** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A	For th	e 2016 calendar year, or tax year beginning JUL 1, 2016 and er	nding J	UN 30, 20	17		
В	Check if	C Name of organization		D Employer ide	ntific	ation number	
3		PLANNED PARENTHOOD OF THE ST. LOUIS					
	Addre	REGION AND SOUTHWEST MISSOURI					
	Name	Doing business as		43	-06	52666	
	Initial	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone nui	nber		
	Final	4251 FOREST PARK AVENUE		00.555		531-7526	5
	termir ated			G Gross receipts \$		70,890,8	
	Amen			H(a) Is this a grou	up ret		
	Applie			for subordin			No
	pendi	SAME AS C ABOVE		H(b) Are all subordina			No
L	Tax-ex	empt status: X 501(c)(3)	527			st. (see instruction	
		te: WWW.PPSLR.ORG		H(c) Group exem		- 20	,
	-	organization: X Corporation Trust Association Other	L Year o	of formation: 194			ile: MO
	art I	Summary	12 1001	or tolling and a	- 141	Otata di logal dolliloi	10. 110
4	1	Briefly describe the organization's mission or most significant activities: TO PRO	OVIDE	. PROTECT	. A	ND SUPPOR	 ਾਾ
Activities & Governance		REPRODUCTIVE AND SEXUAL HEALTH SERVICES, A					_
'n		Check this box if the organization discontinued its operations or disposed					
Ş					3	oto.	30
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		****************	4		30
တို	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)		******************	5		214
iţie		Total number of volunteers (estimate if necessary)			6		525
Ę	72	Total unrelated business revenue from Part VIII, column (C), line 12			7a		0.
ĕ		Net unrelated business taxable income from Form 990-T, line 34			7b		0.
_	- 5	The difficulties taxable meeting from 550 T, line 04	·····	Prior Year	70	Current Year	
	8	Contributions and grants (Part VIII, line 1h)		2,827,29	1	4,632,9	
an.		Program service revenue (Part VIII, line 2g)		5,153,47		6,439,7	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		781,91			
Re				748,72		5,873,8	
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				-362,9	
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,511,40		16,583,5	1100
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.		0.
		Benefits paid to or for members (Part IX, column (A), line 4)			0.	C 740 7	0.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		6,476,25		6,748,7	100
eü		Professional fundraising fees (Part IX, column (A), line 11e)			0.		0.
Ä		Total fundraising expenses (Part IX, column (D), line 25) 548,783		2 204 62	<u>.</u>	2 042 4	0.1
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,294,63		3,043,4	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,770,88		9,792,2	
_ 8	19	Revenue less expenses. Subtract line 18 from line 12		-259,48		6,791,3	00.
let Assets or und Balances		T. () () () () () () () () () (jinning of Current Ye		End of Year	
SSE	20	Total assets (Part X, line 16)		31,379,23		36,321,0	
in the	21	Total liabilities (Part X, line 26)		1,091,55		1,211,9	
SII.	ert II	Net assets or fund balances. Subtract line 21 from line 20		30,287,67	8.	35,109,0	44.
		4					
		Ities of perjury, I declare that I have examined this return, including accompanying schedules a			of my I	knowledge and belie	t, it is
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	n preparer	has any knowledge.	- 11	0	
		Signature of officer		Date Date	1/10		
Sign				Date			
Her	е	MARY M. KOGUT, CEO					
		Type or print name and title	In	oto la la		TI DYIN	
		Print/Type preparer's name Preparer's signature	ا ا	ate Check		PTIN	
Paid		MICHAEL D. WILLIAMS, CPA			mployed	P0002061	
	arer	Firm's name HOCHSCHILD BLOOM & CO LLP CPAS		Firm's EIN	>	43-067392	0
Use	Only	Firm's address 15450 SOUTH OUTER 40 RD #135					
	111,770	CHESTERFIELD, MO 63017		Phone no.	<u> 536</u>	-532-9525	
May	the IF	RS discuss this return with the preparer shown above? (see instructions)				X Yes	No

PLANNED PARENTHOOD OF THE ST. LOUIS REGION AND SOUTHWEST MISSOURI

Form	990 (2016) REGION AND SOUTHWEST MISSOURI 43-0652666 Page 2
Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO PROVIDE, PROTECT, AND SUPPORT REPRODUCTIVE AND SEXUAL HEALTH
	SERVICES, ACCESS, AND RIGHTS.
_	
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
_	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$6, 762, 751. including grants of \$) (Revenue \$4, 515, 029.)
	FAMILY PLANNING AND REPRODUCTIVE HEALTH CARE SERVICES INCLUDING
	CONTRACEPTION AND GYNECOLOGY CARE.
415	(Code:) (Expenses \$ 1,716,457. including grants of \$) (Revenue \$ 1,545,352.
4b	(Code:) (Expenses \$1,716,457. including grants of \$) (Revenue \$1,545,352. PUBLIC RELATIONS AND EDUCATION - PROMOTE THE ORGANIZATIONS SERVICES AND
	EDUCATE THE PUBLIC ON THE ISSUES OF CONTRACEPTION AND FAMILY PLANNING.
	EDUCATE THE PUBLIC ON THE ISSUED OF CONTRACEPTION AND PARTIES PLANNING.
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$
70	(Code) (Expenses \$\psi
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 8,479,208.

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? 1 If "Yes," complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or 5 X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part I X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II..... Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X 8 Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? X 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent X 10 endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X 11 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in X Part X, line 16? If "Yes," complete Schedule D, Part IX 11d 11e X 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 X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 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? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X 14b or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 X or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 1c and 8a? If "Yes," complete Schedule G, Part II 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

REGION AND SOUTHWEST MISSOURI

Part IV Checklist of Required Schedules (continued) Yes No X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 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 X 23 Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete X Schedule K. If "No", go to line 25a 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a 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 X 25h Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," X complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X 27 of any of these persons? If "Yes," complete Schedule L, Part III 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 X 28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer. X director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation X 30 contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? 31 X If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and X 34 X 35a 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 _____ Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O ...

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
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 return2a214	-		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, 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: ▶	110		-
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	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
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	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 as charitable contributions?	6a		_X_
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		-
7	Organizations that may receive deductible contributions under section 170(c).			
а	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	X	-
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_ 1		37
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	_		v
е	Did the organization 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		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
^	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		
a	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	30		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			- 141
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the	-		
	organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2016)

Form 990 (2016)

REGION AND SOUTHWEST MISSOURI

43-0652666

Page 6

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.

_	Check if Schedule O contains a response or note to any line in this Part VI				****	X
Sec	tion A. Governing Body and Management			1.	. 1	17212
		la i -		+	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 3	30			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				- 1	
b	Enter the number of voting members included in line 1a, above, who are independent		30			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other			11.	
	officer, director, trustee, or key employee?		2	+		_X_
3	Did the organization delegate control over management duties customarily performed by or under the					
	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 governing documents since the prior Form S			_		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			-		X
6	Did the organization have members or stockholders?		6	4		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?		. 78	1		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockholders, or				
	persons other than the governing body?		7t	_		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:				
а	The governing body?		. 8	1	X	
b	Each committee with authority to act on behalf of the governing body?		. 8)	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the				
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		. 9			X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)				
			_	Ŀ	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		. 10	a	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	hapters, affiliates,				
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10	b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly before filing the form?	11	а	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	***************************************	12	а	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	. 12	ь	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," describe				
	in Schedule O how this was done		12	С	X	
13	Did the organization have a written whistleblower policy?		- 1	3	Х	
14	Did the organization have a written document retention and destruction policy?			1	Х	
15	Did the process for determining compensation of the following persons include a review and approve					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official		15	a	X	
	Other officers or key employees of the organization			b	Х	
	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 arrange	ment with a				
	taxable entity during the year?		16	а		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluation					
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga					
	exempt status with respect to such arrangements?		. 16	ь		
Sec	tion C. Disclosure	A provide the second se				
17	List the states with which a copy of this Form 990 is required to be filed ▶IL					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	Γ (Section 501(c)(3)s onl	v) avail	lable		
.5	for public inspection. Indicate how you made these available. Check all that apply.	, (-)(-)	.,			
		in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	•	and fin	anci	ial	
10	statements available to the public during the tax year.					
20	State the name, address, and telephone number of the person who possesses the organization's bo	ooks and records:				
20	TOM HEMINGWAY - (314) 531-7526					
	ASE1 HODERM DARK AVENUE OF LOTTE MO 63109					

REGION AND SOUTHWEST MISSOURI

43-0652666 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	box,	not cl unle:	ss pei	ition more rson i	than is bot ir/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	institutional trustee	Officer	Key employee	High est compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SUSAN APPLETON DIRECTOR	0.42	x						0.	0.	0.
(2) JOAN BRAY DIRECTOR	0.42	x						0.	0.	0.
(3) ROCHELLE CATUS DIRECTOR	0.42	х						0.	0.	0.
(4) SHONAGH CLEMENTS DIRECTOR	0.42	X						0.	0.	0.
(5) SHANE COHN DIRECTOR	0.42	х						0.	0.	0.
(6) JOAN CULVER DIRECTOR	0.42	х						0.	0.	0.
(7) ERIKA DAHLIN-LEE DIRECTOR	0.42	х						0.	0.	0.
(8) ALISSA DUEL SECRETARY	0.54	x		x				0.	0.	0.
(9) JAN FOREST DIRECTOR	0.42	х				_		0.	0.	0.
(10) DAVID GOERISCH TREASURER	0.54	x		x				0.	0.	0.
(11) TRACIE GOFFE DIRECTOR	0.42	х						0.	0.	0.
(12) SHEILA GREENBAUM CHAIR	0.69	x		x				0.	0.	0.
(13) DAVID GREENHAW DIRECTOR	0.42							0.	0.	0.
(14) GERRY GREIMAN DIRECTOR	0.48	X						0.	0.	0.
(15) DIANE KATZMAN DIRECTOR	0.42	X						0.	0.	0.
(16) PAULA KNIGHT DIRECTOR	0.42	X						0.	0.	0.
(17) LINDA LOCKE VICE CHAIR	0.54			x				0.	0.	0 . Form 990 (2016)

REGION AND SOUTHWEST MISSOURI

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
		ploy	ees,			gne	st C			(F)	
(A) Name and title	(B) Average hours per week	(C) Position (do not check more than box, unless person is bo officer and a director/tru				than is bot	h an		(E) Reportable compensation from related	(F) Estimated amount of other	
	(list any hours for related organizations below line)	director	Institutional trustee	Officer		Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(18) COLLEEN MILLSTONE DIRECTOR	0.42	X						0.	0.	0.	
(19) KIMBERLY OLSON DIRECTOR	0.42	х						0.	0.	0.	
(20) LYDIA PADLLA DIRECTOR	0.48	x						0.	0.	0.	
(21) LINDA RACLIN DIRECTOR	0.42	x						0.	0.	0.	
(22) HEATHER RAZNICK DIRECTOR	0.42	x						0 .	0.	0.	
(23) DANA SANDWEISS DIRECTOR	0.42	x						0.	0.	0.	
(24) SALLY SCOTT DIRECTOR	0.48	x						0.	0.	0.	
(25) ELLEN SHERBERG DIRECTOR	0.42	X						0.	0.	0.	
(26) AMY SOPER DIRECTOR	0.42	x						0.	0.	0.	
1b Sub-total c Total from continuation sheets to Part \							A	0. 673,168.	0.	0. 58,977.	
d Total (add lines 1b and 1c)							•	673,168.		58,977.	

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable			
	compensation from the organization			ī
			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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
INSIGHT DIRECT USA, INC. PO BOX 731069, DALLAS, TX 75373-1069	INFORMATION TECHNOLOGY	151,461.
Total number of independent contractors (including but not limited to those)	se listed above) who received more than	

\$100,000 of compensation from the organization

43-0652666

Compensation Comp	(A)	(B)			(0	C)			(D)	(E)	(F)
Per week (Bistany)	Name and title		(0)					h A	· '		Estimated
Section Sect		In the second	(6)	IECK	all	liiai	app	iy)	1	· ·	
127 SUSAN STIRITZ		week	1234				oyee		l		compensation
O			rector				ешрк			(W-2/1099-MISC)	from the
O			or di	98			sated		(W-2/1099-MISC)		organization
O. 42 O. 41 X O. 0 O.			ustee	trust		99	ubeu				l .
O		1 5	fual tr	tlonal		nploy	st co.	_			Organizations
DIRECTOR 0.41 X 0.0 0.0			Individ	Institu	Office	Key er	Highe	Forme			
128 MICHELE THOMAS 0.42 X	(27) SUSAN STIRITZ								_		
DARGUELINE TURNER	DIRECTOR		X			_			0.	0.	0
129 JACQUELINE TURNER	(28) MICHELE THOMAS										, dati
DIRECTOR	DIRECTOR		X						0.	0.	0
10 10 10 10 10 10 10 10	(29) JACQUELINE TURNER										925
DIRECTOR	DIRECTOR		X	L					0.	0.	0
O	(30) JOE VON KAENEL										
DIRECTOR 0.41 X 0.40 0.40 0.41 X 0.42 0.42 0.41 X X 0.40 0.41 X 0.42 0.41 X 0.42 0.41 X	DIRECTOR		X						0.	0.	0
Color	(31) BOB WATT										
ASSISTANT TREASURER	DIRECTOR		X						0.	0.	0
Column	(32) STEVEN WILHELM										V-0
DIRECTOR	ASSISTANT TREASURER		X		X				0.	0.	0
(34) MARY M. KOGUT	(33) VIVIAN ZWICK								_	_	-
16.00	DIRECTOR		X	_	_				0.	0.	0
35 TOM HEMINGWAY 24.00 X 152,317. 0. 10,7	(34) MARY M. KOGUT										
The finance of the	CEO		_	-	X	_			181,165.	0.	21,961
36.00 X 115,589. 0. 9,4	(35) TOM HEMINGWAY								450 045		40 540
VICE PRESIDENT OF DEVELOPMENT 4.00 X 115,589. 0. 9,4			-		X				152,317.	U.	10,719
(37) CATHERINE WILLIAMS							,,		115 500	_	0.454
VP OF HUMAN RESOURCE AND COMPLIANCE 16.00 X 101,255. 0. 16,8 (38) PAULA GIANINO 0.00 X 122,842. 0.			-	-		_	A		115,589.	0.	9,454
(38) PAULA GIANINO RETIRED CEO 0.00 X 122,842. 0.			1				v.		101 255	0	16 0/2
RETIRED CEO 0.00 X 122,842. 0.				-			Δ		101,235.	0.	10,043
			1					₹.	100 040	_	0
	RETIRED CEO	0.00						Δ	122,042.	U .	U
			1								
			H			-					
					_	_					
			-								
				H							
		L.	L	l					673,168.		58,977

REGION AND SOUTHWEST MISSOURI

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (B) (C) Related or Unrelated Total revenue exempt function business revenue revenue Gifts, Grants ilar Amounts 1a Federated campaigns Membership dues 1b Fundraising events 10 Related organizations 1d Contributions, and Other Simi 1e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 1f 4.632.997 181,095 g Noncash contributions included in lines 1a-1f: \$_ Total, Add lines 1a-1f 4 632 997 Business Code Program Service 621300 3,677,884 3,677,884 2 a FAMILY PLANNING FEES/SVCS 621300 1.879.273 1.879.273 b COMMERCIAL INSURANCE 621300 882.554 882,554 C GOV'T FEES AND CONTRACTS f All other program service revenue 6 439 711 Total. Add lines 2a-2f Investment income (including dividends, interest, and 3 other similar amounts) 498.331 498,331 Income from investment of tax-exempt bond proceeds 4 5 Royalties (i) Real (iii) Personal 6 a Gross rents b Less: rental expenses Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 58,808,687 1,000 b Less: cost or other basis and sales expenses 53,427,414 6.777 5,381,273, -5.777 c Gain or (loss) 5.375.496. d Net gain or (loss) 5,375,496 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 _____a 99,850 b Less: direct expenses b 83,497 c Net income or (loss) from fundraising events 16.353. 16,353 9 a Gross income from gaming activities. See Part IV, line 19a b Less: direct expenses _____ b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances _____a 400,262 **b** Less: cost of goods sold 789 568 c Net income or (loss) from sales of inventory 389 306 -389,306 Business Code Miscellaneous Revenue 11 a MISCELLANEOUS REVENUE 900099 9.976 9.976 d All other revenue e Total. Add lines 11a-11d 9,976 Total revenue. See instructions. ... 16 583 558 6 060 381 5,890,180,

43-0652666 Page 10

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp			mplete column (A).	
	Check if Schedule O contains a respon			(0)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	543,730.	543,730.		
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,937,722.	4,439,296.	146,120.	352,306.
8	Pension plan accruals and contributions (include				_
	section 401(k) and 403(b) employer contributions)	177,308.	129,581.	40,395.	7,332.
9	Other employee benefits	662,333.	521,383.	98,168.	42,782.
10	Payroll taxes	427,684.	386,862.	15,499.	25,323.
11	Fees for services (non-employees):				
а	Management				
b	Legal	80,629.	2,501.	77,703.	425.
C		51,942.	44,653.	4,593.	2,696.
d					
е					
f	Investment management fees				
g	, -				
	column (A) amount, list line 11g expenses on Sch 0.)	107 015	405.050		0.488
12	Advertising and promotion	135,046.	125,869.	20 424	9,177.
13	Office expenses	121,901.	77,993.	30,434.	13,474.
14	Information technology				
15	Royalties	200	260 005	10.001	0 560
16	Occupancy	377,398.	362,005.	12,831.	2,562.
17	Travel	159,482.	107,946.	40,910.	10,626.
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,764.	7,184.		580.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	473,589.	437,905.	26,081.	9,603.
23	Insurance	88,512.	85,045.	2,460.	1,007.
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	COMMINA OFFICE CERTIFICATION	280,216.	236,284.	35,312.	8,620.
b	COMPTIMED CERTIFICE / HOUTE	216,870.	181,259.	27,280.	8,331.
C	COMPARTOR	216,051.	192,349.	10,899.	12,803.
d		151,889.	151,889.		
	All other expenses	682,192.	445,474.	195,582.	41,136.
25	Total functional expenses. Add lines 1 through 24e	9,792,258.	8,479,208.	764,267.	548,783.
26	Joint costs. Complete this line only if the organization	2,,			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

43-0652666 Page 11

Par	t X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			952,368.	1	1,800,635.
- 1	2	Savings and temporary cash investments		86,582.	2	7,131.	
	3	Pledges and grants receivable, net	951,017.	3	1,182,634.		
	4	Accounts receivable, net		490,874.	4	514,848.	
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensation	ated em	ployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958((3)(B), and contributing			
		employers and sponsoring organizations of sec					
y,		employees' beneficiary organizations (see instr).				6	
Assets	7	Notes and loans receivable, net				7	
As	8	Inventories for sale or use		1	91,902.	8	117,085.
	9				101,195.	9	28,589.
	-	Land, buildings, and equipment; cost or other					
		basis. Complete Part VI of Schedule D	10a	10,378,150.			
	b		10b	5,393,711.	4,988,773.	10c	4,984,439.
	11	Investments - publicly traded securities	22,381,049.		26,201,200.		
	12	Investments - other securities. See Part IV, line				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		351,432.	14	351,432.	
	15	Other assets. See Part IV, line 11	984,038.	15	1,133,030.		
	16	Total assets. Add lines 1 through 15 (must equ	31,379,230.	16	36,321,023.		
	17	Accounts payable and accrued expenses	120,502.	17	254,647.		
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
"	22	Loans and other payables to current and forme					
Liabilities		key employees, highest compensated employee					
ايق		Complete Part II of Schedule L				22	
ڌ	23	Secured mortgages and notes payable to unrel				23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line					
		Schedule D			971,050.	25	957,332.
	26	Total liabilities. Add lines 17 through 25			1,091,552.	26	1,211,979.
		Organizations that follow SFAS 117 (ASC 958					
ဖွာ		complete lines 27 through 29, and lines 33 ar					
ခို ၂	27	Unrestricted net assets			27,304,824.	27	31,644,740.
alai	28	Temporarily restricted net assets		1,189,372.	28	1,590,822.	
g P	29	Permanently restricted net assets	1,793,482.	29	1,873,482.		
Š		Organizations that do not follow SFAS 117 (A					
<u> </u>		and complete lines 30 through 34.		"			
13 (30	Capital stock or trust principal, or current funds			30		
SSe	31	Paid-in or capital surplus, or land, building, or ea				31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
Ž	33	Total net assets or fund balances		I	30,287,678.		35,109,044.
	34	Total liabilities and net assets/fund balances			31,379,230.	34	36,321,023.
***							Form 990 (2016)

43-0652666 Page 12 REGION AND SOUTHWEST MISSOURI Form 990 (2016) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 16,583,558. 1 Total revenue (must equal Part VIII, column (A), line 12) 1 9,792,258. 2 Total expenses (must equal Part IX, column (A), line 25) 2 6,791,300. Revenue less expenses. Subtract line 2 from line 1 3 3 30,287,678. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 -2,000,102. Net unrealized gains (losses) on investments 5 5 Donated services and use of facilities 6 6 7 Investment expenses 7 8 Prior period adjustments 30,168. Other changes in net assets or fund balances (explain in Schedule O) 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 35,109,044. 10 column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Other Accounting method used to prepare the Form 990: Cash If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. X 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Consolidated basis Both consolidated and separate basis Separate basis b Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: X Both consolidated and separate basis Separate basis Consolidated basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X 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.

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

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

Act and OMB Circular A-133?

X

3a

SCHEDULE A

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

PLANNED PARENTHOOD OF THE ST. LOUIS

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

43-0652666 REGION AND SOUTHWEST MISSOURI 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (iv) is the organization listed (iii) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported in your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization Yes above (see instructions))

Schedule A (Form 990 or 990-EZ) 2016 REGION AND SOUTHWEST MISSOURI 43-0652666 Page 2

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total Calendar year (or fiscal year beginning in) 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support (b) 2013 (c) 2014(d) 2015 (e) 2016 (f) Total (a) 2012 Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ... Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 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 2016 (line 6, column (f) divided by line 11, column (f)) 14 15 15 Public support percentage from 2015 Schedule A, Part II, line 14 16a 33 1/3% support test - 2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2015. 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 17a 10% -facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 REGION AND SOUTHWEST MISSOURI

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

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

Sec	qualify under the tests listed be tion A. Public Support	elow, please comp	iete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Gifts, grants, contributions, and	(8) 2012	(6) 2010	(0)2311	(4) 20.0	(0) 20:0	10.101
•	membership fees received. (Do not						
	include any "unusual grants.")	1.828.869.	2,217,212.	2,397,114.	2 827 294.	4,632,997.	13,903,486.
2	Gross receipts from admissions,	1,020,005.	2,211,212.	2,377,114.	2,021,231.	1,002,331.	10,000,1001
	merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	6,626,990.	6,849,636.	7,827,887.	6,712,612.	6,849,949.	34,867,074.
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	8,455,859,	9,066,848.	10,225,001.	9,539,906.	11,482,946.	48,770,560.
7a	Amounts included on lines 1, 2, and						_
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						48,770,560.
	ction B. Total Support						
-	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	8,455,859,	9.066.848.	10,225,001.	9.539.906.	11,482,946.	48,770,560.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	520,785.		554,801.	522 212.		2,681,822.
	Unrelated business taxable income	320,703.	303,033.	334,001.	322,212.	430,331.	2,001,022.
L	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
_		520,785.	585,693.	554,801.	522,212.	498,331.	2.681.822.
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	320,703.	303,033.	334,001.	344,414.	130/331.	2,001,022.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			232,792.	37,023.	99,850.	369,665.
13	Total support. (Add lines 9, 10c, 11, and 12.)	8,976,644.	9,652,541.	11,012,594.	10,099,141.	12,081,127.	51,822,047.
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organiz	ation,
	check this box and stop here						
Sec	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2016 (line 8, column (f) di	ivided by line 13, o	column (f))		15	94.11 %
16	Public support percentage from 2015	Schedule A, Part	III, line 15			16	95.02 %
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20)16 (line 10c, colun	nn (f) divided by lir	ne 13, column (f))	***************************************	17	5.18 %
18	Investment income percentage from	2015 Schedule A,	Part III, line 17		***************************************	18	4.50 %
	33 1/3% support tests - 2016. If the					33 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2015. If the line 18 is not more than 33 1/3%, che	organization did n	ot check a box or	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%,	and
20	Private foundation. If the organization						
	The state of the s						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		11=
4b		
4c		
5a		
5b 5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions)	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of the supported erganizations? If "Vos." describe in Part VI, the role played by the organization in this regard	3h		

			13-0652666 Page 6
			D 11/11/0 I 1 1/1 All
· · · · · · · · · · · · · · · · · · ·	_		Part VI.) See instructions. All
	ompiete Se	(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		(
MALON ENGLISHMENT AND			
and the second of the second o			
			
Adjusted Net Income (Subtract lines 5, 6, and 7 from line 4)	8		(B) Current Year
ion B - Minimum Asset Amount		(A) Prior Year	(b) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	no.		
instructions for short tax year or assets held for part of year):			
Average monthly value of securities	1a		
Average monthly cash balances	1b		
Fair market value of other non-exempt-use assets	1c		
Total (add lines 1a, 1b, and 1c)	1d		
Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d	3		
Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
WARRANTO WARRANTO A CAMANA	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	2		
	3		
	4		
	5		
- MANAGORA - SANGONO S			
	6		
	lly integrat	ed Type III supportina ord	ganization (see
instructions).			·
	Type III Non-Functionally Integrated 509(a)(3) Supportin Check here if the organization satisfied the Integral Part Test as a qualifyin other Type III non-functionally integrated supporting organizations must of the Type III non-functionally integrated supporting organizations must of the Type III non-functionally integrated supporting organizations must of the Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3 Depreciation and depletion Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) tion B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly cash balances Fair market value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) tion C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year Distributable Amount, Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	Type III Non-Functionally Integrated 509(a)(3) Supporting Organ Check here if the organization satisfied the Integral Part Test as a qualifying trust on other Type III non-functionally integrated supporting organizations must complete Setion A - Adjusted Net Income Net short-term capital gain 1 1 Recoveries of prior-year distributions 2 1 Check pross income (see instructions) 3 2 Add lines 1 through 3 4 4 Depreciation and depletion 5 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 6 Cher expenses (see instructions) 7 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 8 Ition B - Minimum Asset Amount 8 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in other Type III non-functionally integrated supporting organizations must complete Sections A through E. tion A - Adjusted Net Income

Schedule A (Form 990 or 990-EZ) 2016

Sche	dule A (Form 990 or 990-EZ) 2016 REGION AND SO			3-0652666 Page 7
Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1_	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				
b				
С	From 2013			
d	From 2014			
е	From 2015			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2016 distributable amount			
i	Carryover from 2011 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2016 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4	1,		
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j and 4c			
8	Breakdown of line 7:			
a				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
-				

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 REGION AND SOUTHWEST MISSOURI 43-0652666 Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME: FUNDRAISING INCOME 2014 AMOUNT: \$ 232,792. 37,023. 2015 AMOUNT: \$ 2016 AMOUNT: \$ 99,850.

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and

its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Employer identification number Name of the organization PLANNED PARENTHOOD OF THE ST. LOUIS REGION AND SOUTHWEST MISSOURI 43-0652666 Organization type (check one):

Filers of:		Section:				
Form 990	or 990-EZ	X 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990)-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
		covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	•	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special I	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
0	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year \(\bigsim \)\$				
but it mu	st answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization
PLANNED PARENTHOOD OF THE ST. LOUIS

REGION AND SOUTHWEST MISSOURI

Employer identification number

43-0652666

Part I if additional space is needed.	ntributors (See instructions). Use duplicate copi	Part I C
-art i ii auditional space i	ALLIDULOIS (See instructions), use duplicate copi	Parti C

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>15,000</u> .	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$6,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$15,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
PLANNED PARENTHOOD OF THE ST. LOUIS
REGION AND SOUTHWEST MISSOURI

Employer identification number

43-0652666

Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.

aiti	Contributors (See instructions). Ose duplicate copies of hart in additional	a opaco is necessa.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$7,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$14,372.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$20,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
PLANNED PARENTHOOD OF THE ST.

Employer identification number

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is r	needed.
	AND SOUTHWEST MISSOURI	43-0652666

	, , , , , , , , , , , , , , , , , , , ,	-	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$5,188.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>15</u>		\$8,050.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$8,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$6,040.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

PLANNED PARENTHOOD OF THE ST. LOUIS REGION AND SOUTHWEST MISSOURI

Employer identification number

43-0652666

Part I Con	tributors (See instructions). Use	duplicate copies of Part I	if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> 19</u>		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$361,186.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23		\$20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

PLANNED PARENTHOOD OF THE ST. LOUIS

Employer identification number 43-0652666

REGION AND SOUTHWEST MISSOURI

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$10,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		\$58,493.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$331,792.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30		\$ 26,500.	Person X Payroll

Employer identification number

	ED PARENTHOOD OF THE ST. LOUIS N AND SOUTHWEST MISSOURI		43-0652666
Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
31		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
32		\$5,0	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
33		\$11,0	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
34		\$7,6	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
35		\$\$0,0	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d)

5,000.

Person Payroll

Noncash (Complete Part II for noncash contributions.)

X

36

Name of organization
PLANNED PARENTHOOD OF THE ST.

Employer identification number

	N AND SOUTHWEST MISSOURI	43-0652666
Part I	Contributors (See instructions). Use duplicate copies of Part I if add	litional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
37		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
38		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
39		Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
40		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
41		Person X Payroll Noncash (Complete Part II for

(b)

Name, address, and ZIP + 4

Person Payroll

Noncash (Complete Part II for noncash contributions.)

(c)

Total contributions

10,500.

noncash contributions.)

(d)

Type of contribution

(a)

No.

42

Employer identification number

43-0652666

PLANNED PARENTHOOD OF THE ST. LOUIS REGION AND SOUTHWEST MISSOURI

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43		\$ 5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45		\$\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

PLANNED PARENTHOOD OF THE ST. LOUIS REGION AND SOUTHWEST MISSOURI

43-0652666

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

Part II	Noncash Property (See instructions). Use duplicate copies of F	II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
32	66 SHARES ESRX			
<u>J4</u>		\$5,055.	_11/28/16	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
39	61 SHARES IBM			
35		\$10,237.	_12/13/16	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
45	23 SHARES SPDR			
40		\$5,197.	12/09/16	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$		
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
(a) No. rom	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-				
		\$	990, 990-EZ, or 990-PF) (2	

Name of orga	anization ED PARENTHOOD OF THE ST.	LOUIS	Employer identification number
REGION Part III	N AND SOUTHWEST MISSOURI Exclusively religious, charitable, etc., contril the year from any one contributor. Complete co completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	butions to organizations described lumns (a) through (e) and the follow charitable, etc., contributions of \$1,000 or	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations less for the year. (Enter this info, once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	t
	Transferee's name, address, and	J ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_	Transferee's name, address, and	(e) Transfer of gif	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and	(e) Transfer of gif	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, an	(e) Transfer of git	Relationship of transferor to transferee
- 1			

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.

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

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

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

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

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

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

,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Section 501(c)(4), (5), or (6) organizat		am	G Emn	loyer identification number
Nam		PARENTHOOD OF T		S	
D-	REGION	AND SOUTHWEST MI anization is exempt und	SSOURI	or is a section 527 a	43-0652666
Pa	art I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 527 c	rganization.
	Provide a description of the organiz				
2	Political campaign activity expenditu	ures			S
3	Volunteer hours for political campaig	gn activities			
			71.00	WDS-20	
_		anization is exempt und			
	Enter the amount of any excise tax				
2	Enter the amount of any excise tax	incurred by organization manage	ers under section 4955	5	
3	If the organization incurred a section	n 4955 tax, did it file Form 4720	for this year?		Yes No
4 a	Was a correction made?				Yes No
h	If "Yes " describe in Part IV				
Pa	art I-C Complete if the org	anization is exempt und	ler section 501(c)	, except section 501	(c)(3).
1	Enter the amount directly expended	by the filing organization for se	ction 527 exempt fund	ction activities > \$	8
2	Enter the amount of the filing organi	ization's funds contributed to ot	her organizations for s	section 527	
	exempt function activities				S
3	Total exempt function expenditures				
-	line 17b				S
4	Did the filing organization file Form				
	Enter the names, addresses and en				
•	made payments. For each organiza				
	contributions received that were pro				
	political action committee (PAC). If				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
	(a) Name	(b) Address	(0) 2	filing organization's	contributions received and
				funds. If none, enter -0	
					delivered to a separate political organization.
					If none, enter -0
_					
-					
_					
_					
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					-

			NTHOOD OF T			ransa sastraariaa taa
Schedule C (Form 990 or 990-EZ) 2016 F	REGION	AND S	OUTHWEST MI	SSOURI	43-0	652666 Page 2
Part II-A Complete if the orga	anization	is exemp	ot under section	501(c)(3) and file	ed Form 5768 (el	ection under
section 501(h)).						
A Check 🕨 🗶 if the filing organizati	ion belongs	to an affiliat	ed group (and list in P	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share						
B Check 🕨 🔲 if the filing organizati	ion checked	box A and	"limited control" provi	sions apply.		
	s on Lobbyi itures" mea		itures s paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	ence public	opinion (ara	ass roots lobbying)		23,940.	23,940.
b Total lobbying expenditures to influe					20,240.	20,240.
c Total lobbying expenditures (add lin	_	-	35380		44,180.	44,180.
d Other exempt purpose expenditure:						12,618,748.
e Total exempt purpose expenditures						12,662,928.
f Lobbying nontaxable amount. Enter					633,383.	783,146.
If the amount on line 1e, column (a) or	- 040		ing nontaxable amou	1.1		
Not over \$500,000		20% of the	e amount on line 1e.			
Over \$500,000 but not over \$1,000	,000,	\$100,000	plus 15% of the exces	ss over \$500,000.	the state of the s	
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 \$1,500,000.		-,
Over \$17,000,000 \$1,000,000.						
g Grassroots nontaxable amount (ent	ter 25% of li	ne 1f)			158,346.	195,787.
h Subtract line 1g from line 1a. If zero	or less, ent	er -0-			0.	0.
i Subtract line 1f from line 1c. If zero					0.	0.
j If there is an amount other than zer	o on either li	ine 1h or lin	e 1i, did the organizati	ion file Form 4720	_	
reporting section 4911 tax for this y			************		<u> </u>	Yes No
(Some organizations th	at made a s See ti	section 501 he separate	instructions for line	ave to complete all des 2a through 2f.)	of the five columns b	elow.
	Lobbyi	ng Expend	itures During 4-Year	Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 20	13	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	596	,582.	642,875.	837,498.	783,146.	2,860,101.
b Lobbying ceiling amount (150% of line 2a, column(e))						4,290,152.
c Total lobbying expenditures	128	,530.	151,698.	68,657.	44,180.	393,065.
d Grassroots nontaxable amount	149	,146.	160,719.	209,375.	195,787.	715,027.
e Grassroots ceiling amount (150% of line 2d, column (e))		, -51				1,072,541.

64,265. 75,849. 50,147.

Schedule C (Form 990 or 990-EZ) 2016

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2016 REGION AND SOUTHWEST MISSOURI 43-0652666 Page 3

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)).

or e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(b))
of th	e lobbying activity.	Yes	No	Amo	unt
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:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е					
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? Other activities?				
j	Total. Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912		1		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	504(-)/5			
Pa	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(c	o), or se	ction	
			-	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		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year?	2 3		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section	e prior year? on 501(c)(5	2 3 5), or se		- 0
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the	e prior year? on 501(c)(5	2 3 5), or se		e 3,
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	e prior year? on 501(c)(5 "No," OR	2 3 5), or se (b) Part		e 3,
2 3 Pa	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	e prior year? on 501(c)(5 "No," OR	2 3 5), or se (b) Part		e 3,
2 3 Pa	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members	e prior year? on 501(c)(5 "No," OR	2 3 5), or se (b) Part		e 3,
2 3 Pa	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	e prior year? on 501(c)(5 "No," OR	2 3 5), or se (b) Part		e 3,
2 3 Pa	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	e prior year? on 501(c)(5 "No," OR	2 3 5), or se (b) Part		e 3,
2 3 Pa 1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	e prior year? on 501(c)(5 "No," OR	2 3 5), or se (b) Part 1 2a 2b 2c		e 3,
2 3 Pa 1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	e prior year? on 501(c)(5 "No," OR	2 3 5), or se (b) Part 1 2a 2b 2c		e 3,
2 3 Pa 1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exception 162 (e) the section 162 (e) the section 162 (e) the section 162 (e) dues	e prior year? on 501(c)(5 "No," OR	2 3 5), or se (b) Part 1 2a 2b 2c		e 3,
2 3 Par 1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	e prior year? on 501(c)(5 "No," OR	2 3 5), or se (b) Part 1 2a 2b 2c		e 3,
2 3 Par 1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year?	e prior year? on 501(c)(5 "No," OR cal	2 3 5), or se (b) Part 1 2a 2b 2c 3		e 3,
2 3 Pa 1 2 3 4	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded set organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	e prior year? on 501(c)(5 "No," OR cal	2 3 5), or se (b) Part 1 2a 2b 2c 3		e 3,
2 3 Pa 1 2	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total	e prior year? on 501(c)(5 "No," OR	2 3 5), or se (b) Part 1 2a 2b 2c		e :
1 2 a a b a 3	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expension and provided the composition of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and provided the provided to the composition of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and provided the provided to the composition of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and provided the provided the provided the provided transfer to the provided transfer transfer to the provided transfer to the provided transfer transfer transfer to the provided transfer t	e prior year? on 501(c)(5 "No," OR cal	2 3 5), or se (b) Part 1 2a 2b 2c 3		e 3,
2 3 Par 1 2 3 4	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded set organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	e prior year? on 501(c)(5 "No," OR cal	2 3 5), or se (b) Part 1 2a 2b 2c 3		e 3,
2 3 Pa 1 2 3 4	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	e prior year? on 501(c)(5 "No," OR cal	2 3 5), or se (b) Part 2a 2b 2c 3	t III-A, lin	e 3,
2 3 Pa 1 2 3 4	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded set the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) **T IV Supplemental Information** ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? on 501(c)(5 "No," OR cal	2 3 5), or se (b) Part 2a 2b 2c 3	t III-A, lin	e 3,
2 3 Pa 1 2 3 4	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceedes the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions)	e prior year? on 501(c)(5 "No," OR cal	2 3 5), or se (b) Part 2a 2b 2c 3	t III-A, lin	e 3,
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2 3 Pa 1 2 3 4	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded set the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) **T IV Supplemental Information** ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? on 501(c)(5 "No," OR cal	2 3 5), or se (b) Part 2a 2b 2c 3	t III-A, lin	e 3,
2 3 Pa 1 2 3 4	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded set the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) **T IV Supplemental Information** ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? on 501(c)(5 "No," OR cal	2 3 5), or se (b) Part 2a 2b 2c 3	t III-A, lin	e 3,
2 3 Pa 1 2 3 4	Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year Carryover from last year Total Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeded set the organization agree to carryover to the reasonable estimate of nondeductible lobbying and pexpenditure next year? Taxable amount of lobbying and political expenditures (see instructions) **T IV Supplemental Information** ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group)	e prior year? on 501(c)(5 "No," OR cal	2 3 5), or se (b) Part 2a 2b 2c 3	t III-A, lin	e 3,
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Schedule C (Form 990 or 990-EZ)

REGION AND SOUTHWEST MISSOURI

Part IV Supplemental Information (continued)

Schedule C

Affiliated Group Lobbying Expenditures Part II -A

Name of Affiliated Group Member

Employer ID Number

43-0652666 Page 4

REPRODUCTIVE HEALTH SERVICES OF PLANNED PARENTHOOD OF THE ST 43-1848056

Affiliated Group Member Address

Electing Member NO

4251 FOREST PARK AVENUE ST. LOUIS, MO 63108

				Т
Limits on Lobbying Expenditu	ıres:			ı
Total lobbying expenditures to	influence public opinion (grassro	oots lobbying)	0.	
Total lobbying expenditures to	influence a legislative body (dire	ct lobbying)	0.	
otal lobbying expenditures (ac	dd lines 1a and 1b)		0.	
Other exempt purpose expend	itures		2,995,270.	
otal exempt purpose expendit	tures (add lines 1c and 1d).		2,995,270.	
obbying nontaxable amount. Enter the amount from the follo	wing table:			
If the amount on line e is:	The lobbying nontaxable amount is:			
Not over \$500,000	20% of the amount on line 1e			
> 500,000 <= 1,000,000				
	175,000 + 10% > 1,000,000			ľ
> 1,500,000 <= 17,000,000				
Over \$17,000,000	\$1,000,000		299,764.	
Grassroots nontaxable amount	(enter 25% of line 1f)		74,941.	
Subtract line 1g from line 1a (lin	mit to zero)		0.	
Subtract line 1f from line 1c (lin	nit to zero)		0.	
			0.	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

Name of the organization

PLANNED PARENTHOOD OF THE ST. LOUIS

Employer identification number

43-0652666 REGION AND SOUTHWEST MISSOURI Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year _____ 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. 2a Total number of conservation easements Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 ______ > \$ (ii) Assets included in Form 990, Part X 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 (ASC 958) relating to these items:

Assets included in Form 990, Part X

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

REGION AND SOUTHWEST MISSOURI 43-0652666 Page 2 Schedule D (Form 990) 2016 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued) 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): Public exhibition Loan or exchange programs Scholarly research Other b Preservation for future generations C Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 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? No Part IV | Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included Yes No on Form 990, Part X? **b** If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c c Beginning balance 1d d Additions during the year _____ 1e e Distributions during the year Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (d) Three years back (e) Four years back (b) Prior year (c) Two years back 1a Beginning of year balance 3,476,990 2,198,186 2,280,462 2,409,242. 2,982,854. 2,088,576 575,914 213,718. Contributions 2,003,680 870 185 c Net investment earnings, gains, and losses d Grants or scholarships Other expenditures for facilities and programs 1,522,230 1,364,321. 809,772 658 190 342,498 f Administrative expenses g End of year balance 3.464.304. 2.982,854. 3,476,990. 2,198,186 2,280,462. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment ► 54.00 Temporarily restricted endowment ► 46.00 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization No Yes by: X 3a(i) (i) unrelated organizations X (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated (a) Cost or other (b) Cost or other (d) Book value Description of property depreciation basis (investment) basis (other) 1,448,623. 1,448,623. 1a Land 2,574,346. 2,549,342. 5,123,688. **b** Buildings 526,676. 431,181 95,495. c Leasehold improvements 890.979. 3,279,163. 2,388,184 d Equipment e Other

Schedule D (Form 990) 2016

4,984,439.

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

	ETIMINI	LVI	CEMITIOOD O	L TITE DI-	TOOT
hedule D (Form 990) 2016	REGION	AND	SOUTHWEST	MISSOURI	

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" on			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost	or end-or-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)		 	
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" on	Form 990, Part IV, li	ne 11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	Form 900 Port IV li	no 11d Con Form 000 Port V line 15	
Complete if the organization answered "Yes" on	escription	le 11d. See Form 990, Fart X, line 13.	(b) Book value
			(2)
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 1	5.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" on	Form 990, Part IV, li		ine 25.
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes	T1700	100 015	
(2) ACCRUED WAGES AND WITHHOLD		492,945.	
(3) DEFERRED COMPENSATION PLAN	BENEFIT	464,387.	
(4)			
(5)			
(6)			
(8)			
(9) Takel (Caluma (b) must actual Form 990, Part V cal (B) line (251	957,332.	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2 Liability for uncertain tax positions. In Part XIII. provide the			nents that reports the

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	,126,152. 5,583,558.
Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	.,126,152.
a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
b Donated services and use of facilities c Recoveries of prior year grants d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
c Recoveries of prior year grants 2c d Other (Describe in Part XIII.) 2d 873,950. e Add lines 2a through 2d 2e -1 3 Subtract line 2e from line 1 3 16 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 1	
d Other (Describe in Part XIII.) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
e Add lines 2a through 2d 2e -1 3 Subtract line 2e from line 1 3 16 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: -1	
3 Subtract line 2e from line 1 3 16 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	,583,558.
I ov (II)	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.)	
c Add lines 4a and 4b	0.
	,583,558.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements 1 10	,636,040.
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	
c Other losses 2c	
d Other (Describe in Part XIII.) 2d 873,065.	
e Add lines 2a through 2d	873,065.
3 Subtract line 2e from line 1	,762,975.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1
a Investment expenses not included on Form 990, Part VIII, line 7b	
20 202	
	29,283.
	792,258.
Part XIII Supplemental Information.	, 132,230
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,	a Or Doot VI
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	<u> </u>
PART X, LINE 2:	
THE ORGANIZATION IS EXEMPT FROM INCOME TAX UNDER SECTION 501(C)(3)	OF THE
INTERNAL REVENUE CODE: ACCORDINGLY, NO PROVISION FOR INCOME TAXES	HAS BEEN
INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.	
UNCERTAINTIES THE ORGANIZATION FOLLOWS FASB ACCOUNTING STANDARI	S FOR
UNCERTAINTY IN INCOME TAXES. THESE STANDARDS REQUIRE THAT UNCERTAIN	

TAX POSITIONS BE "MORE LIKELY THAN NOT" BEFORE THE AMOUNTS ARE RECOGNIZED IN THE FINANCIAL STATEMENTS. FURTHER, THE STANDARDS REQUIRE THE BENEFIT OR EXPENSE BE RECORDED IN THE FINANCIAL STATEMENTS AS THE AMOUNT MOST LIKELY TO BE REALIZED ASSUMING A REVIEW BY TAX AUTHORITIES HAVING ALL RELEVANT INFORMATION AND APPLYING CURRENT CONVENTIONS. THE ORGANIZATION HAS

REGION AND SOUTHWEST MISSOURI

Part XIII Supplemental Information (continued)
ASSESSED ITS FEDERAL AND STATE TAX POSITIONS AND DETERMINED THERE WERE NO
UNCERTAINTIES OR POSSIBLE RELATED EFFECTS THAT NEED TO BE RECORDED AS OF
AND FOR THE YEAR ENDED JUNE 30, 2017.
OPEN YEARS THE FEDERAL AND STATE INCOME TAX RETURNS OF THE ORGANIZATION
ARE SUBJECT TO EXAMINATION BY THE RESPECTIVE TAXING AUTHORITIES GENERALLY
FOR THREE YEARS AFTER THEY WERE FILED.
INCOME TAX PENALTIES AND INTEREST POLICY PENALTIES AND INTEREST
ASSESSED BY INCOME TAXING AUTHORITIES ARE INCLUDED IN EXPENSES. THE
ORGANIZATION DID NOT INCUR INCOME TAX PENALTIES OR INTEREST FOR THE YEAR
ENDED JUNE 30, 2017.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
COST OF INVENTORY SOLD
CHANGE IN VALUE OF CHARITABLE REMAINDER
SPECIAL EVENTS EXPENSE
PART XII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENTS EXPENSE
COST OF INVENTORY SOLD
PART XII, LINE 4B - OTHER ADJUSTMENTS:
BOOK TO TAX AMORTIZATION OF GOODWILL

SCHEDULE G

(Form 990 or 990-EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

2016

OMB No. 1545-0047

Open to Public Inspection

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

PLANNED PARENTHOOD OF THE ST. LOUIS

Employer identification number

REGION AND SOUTHWEST MISSOURI 43-0652666 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Solicitation of government grants Internet and email solicitations b Special fundraising events C Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid (iii) Did (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? to (or retained by) (ii) Activity fundraiser from activity or entity (fundraiser) organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2016 REGION AND SOUTHWEST MISSOURI Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through DONOR EVENT col. (c)) (event type) (event type) (total number) Revenue 99,850. 99,850. Gross receipts _____ 2 Less: Contributions 99,850. 99,850. 3 Gross income (line 1 minus line 2) 4 Cash prizes Noncash prizes Direct Expenses Rent/facility costs Food and beverages 8 Entertainment 83,497. Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 16,353 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (d) Total gaming (add (b) Pull tabs/instant (c) Other gaming (a) Bingo Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses _____ Yes Yes Yes No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ______ Yes b If "Yes," explain: _

43-0652666 Page 2

Sch	edule G (Form 990 or 990-EZ) 2016 REGION AND SOUTHWEST MISSOURI 43-C	1652666	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's garning/special events books and records:	11 00000001	
	Name		
	Tullio P.		
	Address		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
Ь	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
_	e If "Yes," enter name and address of the third party:		
	in 165, enternancial dadices of the time party.		
	Nome N		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Garning manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	Yes	☐ No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	24:	
	organization's own exempt activities during the tax year > \$		
Da	Irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, I	inco O Ob 1	0b 15b
Га	Constitution of the consti	11165 3, 3D, 11	00, 130,
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions		
-			
H			

PLANNED PARENTHOOD OF THE ST. LOUIS 43-0652666 Page 4 REGION AND SOUTHWEST MISSOURI Schedule G (Form 990 or 990-EZ) REGION AND Part IV Supplemental Information (continued)

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

PLANNED PARENTHOOD OF THE ST. LOUIS Empl

REGION AND SOUTHWEST MISSOURI

43-0652666

Employer identification number

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

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

Schedule J (Form 990) 2016

REGION AND SOUTHWEST MISSOURI

Schedule J (Form 990) 2016

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. 43-0652666

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Do not list any individuals that aren't listed on Form 990, Part VIII.

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

		(B) Breakdown of V	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Silelie	(a)-(h)(a)	reported as deferred on prior Form 990
(1) MARY M. KOGUT	ε	181,165.	0	0	11,992.	696'6	203,126.	0
	E	4	0	0	.0	0		0 .
TOM HEMINGWAY	ε	152,317.	0	0	9,533.	1,186.	163,036.	0
FINANCE/OPS		0	0.	0.	.0	*0		
NINO	€	122,842.	0	0	0	0	122,842.	
LED CEO	1	.0	0.	.0	.0	0		
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	€ [3 4
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REGION AND SOUTHWEST MISSOURI

Schedule J (Form 990) 2016

43-0652666

Page 3

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

									Schedule J (Form 990) 2016

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

PLANNED PARENTHOOD OF THE ST. LOUIS REGION AND SOUTHWEST MISSOURI

Inspection Employer identification number

43-0652666 Part I Types of Property (d) (a) (b) (c) Noncash contribution Method of determining Check if Number of amounts reported on applicable contributions or noncash contribution amounts items contributed Form 990, Part VIII, line 1g 1 Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property Я 83,552.FMV Securities - Publicly traded 38 9 Securities - Closely held stock 10 Securities - Partnership, LLC, or 11 trust interests Securities · Miscellaneous 12 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other... 14 Real estate - Residential 15 16 Real estate - Commercial Real estate - Other 17 18 Collectibles _____ Food inventory 19 61,219.FMV 6,095 Drugs and medical supplies X 20 21 Taxidermy Historical artifacts 22 23 Scientific specimens 24 Archeological artifacts 36,324.FMV 12 X 25 Other (ADVERTISING 26 Other 27 Other 28 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 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for X exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? X 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X 32a contributions? b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33

Schedule M	(Form 990) (2016)	REGION AN	D SOUTHWEST	MISSOURI	43-0652666	Page 2
Part II	Supplemental is reporting in Part	Information. P I, column (b), the n Iditional information	rovide the information umber of contribution	required by Part I, lins, the number of item	es 30b, 32b, and 33, and whether the organizations received, or a combination of both. Also comple	on ete
	=					
=						

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

PLANNED PARENTHOOD OF THE ST. LOUIS REGION AND SOUTHWEST MISSOURI

Employer identification number 43-0652666

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

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 FINANCE AND AUDIT COMMITTEE FOR REVIEW. THE FINANCE AND
AUDIT COMMITTEE REVIEWS THE RETURN AND COMPARES IT TO THE PREPARED
FINANCIAL STATEMENTS THAT WERE PRESENTED TO AND APPROVED BY THE COMMITTEE.
THE FINANCE AND AUDIT COMMITTEE SUGGEST ANY CHANGES OR OBTAIN ANY NECESSARY
EXPLANATIONS. THE FINANCE AND AUDIT COMMITTEE THEN PROVIDES THE FULL BOARD
WITH FINAL 990'S WITH ITS RECOMMENDATION FOR APPROVAL. AFTER FULL BOARD
APPROVAL, THE CEO THEN AUTHORIZES THE ELECTRONIC FILING OF THE ORIGINAL
RETURN.

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

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, SECTION B, LINE 15:

PPSLRSWMO PARTICIPATES IN ANNUAL PPFA SALARY SURVEYS FOR CEO AND FOR ALL STAFF POSITIONS. PPSLRSWMO 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 POSTIONS

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

PPSLRSWMO BOARD CHAIR AND EXECUTIVE COMMITTEE. CEO CONTRACT PROVIDES

SCHEDULE R (Form 990)

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

► Attach to Form 990.

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OMB No. 1545-0047

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Inspection

Employer identification number 43-0652666

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

PLANNED PARENTHOOD OF THE ST. LOUIS

Name of the organization

Department of the Treasury Internal Revenue Service

REGION AND SOUTHWEST MISSOURI

Direct controlling entity End-of-year assets Total income Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part II

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

(g) Section 512(b)(13) controlled entity?	Yes			×			×		1	×	_	
(f) Direct controlling entity												
sta P	501(c)(3))			LINE 10								
(d) Exempt Code section				501(c)(3)			501(C)(4)			527		
(c) Legal domicile (state or foreign country)				MISSOURI			MISSOURI			MISSOURI		
(b) Primary activity				FAMILY PLANNING SERVICES			PROMOTE SOCIAL WELFARE			PROMOTE SOCIAL WELFARE		
(a) Name, address, and EIN of related organization		REPRODUCTIVE HEALTH SERVICES OF PLANNED -	43-1848056, 4251 FOREST PARK AVENUE, ST.	LOUIS, MO 63108	ADVOCATES OF PLANNED PARENTHOOD OF THE ST.	LOUIS REGION - 43-1699908, 4251 FOREST PARK	AVENUE, ST. LOUIS, MO 63108	PLANNED PARENTHOOD VOTES - ST LOUIS -	91-2070134, 4251 FOREST PARK AVENUE, ST.	LOUIS, MO 63108		

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

Schedule R (Form 990) 2016

Schedule R (Form 990) 2016 REGION AND SOUTHWEST MISSOURI

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

Page 2

43-0652666

<u>(</u> E	General or Percentage managing ownership									
9	teneral or transging partner?	es No								
()	Code V-UBI General or Present or Present or Present or Schedule	K-1 (Form 1065) Y								
(h)	Disproportionale allocations?	Š								
_	Disprop	Yes								
(b)	Share of end-of-year	assers								
	Share of total income									
(e)	Predominant income (related, unrelated,	sections 512-514)								
(p)	Direct controlling entity									
(0)	Legal domícile (state or	toreign country)								
(q)	Primary activity									
(a)	Name, address, and EIN of related organization									

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

		¥	, 2		31			(2)		274		
1	E	(bX13) trolled titty?	ž									
	Ů.	9 5 12 en	Yes									
175	<u>(</u>	Percentage 512(bX13) ownership controlled entity?										
13	(6)	Share of end-of-year	- 1									
9	E	Share of total income										
	(e)	Type of entity (C corp, S corp, or trust)	6000									
4.	(Q	Direct controlling Type of entity (C corp., S corp, or truet)										
	<u>စ</u>	Legal domicile (state or foreign	country)									
	(a)	Primary activity										
	(a)	Name, address, and EIN of related organization										

Schedule R (Form 990) 2016

Schedule R (Form 990) 2016

Page 3

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				7	Yes	<u>ع</u>
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?	ons with one or more re	lated organizations listed	in Parts II-IV?			
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	tity			1 a		×
Gift, grant, or capital contribution to related organization(s)				1b	×	
Gift, grant, or capital contribution from related organization(s)	***************************************			10		M
				14		×
- 3	1			1e	8 1	×
Dividends from related organization(s)				¥		×
Sale of assets to related organization(s)				5		×
ation(s)	7			÷	1000	×
				÷		×
Lease of facilities, equipment, or other assets to related organization(s)				į.	×	
Lease of facilities, equipment, or other assets from related organization(s)				¥		×
Performance of services or membership or fundraising solicitations for related of	r related organization(s)			=	×	
Performance of services or membership or fundraising solicitations by related of	related organization(s)			Ę	3.5	×
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ation(s)			1	(# S)	×
Sharing of paid employees with related organization(s)				10		×
Doiron was a bid to validad avanization(a) for avances				ŧ		×
nellinousellerit paid to related digaritation(s) for expenses				5 5	×	i) 1
				,		Þ
Other transfer of cash or property to related organization(s)				- \$		4 ×
If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered	n who must complete the	nis line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved		
(1) REPRODUCTIVE HEALTH SERVICES OF PLANNED	ט	289,608.	289,608.ACTUAL COST			
(2) REPRODUCTIVE HEALTH SERVICES OF PLANNED	Ц	96,640.ACTUAL	ACTUAL COST			
(3) REPRODUCTIVE HEALTH SERVICES OF PLANNED	a	1,706,743.	706,743.ACTUAL COST			
(4) REPRODUCTIVE HEALTH SERVICES OF PLANNED	ij	6,125.	6,125.ACTUAL COST			
(6) REPRODUCTIVE HEALTH SERVICES OF PLANNED	a	167,684.ACTUAL	ACTUAL COST			

188. ACTUAL COST

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REGION AND SOUTHWEST MISSOURI

Schedule R (Form 990) 2016

Page 4

43-0652666

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

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

Disproportional Code V-UB1 General or Percentage floating of Schedule K-1 Dartner ownership ves No (Form 1065) ves No 3 end-of-year Share of assets Share of income total Tredominant income partners sec. (related, unrelated, organies sec. sections 512-514) (state or foreign Legal domicile country) <u>ပ</u> Primary activity <u>@</u> Name, address, and EIN of entity

Schedule F	R (Form 990) 2016	REGION	AND SOUTHWEST	MISSOURI	43-0652666 Page 5
Part VII	R (Form 990) 2016 Supplemental Info	rmation.			
			nses to questions on Scheo	dule R. See instructions	
	i TONIGE AUGINOMAI IIIIOM	nation for respon	ioca to questions on ochet	dale i i. Coo mandebona.	
-					