

Return of Organization Exempt From Income Tax

2002

Department of the Treasury
Internal Revenue Service

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.

A For the 2002 calendar year, or tax year period beginning **JUL 1, 2002** and ending **JUN 30, 2003**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization PLANNED PARENTHOOD OF THE ST. LOUIS REGION	D Employer identification number 43-0652666
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 4251 FOREST PARK AVENUE	E Telephone number 314-531-7526
		City or town, state or country, and ZIP + 4 ST. LOUIS, MO 63108	F Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? Yes No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Web site: ▶ **PPSLR.ORG**

J Organization type (check only one) ▶ 501(c) (**3**) ◀ (insert no) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

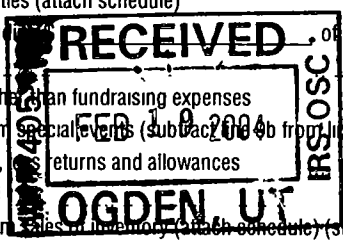
I Enter 4-digit GEN ▶

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **6,126,031.**

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	798,199.	
	b Indirect public support	1b	154,175.	
	c Government contributions (grants)	1c	373,099.	
	d Total (add lines 1a through 1c) (cash \$ 1,273,755. noncash \$ 51,718.)	1d	1,325,473.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	3,958,320.	
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4	1,087.	
	5 Dividends and interest from securities	5	112,613.	
	6 a Gross rents	6a		
	b Less: rental expenses	6b		
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c		
7 Other investment income (describe ▶)	7			
8 a Gross amount from sale of assets other than inventory	(A) Securities		(B) Other	
	713,241.	8a		
	775,069.	8b		
	<61,828.>	8c		
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d	<61,828.>		
9 Special events and activities (attach schedule)				
a Gross revenue (not including contributions reported on line 1a)	9a			
b Less: direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10 a Gross sales of inventory, returns and allowances				
	10a			
	10b			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11	15,297.		
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	5,350,962.		
Expenses	13 Program services (from line 44, column (B))	13	4,427,631.	
	14 Management and general (from line 44, column (C))	14	342,682.	
	15 Fundraising (from line 44, column (D))	15	163,363.	
	16 Payments to affiliates (attach schedule)	16	58,219.	
	17 Total expenses (add lines 16 and 44, column (A))	17	4,991,895.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	359,067.		
Net Assets	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	9,588,257.	
	20 Other changes in net assets or fund balances (attach explanation)	20	112,549.	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	10,059,873.	



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Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising	
22	Grants and allocations (attach schedule)					
	cash \$ _____ noncash \$ _____					
23	Specific assistance to individuals (attach schedule)					
24	Benefits paid to or for members (attach schedule)					
25	Compensation of officers, directors, etc.	0.	0.	0.	0.	
26	Other salaries and wages	2,640,302.	2,502,004.	60,627.	77,671.	
27	Pension plan contributions	71,868.	47,692.	20,237.	3,939.	
28	Other employee benefits	273,290.	168,347.	93,989.	10,954.	
29	Payroll taxes	184,684.	161,639.	17,160.	5,885.	
30	Professional fundraising fees					
31	Accounting fees	8,618.	6,686.	113.	1,819.	
32	Legal fees	6,229.	3,882.	2,024.	323.	
33	Supplies	563,534.	537,160.	17,925.	8,449.	
34	Telephone	70,196.	63,274.	6,343.	579.	
35	Postage and shipping	32,001.	18,721.	7,199.	6,081.	
36	Occupancy	172,104.	156,819.	14,283.	1,002.	
37	Equipment rental and maintenance	13,966.	10,041.	2,749.	1,176.	
38	Printing and publications	20,072.	7,844.	359.	11,869.	
39	Travel	41,920.	27,665.	12,396.	1,859.	
40	Conferences, conventions, and meetings					
41	Interest	74.	45.	26.	3.	
42	Depreciation, depletion, etc. (attach schedule)	239,517.	217,333.	16,112.	6,072.	
43	Other expenses not covered above (itemize):					
a	_____	43a				
b	_____	43b				
c	_____	43c				
d	_____	43d				
e	SEE STATEMENT 4	43e	595,301.	498,479.	71,140.	25,682.
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	4,933,676.	4,427,631.	342,682.	163,363.

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____.

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 5**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others)

Program Service Expenses
 (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others)

a	FAMILY PLANNING SERVICES - PROVIDE FAMILIES WITH PLANNING ALTERNATIVES AND ADVICE	(Grants and allocations \$ _____)	2,697,994.
b	PATIENT MEDICAL CARE - PROVIDE MEDICAL SERVICES FOR CONTRACEPTIVE AND OTHER PURPOSES	(Grants and allocations \$ _____)	1,108,160.
c	PUBLIC RELATIONS AND EDUCATION - PROMOTE THE ORGANIZATION'S SERVICES AND EDUCATE THE PUBLIC ON THE ISSUES OF CONTRACEPTION AND FAMILY PLANNING	(Grants and allocations \$ _____)	621,477.
d	_____	(Grants and allocations \$ _____)	
e	Other program services (attach schedule)	(Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)		4,427,631.

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year		
Assets	45 Cash - non-interest-bearing		426,897.	45	876,896.	
	46 Savings and temporary cash investments			46		
	47 a Accounts receivable	47a	206,516.			
	b Less: allowance for doubtful accounts	47b	21,984.	327,238.	47c	184,532.
	48 a Pledges receivable	48a	306,408.			
	b Less: allowance for doubtful accounts	48b		250,751.	48c	306,408.
	49 Grants receivable				49	
	50 Receivables from officers, directors, trustees, and key employees				50	
	51 a Other notes and loans receivable	51a				
	b Less: allowance for doubtful accounts	51b			51c	
	52 Inventories for sale or use			87,235.	52	81,316.
	53 Prepaid expenses and deferred charges			51,117.	53	67,310.
	54 Investments - securities STMT 6 STMT 7 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV			3,906,528.	54	4,040,890.
	55 a Investments - land, buildings, and equipment: basis	55a				
	b Less: accumulated depreciation	55b			55c	
56 Investments - other				56		
57 a Land, buildings, and equipment: basis	57a	6,458,878.				
b Less: accumulated depreciation	57b	1,639,719.	4,977,258.	57c	4,819,159.	
58 Other assets (describe ▶ SEE STATEMENT 8)				58	25,697.	
59 Total assets (add lines 45 through 58) (must equal line 74)			10,027,024.	59	10,402,208.	
Liabilities	60 Accounts payable and accrued expenses		123,522.	60	118,006.	
	61 Grants payable			61		
	62 Deferred revenue			62		
	63 Loans from officers, directors, trustees, and key employees			63		
	64 a Tax-exempt bond liabilities				64a	
	b Mortgages and other notes payable STMT 9			61,398.	64b	
65 Other liabilities (describe ▶ SEE STATEMENT 10)			253,847.	65	224,329.	
66 Total liabilities (add lines 60 through 65)			438,767.	66	342,335.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67 Unrestricted		9,197,506.	67	9,431,538.	
	68 Temporarily restricted		190,751.	68	428,335.	
	69 Permanently restricted		200,000.	69	200,000.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
	70 Capital stock, trust principal, or current funds				70	
	71 Paid-in or capital surplus, or land, building, and equipment fund				71	
	72 Retained earnings, endowment, accumulated income, or other funds				72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)			9,588,257.	73	10,059,873.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)			10,027,024.	74	10,402,208.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

a	Total revenue, gains, and other support per audited financial statements	a	5,463,511.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$ 112,549.		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	b	112,549.
c	Line a minus line b	c	5,350,962.
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	Add amounts on lines (1) and (2)	d	0.
e	Total revenue per line 12, Form 990 (line c plus line d)	e	5,350,962.

a	Total expenses and losses per audited financial statements	a	4,933,676.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	Add amounts on lines (1) through (4)	b	0.
c	Line a minus line b	c	4,933,676.
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	STMT 11 \$ 58,219.		
	Add amounts on lines (1) and (2)	d	58,219.
e	Total expenses per line 17, Form 990 (line c plus line d)	e	4,991,895.

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
SEE STATEMENT 12		0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule. Yes No Form 990 (2002)

PLANNED PARENTHOOD OF THE ST. LOUIS
REGION

Form 990 (2002)

43-0652666

Page 5

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization SEE STATEMENT 13 and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions 81a 0.		
b	Did the organization file Form 1120-POL for this year?	81b	X
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions? N/A	83b	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	84b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? N/A	85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A	85b	
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A	85h	
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations Enter: a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed ILLINOIS		
b	Number of employees employed in the pay period that includes March 12, 2002 90b 132		
91	The books are in care of TOM HEMINGWAY Telephone no. 314-531-7526		
Located at 4251 FOREST PARK AVENUE, ST. LOUIS, MO		ZIP + 4 63108	
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A		

Part VII Analysis of Income-Producing Activities (See page 31 of the instructions.)

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
Note: Enter gross amounts unless otherwise indicated.					
93 Program service revenue:					
a PATIENT FEES & SERVICES					2,982,155.
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					976,165.
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	1,087.	
96 Dividends and interest from securities			14	112,613.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	<61,828.>	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS			01	15,297.	
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		67,169.	3,958,320.
105 Total (add line 104, columns (B), (D), and (E))					4,025,489.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 32 of the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	HELP TO DEFRAY THE COST OF PROVIDING CONTRACEPTIVE SERVICES AND FAMILY PLANNING ADVICE.
93G	HELP TO DEFRAY THE COST OF PROVIDING CONTRACEPTIVE SERVICES AND FAMILY PLANNING ADVICE.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

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.

Signature of officer: T. L. Wallace Date: 2/16/04 Type or print name and title: Tom Hemingway Dir of Fin.

Preparer's signature: Carol J. [Signature] Date: Jan 14, 2004 Check if self-employed: Preparer's SSN or PTIN: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: **BROWN SMITH WALLACE, L.L.C.**
1050 N. LINDBERGH BLVD.
ST. LOUIS, MO 63132-2912

EIN: **43-1054807** Phone no.: **(314) 983-1200**

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No 1545-0047

2002

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

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
VIVIAN DIENER-MEYER 4251 FOREST PARK AVE. ST. LOUIS, MO	DIR OF SUR SR 70 HRS/WEEK	73,340.	6,800.	
PAULA GIANINO 4251 FOREST PARK AVE. ST. LOUIS, MO	PRES/CEO 70 HRS/WEEK	141,317.	12,679.	
TOM HEMINGWAY 4251 FOREST PARK AVE. ST. LOUIS, MO	DIR. FIN/OPER 70 HRS/WEEK	81,105.	7,266.	
ALISON GEE 4251 FOREST PARK AVE. ST. LOUIS, MO	POLITICAL DIR 70 HRS/WEEK	57,754.	5,865.	
MARY KOGUT 4251 FOREST PARK AVE. ST. LOUIS, MO	DIR HEALTH SE 70 HRS/WEEK	72,222.	6,733.	
Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ <u>25,944</u> . (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.	X	
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		X
3	Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)		X
4	Do you have a section 403(b) annuity plan for your employees?		X
Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments.			

Part IV Reason for Non-Private Foundation Status (See pages 3 through 5 of the instructions.)

- The organization is not a private foundation because it is: (Please check only ONE applicable box.)
- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
 - 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
 - 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
 - 8 A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
 - 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶ _____
 - 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
 - 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
 - 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 of the instructions.)

PLANNED PARENTHOOD OF THE ST. LOUIS

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,680,938.	1,071,657.	1,741,429.	2,238,759.	6,732,783.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	3,448,970.	3,321,386.	3,140,750.	3,464,056.	13,375,162.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	119,489.	196,471.	188,160.	166,421.	670,541.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	35,145.	12,983.	SEE STATEMENT 14 6,694.	2,493.	57,315.
23 Total of lines 15 through 22	5,284,542.	4,602,497.	5,077,033.	5,871,729.	20,835,801.
24 Line 23 minus line 17	1,835,572.	1,281,111.	1,936,283.	2,407,673.	7,460,639.
25 Enter 1% of line 23	52,845.	46,025.	50,770.	58,717.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 149,213.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts					26b 311,288.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 7,460,639.
d Add: Amounts from column (e) for lines: 18 670,541. 19 _____ 22 57,315. 26b 311,288.					26d 1,039,144.
e Public support (line 26c minus line 26d total)					26e 6,421,495.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 86.0716%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
(2001) (2000) (1999) (1998)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
(2001) (2000) (1999) (1998)					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 7 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.**

Part I Automatic 3-Month Extension of Time - Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only
 All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Type or print	Name of Exempt Organization PLANNED PARENTHOOD OF THE ST. LOUIS REGION	Employer identification number 43-0652666
	Number, street, and room or suite no. If a P.O. box, see instructions. 4251 FOREST PARK AVENUE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ST. LOUIS, MO 63108	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole group**, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until FEBRUARY 17, 2004 to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning JUL 1, 2002, and ending JUN 30, 2003

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

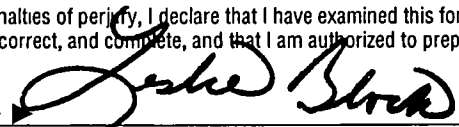
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit \$ _____

c **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title member **Brown Smith Wallace, LLC**
Certified Public Accountants
 Date NOV 15 2003
 Address 1050 N. Lindbergh Blvd., St. Louis, MO 63132

LHA For Paperwork Reduction Act Notice, see instruction

43-1054807

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 1

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SECURITIES	713,241.	775,069.	0.	<61,828.>
TO FORM 990, PART I, LINE 8	713,241.	775,069.	0.	<61,828.>

FORM 990 PAYMENTS TO AFFILIATES STATEMENT 2

AFFILIATE'S NAME	AFFILIATE'S ADDRESS	AMOUNT
PLANNED PARENTHOOD		
PURPOSE OF PAYMENT		AMOUNT
NATIONAL AND STATE DUES		58,219.
TOTAL TO FORM 990, PART I, LINE 16		58,219.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3

DESCRIPTION	AMOUNT
UNREALIZED APPRECIATION OF MARKETABLE SECURITIES	112,549.
TOTAL TO FORM 990, PART I, LINE 20	112,549.

FORM 990 OTHER EXPENSES STATEMENT 4

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
PHYSICIANS' SERVICES	3,758.	3,758.		
CONTRACT SERVICES	272,305.	225,776.	22,291.	24,238.
LAB FEES	127,051.	127,051.		
INSURANCE	73,487.	67,258.	5,588.	641.
DUES AND SUBSCRIPTIONS	3,778.	1,672.	1,950.	156.
ADVERTISING	42,051.	41,129.	922.	
EDUCATION	2,589.	2,589.		
BAD DEBTS	20,302.	20,301.	1.	
WORKERS COMPENSATION INSURANCE	9,962.	8,831.	484.	647.
BANKING FEES	40,018.	114.	39,904.	
TOTAL TO FM 990, LN 43	595,301.	498,479.	71,140.	25,682.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 5
PART III

EXPLANATION

TO COUNSEL, EDUCATE, PROVIDE MEDICATION AND SURGERY TO THE GENERAL PUBLIC
ALL IN REGARD TO FAMILY PLANNING ISSUES.

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 6

SECURITY DESCRIPTION	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	OTHER SECURITIES	TOTAL NON-GOV'T SECURITIES
MUTUAL FUNDS COMMON STOCKS			15,418.		15,418.
CORPORATE BONDS	2,317,377.	647,807.			2,317,377. 647,807.
TO 990, LN 54 COL B	2,317,377.	647,807.	15,418.		2,980,602.

FORM 990 GOVERNMENT SECURITIES STATEMENT 7

DESCRIPTION	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
U.S. GOVERNMENT SECURITIES	1,060,288.		1,060,288.
TOTAL TO FORM 990, LINE 54, COL B	1,060,288.		1,060,288.

FORM 990 OTHER ASSETS STATEMENT 8

DESCRIPTION	AMOUNT
CASH SURRENDER VALUE OF LIFE INSURANCE ON DEFERRED COMPENSATION PLAN	25,697.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	25,697.

FORM 990 OTHER NOTES AND LOANS PAYABLE STATEMENT 9

LENDER'S NAME		TERMS OF REPAYMENT	
COMMERCE BANK		TERM LOAN	
DATE OF NOTE	MATURITY DATE	ORIGINAL LOAN AMOUNT	INTEREST RATE
	12/07/04	225,000.	3.98%

SECURITY PROVIDED BY BORROWER PURPOSE OF LOAN
 TO PURCHASE PROPERTY

RELATIONSHIP OF LENDER

DESCRIPTION OF CONSIDERATION	FMV OF CONSIDERATION	BALANCE DUE
DEED OF TRUST	0.	0.

TOTAL INCLUDED ON FORM 990, PART IV, LINE 64, COLUMN B

FORM 990 OTHER LIABILITIES STATEMENT 10

DESCRIPTION	AMOUNT
ACCRUED WAGES AND PAYROLL WITHHOLDINGS	171,586.
ANNUITIES PAYABLE	1,864.
DEFERRED COMPENSATION PLAN BENEFIT	50,879.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B	224,329.

FORM 990 OTHER EXPENSES INCLUDED ON FORM 990 STATEMENT 11

DESCRIPTION	AMOUNT
PAYMENTS TO AFFILIATES	58,219.
TOTAL TO FORM 990, PART IV-B	58,219.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 12

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
TED SANDITZ 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	CHAIR 0	0.	0.	0.
BOB GULLER 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	VICE CHAIR 0	0.	0.	0.
SALLY SCOTT 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	SECRETARY 0	0.	0.	0.
STEPHEN COBURN 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	TREASURER 0	0.	0.	0.
GEETHA SANT 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	ASSISTANT TREASURER 0	0.	0.	0.
STEPHANY J. KNIEP 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DEV COMMITTEE CHAIR 0	0.	0.	0.
JANE MITCHELL 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	PRESIDENT APPOINTMENT 0	0.	0.	0.
JUDY PUTZEL 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	PRESIDENT APPOINTMENT 0	0.	0.	0.
SUSAN APPLETON 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
GARY BURGER JR 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
ROCHELLE CATUS, M.D. 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.

JOHN E. BOWMAN, MBA 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
DAVID KIPNIS, M.D. 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
JOHN MEYER, JR 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
THERESA MULLIGAN 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
POLLY O'BRIEN 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
ILENE ORDOWER 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
RACHAEL ROTH 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
JENNIFER PRAH RUGER, PH.D. 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
BRADLEY STONER, M.D. 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
ALICE SENTURIA 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
MOISY SHOPPER 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
JANE HAMILL SOMMER 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
ANDREW ROTHSCHILD 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.

JESSIE TERNBERG, M.D. 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
MARK WEIL 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
MARILYN WERNER 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
VIVIAN ZWICK 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
HENK VAN DER WERFF 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
CYNTHIA WOOLSEY 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
CECILIA YOUNGER 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR 0	0.	0.	0.
DOROTHY ROUDEBUSH 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	DIRECTOR EMERITUS 0	0.	0.	0.
H MARVIN CAMEL 4251 FOREST PARK AVE. ST. LOUIS, MO 63108	MEDICAL DIRECTOR 0	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V		0.	0.	0.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 13
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
REPRODUCTIVE HEALTH SERVICES OF PLANNED PARENTHOOD OF THE ST. LOUIS REGION	X	
PLANNED PARENTHOOD OF THE ST. LOUIS REGION ADVOCATES, INC.	X	
PLANNED PARENTHOOD VOTES - ST. LOUIS	X	

SCHEDULE A	OTHER INCOME			STATEMENT 14
DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT
MISCELLANEOUS	35,145.	12,983.	6,694.	2,493.
TOTAL TO SCHEDULE A, LINE 22	35,145.	12,983.	6,694.	2,493.