

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2009

Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009

- B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: PLANNED PARENTHOOD MINNESOTA NORTH DAKOTA SOUTH DAKOTA. Doing Business As. Number and street (or P O box if mail is not delivered to street address): 1965 FORD PARKWAY. Room/suite. City or town, state or country, and ZIP + 4: ST PAUL, MN 55116

D Employer identification number: 41-0948382. E Telephone number: (651) 696-5500. G Gross receipts \$ 31,199,667

F Name and address of principal officer: SARAH A STOESZ, 1965 FORD PARKWAY, ST PAUL, MN 55116

H(a) Is this a group return for affiliates? [] Yes [x] No. H(b) Are all affiliates included? [] Yes [] No. H(c) Group exemption number

I Tax-exempt status: [x] 501(c) (3) (Insert no) [] 4947(a)(1) or [] 527

J Website: WWW PPMNS ORG

K Form of organization: [x] Corporation [] Trust [] Association [] Other

L Year of formation: 1968

M State of legal domicile: MN

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission statement (AFFIRMING HUMAN RIGHTS TO REPRODUCTIVE HEALTH AND FREEDOM), 2-6. Governance metrics, 7a-7b. Revenue (8-12), 13-19. Expenses, 20-22. Net Assets or Fund Balances.

Part II Signature Block

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

Sign Here: Signature of officer: SARAH A STOESZ PRESIDENT/CEO, Date: 2010-11-08

Paid Preparer's Use Only: Preparer's signature, Date, Check if self-employed, Preparer's identifying number, Firm's name (LARSONALLEN LLP), address, and ZIP + 4 (220 SOUTH SIXTH STREET SUITE 300 MINNEAPOLIS, MN 55402), EIN, Phone no (612) 376-4500

May the IRS discuss this return with the preparer shown above? [x] Yes [] No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

AFFIRMING HUMAN RIGHTS TO REPRODUCTIVE HEALTH AND FREEDOM

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 18,418,617 including grants of \$ 148,500) (Revenue \$ 17,173,164)
- PATIENT SERVICES -THERE WERE 63,865 PATIENTS WERE SEEN IN 2009 THROUGH A NETWORK OF 27 CLINICS IN MINNESOTA AND SOUTH DAKOTA CLINICS PROVIDED BASIC WELL-WOMEN EXAMS AND FAMILY PLANNING SERVICES INCLUDING CONTRACEPTIVE CARE, PREGNANCY TESTING, PAP SMEARS (CYTOLOGY SCREENING), BREAST EXAMS, TESTING AND TREATMENT FOR SEXUALLY TRANSMITTED INFECTIONS, HIV TESTING AND EMERGENCY CONTRACEPTION COLPOSCOPY, LEEP, FIRST TRIMESTER SURGICAL AND MEDICATION ABORTIONS WERE OFFERED AT SELECTED SITES SEVENTY-SIX PERCENT OF CLIENTS RECEIVING CARE WERE AT OR BELOW 200 PERCENT OF THE FEDERAL POVERTY LEVEL PLANNED PARENTHOOD CLINICS ARE OFTEN THE ONLY LOCATION OFFERING SUBSIDIZED FAMILY PLANNING SERVICES IN THE COUNTY, PARTICULARLY IN THE RURAL AREAS OF MINNESOTA AND SOUTH DAKOTA TO PROVIDE ACCESS FOR PATIENTS WHO OFTEN FACE BARRIERS TO SERVICE, PLANNED PARENTHOOD OFFERED EVENING, WEEKEND AND WALK IN HOURS, SAME DAY APPOINTMENTS AND INTERPRETER SERVICES IN 2009

4b (Code) (Expenses \$ 779,589 including grants of \$ 234,346) (Revenue \$ 0)
- PUBLIC AFFAIRS - PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA'S (PPMNS) PUBLIC AFFAIRS WORK IS FOCUSED ON EDUCATING THE PUBLIC ON THE IMPORTANCE OF AFFORDABLE HEALTH CARE AND PREVENTATIVE CARE THAT REDUCES UNINTENDED PREGNANCY AND SEXUALLY TRANSMITTED INFECTIONS THROUGH OUR ADVOCACY WORK, WE STRIVE TO CREATE OPPORTUNITIES FOR PEOPLE THROUGHOUT OUR REGION TO PARTICIPATE IN THE DEMOCRATIC PROCESS BY LEARNING ABOUT THE ISSUES, WRITING LETTERS TO THE EDITOR, REGISTERING TO VOTE, AND TAKING OTHER NONPARTISON GRASSROOTS ACTION IN SUPPORT OF THEIR BELIEFS THROUGH OUR DIRECT AND GRASSROOTS LOBBYING, WE WORK TO EDUCATE POLICY MAKERS ON THE IMPORTANCE OF PUBLIC POLICY THAT PROVIDES AFFORDABLE FAMILY PLANNING SERVICES, MEDICALLY ACCURATE SEXUALITY EDUCATION, AND ACCESS TO REPRODUCTIVE HEALTH CARE FOR ALL WOMEN AND MEN IN 2009, PPMNS' ACCOMPLISHMENTS INCLUDED 1) MINNESOTA PUBLIC AFFAIRS MAINTAINED PPMNS' PATIENT ENGAGEMENT NETWORK (PEN) AT 16 CLINICS -ALMOST 500 PATIENTS SIGNED UP IN 2009 -PEN MEMBERS HAVE RECEIVED MORE THAN 13 COMMUNICATIONS REGARDING ADVOCACY CAMPAIGNS, INVITATIONS TO SPECIAL EVENTS SUCH AS LIVE ACTION CAMPS, VOLUNTEER OPPORTUNITIES, ETC - NEARLY 10% PERCENT OF THE 800 TOTAL PEN MEMBERS TOOK SOME SORT OF ACTION IN 2009-PROVIDED PEN TRAINING TO CLINIC STAFF IN ALL FIVE LOCATIONS2) GREW PLANNED PARENTHOOD ACTION NETWORK (PPAN) MEMBERSHIP-INCREASED TOTAL MINNESOTA PPAN MEMBERS WITH DELIVERABLE EMAIL BY 10% TO 20,933 3) DIVERSIFIED OUR ORGANIZING AND OUTREACH EFFORTS-RADICALLY AND CREATIVELY ALTERED THE MOBILIZING TO WIN PARTNERSHIP GRANT WHILE HELPING PAY FOR EDUCATION STAFF AND JUMP START TWO PROGRAMS IN THE HMONG AND SOMALI COMMUNITY 4) STANDARDIZED INTERNAL DATA MANAGEMENT PROCESSES-ALL ORGANIZING STAFF TRAINED ON HOW TO COMPILE BALANCED SCORECARD DATA -BEST PRACTICES FOR DATA ENTRY ESTABLISHED-STAFF TOOK PART IN GET ACTIVE SUCCESSOR TRAINING (CONVIO)5) WORKED TO SURFACE NEEDS OF FAMILY PLANNING CLINICS THROUGHOUT THE REGION 6) ACTIVELY MONITORED THE IMPLEMENTATION OF STATE HEALTH CARE REFORM/IMPACT ON PPMNS 7) COORDINATED PPAN COMMUNICATIONS AMONG ALL 3 STATES-DEVELOPED STATE-SPECIFIC APPROACH TO PPAN COMMUNICATIONS-SUCCESSFULLY MONITORED STATE AND FEDERAL ISSUES AND COMBINED WHERE APPROPRIATE 8) CONTINUED EFFORTS TO EDUCATE THE PUBLIC ABOUT THE STI EPIDEMIC AND THE NEED TO FIND A SOLUTION 9) CONDUCTED AGGRESSIVE SUPPORTER OUTREACH INCLUDING -GOOD FRIDAY -HIGHLAND FEST -PRIDE FESTIVAL -TEEN COUNCIL SEX ED PETITION10) CREATED BUZZ/EDUCATED ACTIVISTS ABOUT ENVIRONMENTAL TOXINS AND REPRODUCTIVE HEALTH - EXECUTED GREEN CHOICES GRANT/HEALTHY LEGACY-HELD CONTINUING EDUCATION SESSION FOR ACTIVISTS AND VOLUNTEERS -INTEGRATED INTO TEEN COUNCIL WORK-INCLUDED AS LEGISLATIVE GOAL IN VIDEO FEATURED ON WEBSITE-FEATURED BLOGS ON OUR WEBSITE-ORGANIZED EDUCATIONAL WEBINARS-INCLUDED IN LEGISLATIVE GOALS FOR PPAN COMMUNICATIONSNORTH DAKOTA PUBLIC AFFAIRS1) GREW PLANNED PARENTHOOD ACTION NETWORK (PPAN) MEMBERSHIP-INCREASED TOTAL PPAN MEMBERS WITH GOOD EMAIL BY 8% TO 8472) HOSTED FIFTH ANNUAL NORTH DAKOTA OPEN HOUSE-DR STEPHANIE DAHL AS KEYNOTE SPEAKER-62 ATTENDEES-\$2,640 IN CONTRIBUTIONS3) INCREASED FAVORABLE MEDIA COVERAGE OF PPMNS AND OUR ISSUES -THREE COMMENTARIES PRINTED ONE PERSONHOOD, TWO HCR-12 LTES PRINTED 4) PERFORMED RESEARCH AND TRAINING NEEDED TO CARRY OUT OUR WORK-ATTENDED VAN TRAININGS5) MAINTAINED, GREW AND UTILIZED THE NORTH DAKOTA ADVISORY COMMITTEE-PARTNERED WITH ND BOARD MEMBER TO CULTIVATE A 12 MEMBER ADVISORY COMMITTEE THAT MET FIVE TIMES NOT INCLUDING THE OPEN HOUSE AND SUBCOMMITTEE WORK (EVENTS, WOMEN'S LOBBY DAY AND GRASSROOTS)-HOSTED TWO HOUSE PARTIES-SUBMITTED LETTER OF SUPPORT IN NOMINATION OF MOORHEAD NP FOR EXCELLENT SERVICES DURING THE 2009 F-M AREA FLOOD-SUBMITTED TWO LETTERS TO CONGRESSIONAL DELEGATION6) GREW STUDENT INVOLVEMENT-DEVELOPED AND FILLED CAMPUS ORGANIZER INTERNSHIP AT NDSU (FARGO)-AIDED IN REINVIGORATION THE UND STUDENT PRO CHOICE GROUP-MANAGED THREE INTERNSHIPS-RECRUITED APPROXIMATELY 300 VOLUNTEER HOURS PER QUARTER-TABLED ON CAMPUS 1 - 2 PER QUARTERSOUTH DAKOTA PUBLIC AFFAIRS1) GROWTH IN PLANNED PARENTHOOD ACTION NETWORK (PPAN) MEMBERSHIP-INCREASED TOTAL PPAN MEMBERS WITH EMAIL BY 10% TO 2,8522) CONTINUED TO BUILD ORGANIZING INFRASTRUCTURE THROUGH CONSTITUENCY GROUP DEVELOPMENT, COMMUNICATION, EVENTS AND VOLUNTEER OPPORTUNITIES TO KEEP ACTIVISTS ENERGIZED AND CONNECTED -CLINIC PATIENT ENGAGEMENT NETWORK CATCHING ON IN SF CLINIC-111 CLINIC PENS COLLECTED THROUGH OCTOBER -SUCCESSFUL LIVE ACTION CAMP (SECOND VOX SUMMIT COMBINED)-APPROXIMATELY 40 PARTICIPANTS FROM THROUGHOUT SOUTH DAKOTA AND THE COUNTRY TOOK PART OVER THE THREE DAYS-PARTICIPANTS HELPED WITH PHONING, CANVASSING, VISIBILITY AND MAILINGS3) SIGNIFICANT VICTORY IN LONG-RUNNING COURT BATTLE AGAINST A SOUTH DAKOTA LAW THAT REQUIRES DOCTORS TO GIVE IDEOLOGICALLY CHARGED INFORMATION TO WOMEN SEEKING ABORTION SERVICES -SUICIDE, SUICIDE IDEOLOGY, "EXISTING RELATIONSHIP" LANGUAGE CALLED UNTRUTHFUL, MISLEADING AND UNCONSTITUTIONAL 4) ENGAGED IN 501(C)3 AND 501(C)4 WORK THAT ADVANCES OUR ADVOCACY, LEGISLATIVE AND ELECTORAL GOALS-REINFORCED EXCELLENT VOX CHAPTER AT SDSU SUPPORTING FLEDGLING VOX CHAPTER AT USD TROUBLE LOCATING A GROUP AT AUGIE 5) EVENTS-ROE - COMBINED EVENT WITH NARAL, 30 ATTENDEES-SIOUX EMPIRE FAIR - PART OF VOICES FOR CHOICE COALITION- SIDEWALK ARTS FESTIVAL - WITH NARAL-FIRST ANNUAL GREEN-IVAL - TABLING ON ENVIRONMENTAL TOXINS AND REPRODUCTIVE HEALTH6) COLLABORATED WITH DEVELOPMENT ON TWO SUCCESSFUL EVENTS IN SOUTH DAKOTA-SIOUX FALLS - 34 ATTENDEES/12 DONORS/\$2,300-RAPID CITY - 60 ATTENDEES/40 DONORS/\$4,400

4c (Code) (Expenses \$ 839,322 including grants of \$ 0) (Revenue \$ 5,658)
- EDUCATION AND OUTREACH - IN 2009, PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA'S EDUCATION AND OUTREACH PROGRAMS REACHED 27,346 PEOPLE THERE WERE 13,452 YOUTH AND ADULTS ENGAGED WITH US THROUGH PEER EDUCATION, CLASSROOM PRESENTATIONS, ALL-DAY RETREATS, AND INTENSIVE PROGRAMS IN ADDITION, WE REACHED 13,894 PEOPLE THROUGH HEALTH FAIRS AND OTHER COMMUNITY EVENTS YOUTH PROGRAMS REACH ONE /TEACH ONE (ROTO) ROTO IS A YOUTH PEER EDUCATION PROGRAM OFFERED IN ROCHESTER, DULUTH, AND MINNEAPOLIS IN THE SIX ROTO PROGRAMS THAT HAPPENED IN 2009, 53 PARTICIPANTS RECEIVED INTENSIVE TRAINING ON REPRODUCTIVE AND SEXUAL HEALTH TOPICS THEY IN TURN SHARED THEIR KNOWLEDGE WITH THEIR PEERS, REACHING AT LEAST 650 PEOPLE SEVERAL ROTO PARTICIPANTS HAVE CONTINUED THEIR INVOLVEMENT WITH PLANNED PARENTHOOD BY BECOMING MEMBERS OF TEEN COUNCIL TEEN COUNCIL TEEN COUNCIL IS AN INTENSIVE, YEAR-LONG YOUTH DEVELOPMENT PROGRAM FOR 10-12TH GRADE HIGH SCHOOL STUDENTS PROGRAM ELEMENTS INCLUDE PEER EDUCATION, SERVICE LEARNING, AND INSTRUCTION ON A WIDE VARIETY OF TOPICS RELATED TO REPRODUCTIVE HEALTH AND SEXUALITY PARTICIPANTS PRACTICE AND LEARN SKILLS LIKE PUBLIC SPEAKING, CLASSROOM INSTRUCTION, EVENT PLANNING, GRASS-ROOTS ORGANIZING, TIME MANAGEMENT, GOAL SETTING, INTERVIEWING, AND GROUP FACILITATION THERE ARE TEEN COUNCIL PROGRAMS IN ROCHESTER, DULUTH, AND MINNEAPOLIS FOR THE THREE TEEN COUNCIL PROGRAMS ENDING IN 2009, THERE WERE 36 TEEN COUNCIL MEMBERS WHO GAVE 241 PRESENTATIONS REACHING 4,495 PEOPLE QUE ONDAQUE ONDA IS A YEAR-LONG LEADERSHIP PROGRAM, SIMILAR TO TEEN COUNCIL, FOR LATINO YOUTH MEMBERS SERVE THEIR PEERS, SCHOOL, AND COMMUNITY THROUGH OUTREACH AND PEER EDUCATION IN THE 2008-09 ACADEMIC YEAR, TWO QUE ONDA PROGRAMS, ONE IN MINNEAPOLIS AND ONE IN RICHFIELD, MINNESOTA HAD 25 PARTICIPANTS THAT REACHED 500 PEOPLE IN THEIR SCHOOLS AND COMMUNITIES YOUTH POWERYOUTH POWER IS A PEER EDUCATION PROGRAM, SIMILAR TO ROTO, FOR AFRICAN YOUTH IN 2009, THE PROGRAM HAD 10 PARTICIPANTS WHO REACHED 168 INDIVIDUALS THROUGH ONE-ON-ONE AND SMALL GROUP PEER EDUCATION SESSIONS PROGRAMS FOR ADULTS ENTRE AMIGAS ENTRE AMIGAS I IS A LAY HEALTH ADVISOR PROGRAM FOR LATINAS IN MINNEAPOLIS IN 2009, IT WAS OFFERED TWICE TO A TOTAL OF 24 PARTICIPANTS WHO BECAME TRUSTED EXPERTS ON REPRODUCTIVE HEALTH IN THEIR COMMUNITIES, INVESTING MORE THAN 300 HOURS AND REACHING 861 FRIENDS, NEIGHBORS, AND COLLEAGUES ENTRE AMIGAS II IS A LONGER-TERM, MORE INTENSIVE PROGRAM FOR GRADUATES OF THE ENTRE AMIGAS I PROGRAM IN 2009, IT CONTINUED WITH 10 PARTICIPANTS WHO LEARNED PRESENTATION SKILLS ALONG WITH REVIEWING REPRODUCTIVE AND SEXUAL HEALTH INFORMATION THE LAY HEALTH ADVISORS INVESTED MORE THAN 70 HOURS EDUCATING 384 PEOPLE IN THEIR COMMUNITY THE PARTNERSHIP PROJECT THE PARTNERSHIP PROJECT IS AN ADULT LAY HEALTH ADVISOR PROGRAM WHICH PROVIDES CULTURALLY RELEVANT PROGRAMMING TO AFRICAN-BORN MEN AND WOMEN IN THE TWIN CITIES AREA PROGRAM PARTICIPANTS HELP STRENGTHEN THEIR COMMUNITIES BY BECOMING TRUSTED SOURCES OF ACCURATE INFORMATION ABOUT REPRODUCTIVE HEALTH IN 2009, THE PROGRAM PROVIDED TRAINING TO 11 PARTICIPANTS WHO IN TURN REACHED MORE THAN 300 PEOPLE OPEN HEART (HEALTH EDUCATION AND RESOURCES TRAINING)OPEN HEART IS A CULTURALLY SPECIFIC PROGRAM FOR HMONG WOMEN AND MEN OFFERED IN PARTNERSHIP WITH LAO FAMILY COMMUNITY, INC OF ST PAUL, MINNESOTA PARTICIPANTS GAIN KNOWLEDGE ABOUT REPRODUCTIVE HEALTH AND ARE ENCOURAGED TO SHARE THEIR KNOWLEDGE WITH OTHERS THIS PROGRAM WAS LAUNCHED IN 2009 WITH SIX FEMALE PARTICIPANTS ATTENDING 10 SESSIONS THE LAY HEALTH ADVISOR COMPONENT WAS NOT INCLUDED IN THE PILOT YEAR, BUT WILL BE BUILT INTO THE PROGRAMMING IN SUBSEQUENT YEARS PARENT-CHILD PROGRAMS MOTHER-DAUGHTER/MOTHER-SON RETREATSMOTHER-DAUGHTER AND MOTHER-SON RETREATS ARE ALL-DAY EVENTS PROVIDING 10-12-YEAR-OLDS AND THEIR MOTHERS (OR FEMALE MENTORS) AN OPPORTUNITY TO LEARN ABOUT PUBERTY AND REPRODUCTIVE ANATOMY AND TO ENHANCE COMMUNICATION AND CONNECTION WITHIN FAMILIES IN 2009, THERE WERE EIGHT RETREATS WITH 149 PARTICIPANTS OF THOSE, SEVEN WERE HELD IN THE TWIN CITIES AREA AND ONE WAS HELD IN ROCHESTER, TWO RETREATS WERE FOR LATINA AUDIENCES, TWO RETREATS WERE FOR MOTHER-SON PAIRS

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 20,037,528

Part IV Checklist of Required Schedules

Table with 3 main columns: Question, Yes, No. Rows 1-20 covering various organizational requirements and reporting obligations.

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable		
	1a 117		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return		
	2a 349		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (31); 1b Enter the number of voting members that are independent (31); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (No); 6 Does the organization have members or stockholders? (No); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (No); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11A Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (Yes); 13 Does the organization have a written whistleblower policy? (Yes); 14 Does the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (No); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (MN, ND, SD); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply: Own website, Another's website, Upon request (checked); 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: THE ORGANIZATION, 1965 FORD PARKWAY, ST PAUL, MN 55116, (651) 696-5657.

1b Total	1,679,560	13,446	273,145
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2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶**13

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

Section B Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
QUEST DIAGNOSTICS PO BOX 12989 CHICAGO, IL 60693	LAB TESTING	1,109,147
ORBIT SYSTEMS INC 860 BLUE GENTIAN RD EAGAN, MN 55121	IT SYSTEM SUPPORT	693,914
SANDRA NELSON ADVERTISING 126 N THIRD ST 500 MINNEAPOLIS, MN 55401	ADVERTISING/ PROMOTION	212,223
IKON FINANCIAL SERVICES PO BOX 650016 DALLAS, TX 752650016	EQUIPMENT LEASING	146,286
BENTZ WHALEY FLESSNER 7251 OHMS LN MINNEAPOLIS, MN 55439	CONSULTING	125,285

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**5

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514					
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a									
	b	Membership dues 1b									
	c	Fundraising events 1c	255,354								
	d	Related organizations 1d									
	e	Government grants (contributions) 1e	4,865,963								
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	7,763,230								
	g	Noncash contributions included in lines 1a-1f \$ <u>741,151</u>									
	h	Total. Add lines 1a-1f ▶	12,884,547								
Program Service Revenue	2a	PATIENT SERVICES	621,300	17,035,655	17,035,655						
	b	MANAGEMENT FEES	900,099	74,172		74,172					
	c	NURSE PRACT TRAINING	900,099	31,912	31,912						
	d	PUBLICATIONS	511,120	23,745	23,745						
	e	SPEAKER FEES	900,099	5,658	5,658						
	f	All other program service revenue		7,680	7,680						
	g	Total. Add lines 2a-2f ▶	17,178,822								
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶	240,950			240,950					
	4	Income from investment of tax-exempt bond proceeds ▶									
	5	Royalties ▶									
	6a	b	c	d	(i) Real	(ii) Personal					
					Gross Rents	Less rental expenses	Rental income or (loss)	Net rental income or (loss) ▶			
					7a	b	c	d	(i) Securities	(ii) Other	
									Gross amount from sales of assets other than inventory	Less cost or other basis and sales expenses	Gain or (loss)
	8a	Gross income from fundraising events (not including \$ <u>255,354</u> of contributions reported on line 1c) See Part IV, line 18 a	76,435								
	b	Less direct expenses b	148,937								
	c	Net income or (loss) from fundraising events ▶	-72,502				-72,502				
	9a	Gross income from gaming activities See Part IV, line 19 a									
	b	Less direct expenses b									
c	Net income or (loss) from gaming activities ▶										
10a	Gross sales of inventory, less returns and allowances a	832									
b	Less cost of goods sold b	1,200									
c	Net income or (loss) from sales of inventory ▶	-368			-368						
	Miscellaneous Revenue	Business Code									
11a	MISCELLANEOUS REVENUE	900,099	18,160			18,160					
b											
c											
d	All other revenue										
e	Total. Add lines 11a-11d ▶	18,160									
12	Total revenue. See Instructions ▶	30,254,710	17,104,650	-368		265,881					

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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 governments and organizations in the U S See Part IV, line 21	385,596	385,596		
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	879,091	474,810	138,001	266,280
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	10,723,480	8,159,777	2,112,206	451,497
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	1,592,841	1,062,351	426,163	104,327
10	Payroll taxes	952,911	709,344	184,986	58,581
11	Fees for services (non-employees)				
a	Management				
b	Legal	43,883	4,048	35,797	4,038
c	Accounting	44,985		44,985	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	9,349			9,349
f	Investment management fees	23,458		23,458	
g	Other	342,826	131,311	125,480	86,035
12	Advertising and promotion	633,820	605,142	28,678	
13	Office expenses	872,127	480,898	291,785	99,444
14	Information technology	971,160	697,856	255,891	17,413
15	Royalties				
16	Occupancy	1,718,138	1,537,279	164,210	16,649
17	Travel	304,027	198,817	25,930	79,280
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	284,367	185,960	24,254	74,153
20	Interest	27,555	14,642	12,913	
21	Payments to affiliates	288,962		288,962	
22	Depreciation, depletion, and amortization	542,357	224,417	317,267	673
23	Insurance	177,311	155,925	21,386	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	CLINICAL SUPPLIES/SVCS	4,971,693	4,971,693		
b	OTHER STAFF EXPENSES	188,243	37,662	145,854	4,727
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	25,978,180	20,037,528	4,668,206	1,272,446
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	3,180,769	1	8,342,463
	2 Savings and temporary cash investments	627,100	2	1,121,479
	3 Pledges and grants receivable, net	5,387,556	3	4,259,636
	4 Accounts receivable, net	1,530,019	4	1,595,867
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	907,625	8	859,309
	9 Prepaid expenses and deferred charges	803,603	9	211,862
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	11,957,701		
	b Less accumulated depreciation	5,428,705	10c	6,528,996
	11 Investments—publicly traded securities	6,855,912	11	8,059,009
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	736,831	15	575,714
16 Total assets. Add lines 1 through 15 (must equal line 34)	26,432,103	16	31,554,335	
Liabilities	17 Accounts payable and accrued expenses	2,490,830	17	1,990,243
	18 Grants payable		18	
	19 Deferred revenue	299,646	19	11,198
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	4,454,502	23	4,055,243
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	0	25	265,512
	26 Total liabilities. Add lines 17 through 25	7,244,978	26	6,322,196
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,889,717	27	5,585,565
	28 Temporarily restricted net assets	6,951,230	28	11,265,043
	29 Permanently restricted net assets	8,346,178	29	8,381,531
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	19,187,125	33	25,232,139	
34 Total liabilities and net assets/fund balances	26,432,103	34	31,554,335	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
2b	Were the organization's financial statements audited by an independent accountant?	Yes	
2c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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 . . .	Yes	

SCHEDULE A (Form 990 or 990EZ)

Public Charity Status and Public Support

2009

Open to Public Inspection

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. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization PLANNED PARENTHOOD MINNESOTA NORTH DAKOTA SOUTH DAKOTA

Employer identification number 41-0948382

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

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

- 1 A church, convention of churches, or association of churches section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II)
8 A community trust described in section 170(b)(1)(A)(vi) (Complete Part II)
9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III)
10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h
a Type I b Type II c Type III - Functionally integrated d Type III - Other
e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
(ii) a family member of a person described in (i) above?
(iii) a 35% controlled entity of a person described in (i) or (ii) above?
h Provide the following information about the supported organization(s)

Table with 2 columns: Yes, No. Rows: 11g(i), 11g(ii), 11g(iii)

Table with 7 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization in col (i) listed in your governing document?, (v) Did you notify the organization in col (i) of your support?, (vi) Is the organization in col (i) organized in the U S?, (vii) Amount of support?

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	7,444,281	8,640,755	9,905,086	14,797,170	12,884,547	53,671,839
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	7,444,281	8,640,755	9,905,086	14,797,170	12,884,547	53,671,839
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)						1,381,474
6 Public Support. Subtract line 5 from line 4						52,290,365

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	7,444,281	313,496	9,905,086	14,797,170	12,884,547	53,671,839
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	274,136	313,496	338,743	367,279	240,950	1,534,604
9 Net income from unrelated business activities, whether or not the business is regularly carried on			1,546	815		2,361
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets				63,168	18,160	81,328
11 Total support (Add lines 7 through 10)						55,290,132
12 Gross receipts from related activities, etc (See instructions)					12	67,171,794

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	94.570 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	94.640 %

16a 33 1/3% support test—2009. 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—2008. If the organization did not check the 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—2009. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						

14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

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

19a 33 1/3% support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanation

Schedule A, Part II, Line 10, Explanation of Other Income MISCELLANEOUS

Additional Data

Software ID:

Software Version:

EIN: 41-0948382

Name: PLANNED PARENTHOOD MINNESOTA NORTH
DAKOTA SOUTH DAKOTA

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID BM JONES CHAIR	3 00	X		X				0	0	0
SUSAN KINDER VICE CHAIR	3 00	X		X				0	0	0
KRIS MACDONALD SECRETARY	3 00	X		X				0	0	0
SANDRA SPONEM TREASURER	3 00	X		X				0	0	0
JANE AHLIN DIRECTOR	3 00	X						0	0	0
SUSAN BROWN DIRECTOR	3 00	X						0	0	0
SARAH DODGE DIRECTOR	3 00	X						0	0	0
JILL FIELD DIRECTOR	3 00	X						0	0	0
PHYLLIS B FRANCE DIRECTOR	3 00	X						0	0	0
DOREEN FRANKEL DIRECTOR	3 00	X						0	0	0
MIKE GOLDNER DIRECTOR	3 00	X						0	0	0
ANDREW GOOD DIRECTOR	3 00	X						0	0	0
KEITH HALLELAND DIRECTOR	3 00	X						0	0	0
BETSY HAWN DIRECTOR	3 00	X						0	0	0
MARLENE KAYSER DIRECTOR	3 00	X						0	0	0
R WYNN KEARNEY JR DIRECTOR	3 00	X						0	0	0
MAUREEN KUCERA-WALSH DIRECTOR	3 00	X						0	0	0
LEE LYNCH DIRECTOR	3 00	X						0	0	0
JAN MALCOLM DIRECTOR	3 00	X						0	0	0
BONNIE MCGOON DIRECTOR	3 00	X						0	0	0
PEGGYE D MEZILE DIRECTOR	3 00	X						0	0	0
STACEY L MILLS DIRECTOR	3 00	X						0	0	0
BRAD RANDALL DIRECTOR	3 00	X						0	0	0
DEBORAH ROESLER DIRECTOR	3 00	X						0	0	0
SHARON RYAN DIRECTOR	3 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LINDA SCHER DIRECTOR	3 00	X						0	0	0
TOM SANDERS DIRECTOR	3 00	X						0	0	0
EVE STUBENS SMITH DIRECTOR	3 00	X						0	0	0
REBECCA WALLIN DIRECTOR	3 00	X						0	0	0
SUSAN WEINBERG DIRECTOR	3 00	X						0	0	0
SARAH A STOESZ PRESIDENT/CEO	40 00			X				268,710	13,446	53,069
DONALD BOYCHUK COO	40 00				X			213,393	0	40,268
NANCY SPEER VP SPECIAL INITIATIVES	36 00				X			191,918	0	35,021
CONNIE LEWIS VP EXTERNAL AFFIARS	40 00				X			160,803	0	33,745
CAROL BALL MEDICAL DIRECTOR	34 00					X		328,048	0	71,709
JESSICA SCHMIESING VP HR/ORG EFFECTIVENESS	40 00					X		138,194	0	23,295
JANE HOPKINS GOULD CFO	40 00					X		133,992	0	0
SHERRY BEHM VP CLINICAL OPERATIONS	40 00					X		127,259	0	7,880
SUSAN M BRUCE DIRECTOR OF BUS DEVEL	40 00					X		117,243	0	8,158

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
PATIENT SERVICES	621,300	17,035,655	17,035,655		
MANAGEMENT FEES	900,099	74,172			74,172
NURSE PRACT TRAINING	900,099	31,912	31,912		
PUBLICATIONS	511,120	23,745	23,745		
SPEAKER FEES	900,099	5,658	5,658		

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization PLANNED PARENTHOOD MINNESOTA NORTH DAKOTA SOUTH DAKOTA

Employer identification number 41-0948382

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

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

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange programs
- e** Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	7,065,994	11,096,582			
b Contributions	13,851	40,000			
c Investment earnings or losses	1,301,686	-3,312,777			
d Grants or scholarships					
e Other expenditures for facilities and programs		757,811			
f Administrative expenses					
g End of year balance	8,381,531	7,065,994			

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

- a** Board designated or quasi-endowment ▶ 0 % %
- b** Permanent endowment ▶ 100 000 % %
- c** Term endowment ▶ 0 % %

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

	Yes	No
(i) unrelated organizations	3a(i)	No
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

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

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,072,495		2,072,495
b Buildings		5,947,371	3,218,883	2,728,488
c Leasehold improvements				
d Equipment		2,602,942	2,209,822	393,120
e Other		1,334,893		1,334,893
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				6,528,996

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

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

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

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	THE ORGANIZATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT FUND ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS IT SUPPORTS IN ACCORDANCE WITH EXPLICIT DONOR STIPULATIONS

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		CELEBRATE PLANNED PARENTHOOD (event type)	LEADERSHIP SANGER (event type)	(total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	319,859	11,930		331,789
	2 Less Charitable contributions	243,424	11,930		255,354
	3 Gross income (line 1 minus line 2)	76,435			76,435
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages	56,708	7,708		64,416
	8 Entertainment		851		851
	9 Other direct expenses	83,670			83,670
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				148,937
11 Net income summary Combine lines 3, column d, and line 10. ▶				-72,502	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1, column d, and line 7 ▶					

	Yes	No
9 Enter the state(s) in which the organization operates gaming activities _____		
a Is the organization licensed to operate gaming activities in each of these states?	9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

		Yes	No
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	13a		
b An outside facility	13b		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ _____			
Address ▶ _____			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
c If "Yes," enter name and address			
Name ▶ _____			
Address ▶ _____			
16 Gaming manager information			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

**Schedule I
(Form 990)**

OMB No 1545-0047

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

2009

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

**Open to Public
Inspection**

▶ Attach to Form 990

Department of the Treasury
Internal Revenue Service

Name of the organization
PLANNED PARENTHOOD MINNESOTA NORTH
DAKOTA SOUTH DAKOTA

Employer identification number
41-0948382

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD MINNESOTA NORTH DAKOTA SOUTH DAKOTA ACTION FUND1200 LAGOON AVE MINNEAPOLIS, MN 55408	411709702	501(C)(4)	236,346	0	N/A	N/A	General Support
OTTER TAIL-WADENA COMMUNITY ACTION COUNCILPO BOX L NEW YORK MILLS, MN 56567	410887373	501(C)(3)	55,000	0	N/A	N/A	TITLE X DISTRIBUTION
SOUTHEASTERN MN COMMUNITY ACTION COUNCILBOX 549 RUSHFORD, MN 55971	410907135	501(C)(3)	38,500	0	N/A	N/A	TITLE X DISTRIBUTION
SOUTHWESTERN MINNESOTA OPPORTUNITY COUNCIL PO BOX 787 1106 THIRD AVE WORTHINGTON, MN 56187	416050245	501(C)(3)	55,000	0	N/A	N/A	TITLE X DISTRIBUTION

2 Enter total number of section 501(c)(3) and government organizations **3**
3 Enter total number of other organizations **1**

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2009

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

Name of the organization

PLANNED PARENTHOOD MINNESOTA NORTH
DAKOTA SOUTH DAKOTA

Employer identification number

41-0948382

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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain

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

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

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

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

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

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

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

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
SARAH A STOESZ	(i)	221,852	18,776	28,082	48,733	16,420	333,863	0
	(ii)	13,446	0	0	0	3,456	16,902	0
DONALD BOYCHUK	(i)	166,402	17,835	29,156	35,854	7,840	257,087	0
	(ii)	0	0	0	0	0	0	0
NANCY SPEER	(i)	161,815	8,515	21,588	30,685	7,939	230,542	0
	(ii)	0	0	0	0	0	0	0
CONNIE LEWIS	(i)	142,135	0	18,668	21,497	14,952	197,252	0
	(ii)	0	0	0	0	0	0	0
CAROL BALL	(i)	256,336	15,963	55,749	58,102	24,218	410,368	0
	(ii)	0	0	0	0	0	0	0
JESSICA SCHMIESING	(i)	122,809	0	15,385	18,881	6,907	163,982	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	Part I, Line 4a	- 457(f) plan credited - Carol Ball - \$58,102 Donald Boychuk - \$35,854 Nancy Speer - \$14,185 Connie Lewis - \$4,997 Jessica Schmiesing - \$18,881

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization PLANNED PARENTHOOD MINNESOTA NORTH DAKOTA SOUTH DAKOTA

Employer identification number 41-0948382

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions, (c) Revenues reported on Form 990, Part VIII, line 1g, (d) Method of determining revenues. Rows include Art, Books, Clothing, Cars, Boats, Intellectual property, Securities, Real estate, Collectibles, Food inventory, etc.

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

Table with 3 columns: Question, Yes, No. Rows include 30a (During the year, did the organization receive by contribution any property...), 31 (Does the organization have a gift acceptance policy...), 32a (Does the organization hire or use third parties...), 33 (If the organization did not report revenues...)

Part II

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

Identifier	Return Reference	Explanation
Third Party Use	Part I, Line 32b	THE ORGANIZATION USES A STOCK BROKER TO PROCESS DONATED SECURITIES

SCHEDULE O
(Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
PLANNED PARENTHOOD MINNESOTA NORTH
DAKOTA SOUTH DAKOTA

Employer identification number

41-0948382

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		THE ORGANIZATION'S EXECUTIVE AND FINANCE COMMITTEES ALONG WITH THE MANAGEMENT TEAM WILL CONDUCT A DETAIL REVIEW, AND THE TREASURER WILL PRESENT THE FORM 990 TO THE FULL BOARD PRIOR TO FILING THE RETURN
Form 990, Part VI, Section B, line 12c		ALL DIRECTORS, OFFICERS, MANAGEMENT STAFF, AND CLINICIANS WILL COMPLETE A CONFLICT OF DISCLOSURE STATEMENT ANNUALLY TO BE REVIEWED BY THE CHIEF EXECUTIVE OFFICER OR THE BOARD CHAIR IT IS A CONTINUING RESPONSIBILITY OF COVERED INDIVIDUALS TO SCRUTINIZE THEIR TRANSACTIONS AND OUTSIDE BUSINESS INTERESTS AND RELATIONSHIPS FOR POTENTIAL CONFLICTS AND TO IMMEDIATELY MAKE DISCLOSURES FOR POTENTIAL CONFLICTS THROUGHOUT THE YEAR PRIOR TO BOARD OR COMMITTEE ACTION ON A CONTRACT OR TRANSACTION INVOLVING A CONFLICTED MEMBER, THE CONFLICTED MEMBER SHALL DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST THE CONFLICTED MEMBER SHALL NOT PARTICIPATE IN OR BE PERMITTED TO HEAR THE BOARD OR COMMITTEE'S DISCUSSION EXCEPT TO DISCLOSE FACTS AND TO RESPOND TO QUESTIONS CONFLICTED MEMBERS SHALL NOT BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM FOR THE PURPOSES OF THE VOTE AND SHALL NOT BE PERMITTED TO VOTE THE MINUTES OF THE MEETING SHALL INCLUDE DETAILS OF THE CONFLICT OF INTEREST
Form 990, Part VI, Section B, line 15a		PPMNS UTILIZES AN OUTSIDE COMPENSATION CONSULTANT TO CONDUCT A MARKET ANALYSIS ON CEO COMPENSATION, REPORTING ON BOTH BASE PAY MARKET MEDIAN AND VARIABLE PAY MARKET MEDIAN THE MARKET ANALYSIS IS FOCUSED ON ORGANIZATIONS THAT MATCH PPMNS IN SIZE, SCOPE, AND REGION MULTIPLE TYPES OF ORGANIZATIONS ARE USED, PREDOMINANTLY FOCUSED ON HEALTHCARE ORGANIZATIONS, BUT OTHER INDUSTRIES WITH SIMILAR SIZE AND SCOPE ARE ALSO USED IN THE ANALYSIS TO REPRESENT THE COMPLEXITY OF THE PPMNS BUSINESS MODEL THE DATA IS REVIEWED BY THE PERSONNEL AND COMPENSATION COMMITTEE WHO MAKE A FORMAL RECOMMENDATION TO THE BOARD OF DIRECTORS AS IT RELATES TO ESTABLISHING CEO COMPENSATION THE FORMAL ANALYSIS IS COMPLETED EVERY THREE YEARS IN THE OFF CYCLE YEARS, TRENDING DATA IS USED TO DETERMINE MOVEMENT IN CEO PAY AND IS USED IN CONSIDERATION WHEN MAKING ADJUSTMENT RECOMMENDATIONS BY THE PERSONNEL AND COMPENSATION COMMITTEE THE PROCESS WAS LAST UNDERTAKEN IN 2008 FOR THE CEO, SARAH A STOESZ
Form 990, Part VI, Section C, line 19		THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC SUMMARIZED FINANCIAL DATA IS AVAILABLE IN THE ORGANIZATION'S ANNUAL REPORT AVAILABLE ON THE WEBSITE
FORM 990, PART VII, LINE 1A, COL B	AVERAGE HOURS PER WEEK	SARAH A STOESZ AVERAGE HOURS PER WEEK IS AS FOLLOWS PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA - 40 HRS PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA ACTION FUND - 2 HRS

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

Open to Public Inspection

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

Department of the Treasury
Internal Revenue Service

Name of the organization

PLANNED PARENTHOOD MINNESOTA NORTH
DAKOTA SOUTH DAKOTA

Employer identification number

41-0948382

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CHARLES-VANDALIA LLC 1965 FORD PARKWAY ST PAUL, MN 55116 41-0948382	PROPERTY ACQUISITION	MN	4,434	5,708,178	N/A

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
PLANNED PARENTHOOD OF MN ND SD ACTION FUND 1200 LAGOON AVE MINNEAPOLIS, MN 55408 41-1709702	ADVOCACY	MN	501(c)(4)	N/A	N/A

Part III 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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV 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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
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Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b	Yes	
1c		No
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k	Yes	
1l		No
1m	Yes	
1n	Yes	
1o	Yes	
1p	Yes	
1q		No
1r		No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	PLANNED PARENTHOOD OF MN ND SD ACTION FUND	B	162,174
(2)	PLANNED PARENTHOOD OF MN ND SD ACTION FUND	K	74,172
(3)			
(4)			
(5)			
(6)			

Part IV 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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No