

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
PLANNED PARENTHOOD OF THE ST LOUIS REGION AND SOUTHWEST MISSOURI
Doing business as
Number and street (or P O box if mail is not delivered to street address) Room/suite
4251 FOREST PARK AVENUE
City or town, state or province, country, and ZIP or foreign postal code
ST LOUIS, MO 63108

D Employer identification number
43-0652666

E Telephone number
(314) 531-7526

G Gross receipts \$ 12,096,000

F Name and address of principal officer

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

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶
L Year of formation 1944 **M** State of legal domicile MO

I Tax-exempt status 501(c)(3) 501(c) () ◀(insert no) 4947(a)(1) or 527

J Website: ▶ WWW PPSLR ORG

K Form of organization Corporation Trust Association Other ▶

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO PROVIDE, PROTECT, AND SUPPORT REPRODUCTIVE RIGHTS AND SERVICES

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	34
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	34
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	205
6 Total number of volunteers (estimate if necessary)	6	427
7a Total 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	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,397,114	2,827,294
9 Program service revenue (Part VIII, line 2g)	6,075,891	5,153,472
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	911,810	781,912
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,269,548	748,728
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,654,363	9,511,406

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,439,111	6,476,256
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 532,795		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,355,770	3,294,633
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	9,794,881	9,770,889
19 Revenue less expenses Subtract line 18 from line 12	859,482	-259,483

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	34,012,525	31,379,230
21 Total liabilities (Part X, line 26)	1,684,512	1,091,552
22 Net assets or fund balances Subtract line 21 from line 20	32,328,013	30,287,678

Part II Signature Block

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

Sign Here
Signature of officer: *****
Date: 2017-02-07
Type or print name and title: MARY M KOGUT CEO

Paid Preparer Use Only
Print/Type preparer's name: Michael D Williams CPA
Preparer's signature: Michael D Williams CPA
Date:
Check if self-employed PTIN: P00020613
Firm's name: ▶ Hochschild Bloom & Co LLP CPAs
Firm's EIN:
Firm's address: ▶ 15450 South Outer 40 Rd Suite 135
Phone no: (636) 532-9525
Chesterfield, MO 630172066

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JACQUELINE TURNER Director	0 40 0 20	X						0	0	0
JOE VON KAENEL Director	0 40 0 20	X						0	0	0
BOB WATT Director	0 40 0 20	X						0	0	0
VIVIAN ZWICK Director	0 40 0 20	X						0	0	0
STEVEN WILHELM Director	0 40 0 20	X						0	0	0
PAULA KNIGHT Director	0 40 0 20	X						0	0	0
MARY M KOGUT CEO	36 00 4 00			X				171,952	0	21,562
TOM HEMINGWAY VP FINANCE/OPS	36 00 4 00			X				147,050	0	11,686
CAROL WASHINGTON	40 00 0 00					X		93,629	0	9,261
CATHERINE WILLIAMS	40 00 0 00					X		97,809	0	6,239