B), line 15)

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED WAGES AND PAYROLL WITHHOLDINGS	346,939.
DEFERRED COMPENSATION PLAN BENEFIT	260,109.
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ►	607,048

2 FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's

2. FIN 48 Footnote: In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1 Total revenue (Form 990, Part VIII, column (A), line 12)	7,730,851.
2 Total expenses (Form 990, Part IX, column (A), line 25)	7,292,744.
3 Excess or (deficit) for the year. Subtract line 2 from line 1	438,107.
4 Net unrealized gains (losses) on investments	367,461.
5 Donated services and use of facilities	
6 Investment expenses	
7 Prior period adjustments	
8 Other (Describe in Part XIV) SEE PART XIV	29,283.
9 Total adjustments (net) Add lines 4 through 8	396,744.
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	834,851.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	9,122,514.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	367,461.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV) SEE PART XIV	2d	1,024,202.
e	Add lines 2a through 2d	2e	1,391,663.
3	Subtract line 2e from line 1	3	7,730,851.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	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	7,730,851.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements.	1	8,287,663.
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 XIV) SEE PART XIV	2d	1,024,202.
e	Add lines 2a through 2d	2e	1,024,202.
3	Subtract line 2e from line 1	3	7,263,461.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV) SEE PART XIV	4b	29,283.
c	Add lines 4a and 4b	4c	29,283.
5	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5	7,292,744.

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Part XIV Supplemental Information (continued)

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545 0047

2009

Open to Public Inspection

► Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
► Attach to Form 990. ► See separate instructions.

Name of the organization

PLANNED PARENTHOOD OF THE

Employer identification number
43-0652666

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

First-class or charter travel
 Travel for companions
 Tax indemnification and gross-up payments
 Discretionary spending account

Housing allowance or residence for personal use
 Payments for business use of personal residence
 Health or social club dues or initiation fees
 Personal services (e.g., maid, chauffeur, chef)

Yes No

1a		
1b		

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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

Compensation committee
 Independent compensation consultant
 Form 990 of other organizations

Written employment contract
 Compensation survey or study
 Approval by the board or compensation committee

2		

4 During the year, did any person listed in 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?
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?
c Participate in, or receive payment from, an equity-based compensation arrangement?
If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

4a		X
4b	X	
4c		X

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?
b Any related organization?
If 'Yes' to line 5a or 5b, describe in Part III.

5a		X

5b		X

6 For persons listed in 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?
b Any related organization?
If 'Yes' to line 6a or 6b, describe in Part III

6a		X

6b		X

7 For person listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III

7		X

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If 'Yes,' describe in Part III

8		X

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

9		X

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

Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and

Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in 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 are not listed on Form 990 Part VII.

Note: The sum of columns (B), (C), (D) must equal the applicable column (B) or column (E) amounts on Form 990 Part VII line 1a.

BAA

SCHEDULE J-2
(Form 990)

Continuation Sheet for Form 990

OMB No 1545 0047

2009

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the Organization

PLANNED PARENTHOOD OF THE

Employer Identification number

43-0652666

Part I: Continuation: Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Name of the organization PLANNED PARENTHOOD OF THE
ST. LOUIS REGION

Employer identification number
43-0652666

Part I. Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► \$ _____

Part II. Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, Line 26 or Form 990-EZ, Part V, line 38a.

Total ► \$ 1,626.34

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

Part IV Business Transactions Involving Interested Persons.

Business transactions involving interested persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction \$	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
HEMINGWAY'S COMPUTER REPAIR	MANAGEMENT	11,100.	COMPUTER SERVICES		X
HALEY HEMINGWAY	MANAGEMENT CHILD	996.	CLERICAL/FILING		X

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

Schedule L (Form 990 or 990-EZ) 2009

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545 0047

2009

Open To Public
Inspection

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

Name of the organization	PLANNED PARENTHOOD OF THE ST. LOUIS REGION	Employer identification number
		43-0652666

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	23	100,860.	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution— Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	2	156,360.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (ADVERTISING -----)	X	1	6,357.	FMV
26 Other ► (VOLUNTEER HOURS -----)	X	131	1,178.	FMV
27 Other ► (FOOD -----)	X	1	1,384.	FMV
28 Other ► (OTHER -----)	X	4	7,672.	FMV
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a	X	
31	X	
32a	X	

SEE PART II

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

Schedule M (Form 990) 2009

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

PART I, LINE 32 - HIRE AND USE OF THIRD PARTIES

THE ORGANIZATION USES INVESTMENT BROKERS TO PROCESS AND SELL NON-CASH STOCK

CONTRIBUTIONS

Related Organizations and Unrelated Partnerships

► Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
► Attach to Form 990. ► See separate instructions.

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Part II **Identification of Related Tax-Exempt Organizations** (Complete if the organization answered 'Yes' to 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
REPRODUCTIVE HEALTH SERVICES OF THE PLAN 4251 FOREST PARK AVENUE	ST. LOUIS, MO 63108	FAMILY PLANNING SERVICES	501 (C) (3)	9	N/A
ADVOCATES - THE POLITICAL ARM OF PLANNED 4251 FOREST PARK AVENUE	ST. LOUIS, MO 63108	PROMOTE SOCIAL WELFARE	501 (C) (4)	N/A	N/A
VOTES - POLITICAL ACTION COMMITTEE OF AD 4251 FOREST PARK AVENUE	ST. LOUIS, MO 633108	PROMOTE SOCIAL WELFARE	501 (C) (4)	N/A	N/A
91-2070134				527	N/A

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

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

Part V: Transactions With Related Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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:

	Yes	No
1a	X	
1b	X	
1c	X	
1d	X	
1e	X	
1f	X	
1g	X	
1h	X	
1i	X	
1j	X	
1k	X	
1l	X	
1m	X	
1n	X	
1o	X	
1p	X	
1q	X	
1r	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 other organization	(B) Transaction type (a-r)	(C) Amount involved
(1) REPRODUCTIVE HEALTH SERVICES OF THE PLAN		C	500,000
(2) REPRODUCTIVE HEALTH SERVICES OF THE PLAN		I	286,740.
(3) REPRODUCTIVE HEALTH SERVICES OF THE PLAN		K	7,199
(4) REPRODUCTIVE HEALTH SERVICES OF THE PLAN		P	1,791,399
(5) ADVOCATES - THE POLITICAL ARM OF PLANNED BAA		B	18,468
(6) ADVOCATES - THE POLITICAL ARM OF PLANNED BAA		K	2,574.

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

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

TEEA5004L 02/05/10

Schedule R (Form 990) (2009)

BAA

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

(A) Name of other organization	(B) Transaction type (a-r)	(C) Amount involved
ADVOCATES - THE POLITICAL ARM OF PLANNED	P	5,422

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**

OMB No 1545 0047

2009

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

Name of the organization **PLANNED PARENTHOOD OF THE
ST. LOUIS REGION**Employer identification number
43-0652666**FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECT**

ONE BOARD MEMBER IS THE SISTER-IN-LAW OF ANOTHER BOARD MEMBER

FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS

REVISED BYLAWS TO REFLECT NEW 990 REQUIREMENTS, CURRENT AND FUTURE PRACTICES, AND

CHANGES TO COMMITTEE NAMES.

FORM 990, PART VI, LINE 11 - FORM 990 REVIEW PROCESS

FORM 990 IS PREPARED BY THE CERTIFIED PUBLIC ACCOUNTING FIRM THAT PREPARES THE

ANNUAL FINANCIAL REPORTS FOR THE ORGANIZATION. THE FORM IS THEN PROVIDED TO THE CEO

AND THE BOARD FINANCE AND AUDIT COMMITTEE (THE COMMITTEE) FOR REVIEW. THE CEO AND

THE COMMITTEE REVIEWS THE RETURN AND COMPARES IT TO THE PREPARED FINANCIAL

STATEMENTS THAT WERE PRESENTED TO AND APPROVED BY THE COMMITTEE. THE CEO AND THE

COMMITTEE SUGGESTS ANY CHANGES OR OBTAINS ANY NECESSARY EXPLANATIONS, SIGNS, COPIES,

AND SUBMITS THE ORIGINAL RETURN TO THE IRS. COPIES OF THE RETURN ARE MAINTAINED ON

LOCATION.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

STAFF AND BOARD RECEIVE COPY OF CONFLICT OF INTEREST POLICY AND SIGN ACKNOWLEDGING

AGREEMENT. POLICY SPECIFIES HOW AND WHO IS RESPONSIBLE FOR REVIEW/REQUIRED ACTION

REGARDING NONCOMPLIANCE.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES

PPSLR PARTICIPATES IN ANNUAL PPFA SALARY SURVEYS FOR CEO AND FOR ALL STAFF

POSITIONS. PPSLR RECEIVES CUSTOMIZED REPORTS TO REFLECT AVERAGE WORKWEEK, BUDGET

SIZE, CPI FOR ST. LOUIS AND STATE/REGIONAL COMPARISONS.

CUSTOMIZED REPORTS ARE ANALYZED BY CEO AND VP OF HR; ANY CURRENT POSITIONS THAT HAVE

FALLEN BELOW A COMPETITIVE RANGE ARE IDENTIFIED FOR FUTURE CHANGES, IF NEEDED TO

COMPENSATION RANGES.

ANNUAL CEO SALARY AND COMPENSATION/BENEFIT SURVEYS ARE REVIEWED BY PPSLR BOARD CHAIR

Name of the organization **PLANNED PARENTHOOD OF THE
ST. LOUIS REGION**

Employer identification number
43-0652666

**FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE
AND EXECUTIVE COMMITTEE.** CEO CONTRACT PROVIDES GUIDANCE REGARDING ANNUAL REVIEW AND
INCREASES TO SALARY BASED UPON PERFORMANCE.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

PPSLR COMPLIES WITH ALL STATE AND FEDERAL LAWS AND REGULATIONS REGARDING MAKING
DOCUMENTS AVAILABLE FOR PUBLIC INSPECTION. POLICIES EXIST REGARDING TIMELY
PRODUCTION OF REQUESTS FOR 990. PPSLR PUBLISHES ANNUAL REPORT WHICH APPEARS ON THE
WEBSITE.

Name of the organization **PLANNED PARENTHOOD OF THE
ST. LOUIS REGION**

Employer identification number
43-0652666

2009

SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5
PLANNED PARENTHOOD OF THE
ST. LOUIS REGION

43-0652666

PART II, LINE 10 - OTHER INCOME

<u>NATURE AND SOURCE</u>	<u>2009</u>	<u>2008</u>	<u>2007</u>	<u>2006</u>	<u>2005</u>
MISCELLANEOUS	9,990.	18,273.	29,222.	24,300.	3,704.
TOTAL	<u>\$ 9,990.</u>	<u>\$ 18,273.</u>	<u>\$ 29,222.</u>	<u>\$ 24,300.</u>	<u>\$ 3,704.</u>

2009

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6
PLANNED PARENTHOOD OF THE
ST. LOUIS REGION

43-0652666

SCHEDULE D, PART XI, LINE 8
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

BOOK AND TAX AMORTIZATION OF GOODWILL	\$ 29,283.
TOTAL	<u>\$ 29,283.</u>

SCHEDULE D, PART XII, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

COST OF INVENTORY SOLD	\$ 1,024,202.
TOTAL	<u>\$ 1,024,202.</u>

SCHEDULE D, PART XIII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S

COST OF INVENTORY SOLD	\$ 1,024,202.
TOTAL	<u>\$ 1,024,202.</u>

SCHEDULE D, PART XIII, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

BOOK TO TAX AMORTIZATION OF GOODWILL	\$ 29,283.
TOTAL	<u>\$ 29,283.</u>

