


Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	▶ The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011		D Employer identification number 41-0948382	
B Check if applicable <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	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) Room/suite 671 VANDALIA STREET City or town, state or country, and ZIP + 4 ST PAUL, MN 55114		E Telephone number (651) 696-5500
F Name and address of principal officer SARAH A STOEZ 671 VANDALIA STREET ST PAUL, MN 55114		G Gross receipts \$ 30,002,848	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
J Website: WWW.PLANNEDPARENTHOOD.ORG/MN-ND-SD		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		H(c) Group exemption number	
L Year of formation 1968		M State of legal domicile MN	

Part I	Summary
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities AFFIRMING HUMAN RIGHTS TO REPRODUCTIVE HEALTH AND FREEDOM		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	26
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	385
	6 Total number of volunteers (estimate if necessary)	6	1,551
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,723
7b Net unrelated business taxable income from Form 990-T, line 34	7b	659	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	11,102,758	10,565,526
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	19,030,115	19,118,225
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	249,472	179,641
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-77,194	-9,554
		30,305,151	29,853,838
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	401,911	462,758
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	15,561,749	15,743,682
	16a Professional fundraising fees (Part IX, column (A), line 11e)	14,998	119,440
	b Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 1,187,989		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	11,990,321	12,425,906
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	27,968,979	28,751,786
	19 Revenue less expenses Subtract line 18 from line 12	2,336,172	1,102,052
	Net Assets or Fund Balances		Beginning of Current Year
20 Total assets (Part X, line 16)		31,126,914	40,038,120
21 Total liabilities (Part X, line 26)		2,698,997	10,717,842
22 Net assets or fund balances Subtract line 21 from line 20		28,427,917	29,320,278

Part II	Signature Block
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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			2012-11-13 Date	
	SARAH A STOESZ, PRESIDENT/CEO Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	CHRISTINE ABELL	Date	Check if self-employed <input checked="checked" type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P00279655
	Firm's name (or yours if self-employed), address, and ZIP + 4	CLIFTONLARSONALLEN LLP 220 SOUTH SIXTH STREET SUITE 300 MINNEAPOLIS, MN 55402			EIN 41-0746749
					Phone no (612) 376-4500

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

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

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 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 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 \$ 20,494,923 including grants of \$ 151,300) (Revenue \$ 19,111,111)
	- PATIENT SERVICES - PPMNS SERVED 62,485 PATIENTS IN 2011 THROUGH A NETWORK OF 26 CLINICS IN MINNESOTA AND SOUTH DAKOTA DURING 2011, PPMNS CLOSED SIX OF ITS SMALLEST CLINICS DUE TO A REDUCTION IN FEDERAL FUNDING HOWEVER, THE ORGANIZATION INCREASED ACCESS IN OTHER CLINICS BY EXTENDING HOURS AND DAYS MOST PATIENTS FROM CLOSED CLINCIS TRANSFERRED TO ONE OF THE PPMNS CLINICS NEARBY ALL PPMNS 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 76% OF CLIENTS RECEIVING CARE WERE AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL PLANNED PARENTHOOD CLINICS ARE OFTEN THE ONLY OPTION FOR SUBSIDIZED FAMILY PLANNING SERVICES IN THE COUNTY, PARTICULARLY IN THE RURAL AREAS OF MINNESOTA 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 2011

4b	(Code) (Expenses \$ 765,798 including grants of \$ 5,000) (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 PREVENTIVE CARE THAT REDUCES UNINTENDED PREGNANCIES AND SEXUALLY TRANSMITTED INFECTIONS THROUGH OUR ADVOCACY WORK, WE STRIVE TO CREATE OPPORTUNITIES FOR PEOPLE THROUGHOUT OUR REGION TO LEARN ABOUT THE ISSUES, WRITE LETTERS TO THE EDITOR, REGISTER TO VOTE, AND TAKE OTHER NONPARTISAN GRASSROOTS ACTION IN SUPPORT OF THEIR BELIEFS THROUGH OUR DIRECT AND GRASSROOTS LOBBYING, WE WORK TO EDUCATE POLICYMAKERS ON THE IMPORTANCE OF PUBLIC POLICY THAT SUPPORTS AFFORDABLE FAMILY PLANNING SERVICES, MEDICALLY ACCURATE SEXUALITY EDUCATION, AND ACCESS TO REPRODUCTIVE HEALTHCARE FOR ALL WOMEN AND MEN IN 2011, PPMNS' ACCOMPLISHMENTS INCLUDED MINNESOTA- MORE THAN DOUBLED THE MEMBERSHIP OF THE PLANNED PARENTHOOD ACTION NETWORK (PPAN) - LEAD A SUCCESSFUL GOOD FRIDAY COUNTER PROTEST THAT RESULTED IN A RECORD TURNOUT - PLANNED AND IMPLEMENTED 40TH ANNIVERSARY CLINIC CELEBRATIONS IN MANKATO AND DULUTH - CONTINUED OUTREACH EFFORTS TO INFORM COMMUNITY ABOUT NEW HEALTH CENTER IN SAINT PAUL - MANAGED LOGISTICS OF NEW DATA COLLECTION PROTOCOL - REFRESHED POLICY REPORT ON ENVIRONMENTAL TOXINS AND PREPARED FOR RELEASE - COLLABORATED WITH REGIONAL ADVISORY COUNCILS IN ROCHESTER AND DULUTH TO SUPPLY EACH WITH POLICY BRIEFINGS- HELPED MINNEAPOLIS, DULUTH AND ROCHESTER TEEN COUNCILS PLAN YOUTH LOBBY DAY AND NON-PARTISAN VOTER ENGAGEMENT- CLOSELY MONITORED THE STATE AND FEDERAL HEALTH REFORM INITIATIVES IN ORDER TO UNDERSTAND THEIR IMPACT ON PLANNED PARENTHOOD PATIENTS- EDUCATED ABOUT AND ADVOCATED FOR NEEDS OF PPMNS PATIENTS WITH MINNESOTA LAWMAKERS- CONTINUED ORGANIZATIONAL COMMITMENT TO EDUCATE THE PUBLIC AND POLICY MAKERS ABOUT THE RISING RATES OF SEXUALLY TRANSMITTED INFECTIONS IN MINNESOTA NORTH DAKOTA- TRIPLED THE NORTH DAKOTA BASED MEMBERSHIP OF THE PLANNED PARENTHOOD ACTION NETWORK (PPAN) - HELD 7TH ANNUAL PROGRESS ON THE PRAIRIE EVENT AND PRESENTED AWARD TO TWO KEY LEADERS - GREW VOLUNTEER HOURS BY 158 HOURS NOT INCLUDING THE WORK OF TWO FULL TIME CAMPUS BASED INTERNS (FROM NDSU AND UND)- WALKED IN THE LGBT PARADE WITH 25 VOLUNTEERS- PLANNED A THREE STATE COMPREHENSIVE SEX EDUCATION CONFERENCE WITH LOCAL STAKEHOLDERS - BEGAN PLANNING THE ORGANIZATION'S COMMITMENT TO FIGHT AGAINST MEASURE 3 (JUNE 2012)- MONITORED THE MONTHLY HEALTH CARE REFORM INTERIM COMMITTEE MEETINGS AS IT DESIGNED A STATE BASED EXCHANGE PROCESS AND OVERSIGHT AGENCY - MAINTAINED POSITIVE MEDIA PROFILE IN STATE - HELD MONTHLY MEETINGS WITH NORTH DAKOTA ADVISORY COMMITTEE SOUTH DAKOTA- GREW PLANNED PARENTHOOD ACTION NETWORK (PPAN) MEMBERSHIP BY 94% - EXPANDED VOLUNTEER HOURS AND CAMPUS BASED INTERNSHIPS TO OVER 300 HOURS HAD ONE PUBLIC AFFAIRS STUDENT INTERN IN THE OFFICE THROUGHOUT THE YEAR - MAINTAINED A VERY PRO-ACTIVE MEDIA PRESENCE BY SUBMITTING 17 LETTERS TO THE EDITOR, 4 OPINION PIECES TO LOCAL MEDIA OUTLETS, 2 GUEST POSTS FOR BLOGS AND JEZEBEL - PARTICIPATED IN SUCCESSFUL COLLABORATIVE OUTREACH EVENTS INCLUDING ROE V WADE ANNIVERSARY, MEDICAL STUDENTS FOR CHOICE, SIOUX EMPIRE FAIR, SIOUX FALLS PRIDE, SIDEWALK ARTS FESTIVAL, AND DEMOCRACY IN ACTION - BEGAN PLANNING THE FORMATION OF A NEW SOUTH DAKOTA ADVISORY COMMITTEE - SPEARHEADED THE INCEPTION OF THE TEAM ROE TIMES, A COALITION PUBLIC EDUCATION EFFORT

4c	(Code) (Expenses \$ 1,278,130 including grants of \$ 306,459) (Revenue \$ 7,114)
	- EDUCATION AND OUTREACH - IN 2011, PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA'S EDUCATION AND OUTREACH PROGRAMS REACHED 25,490 PEOPLE INCLUDING 13,469 YOUTH AND ADULTS ENGAGED WITH US THROUGH PEER EDUCATION, CLASSROOM PRESENTATIONS, ALL-DAY RETREATS, AND INTENSIVE PROGRAMS IN ADDITION, WE REACHED 12,021 PEOPLE THROUGH HEALTH FAIRS AND OTHER COMMUNITY EVENTS YOUTH PROGRAMS REACH ONE/TEACH ONE (ROTO) IS A YOUTH PEER EDUCATION PROGRAM IN 2011, 10 PARTICIPANTS IN THE MINNEAPOLIS ROTO PROGRAM RECEIVED INTENSIVE TRAINING ON REPRODUCTIVE AND SEXUAL HEALTH TOPICS THEY IN TURN SHARED THEIR KNOWLEDGE WITH THEIR PEERS, REACHING 187 PEOPLE SEVERAL ROTO PARTICIPANTS HAVE CONTINUED THEIR INVOLVEMENT WITH PLANNED PARENTHOOD BY BECOMING MEMBERS OF TEEN COUNCIL TEEN COUNCIL IS AN INTENSIVE, YEAR-LONG YOUTH LEADERSHIP 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 2011, THERE WERE 36 TEEN COUNCIL MEMBERS WHO GAVE 174 PRESENTATIONS REACHING 3,267 PEOPLE QUE ONDA IS A YOUTH PEER EDUCATION PROGRAM FOR LATINO YOUTH MEMBERS SERVE THEIR PEERS, SCHOOL, AND COMMUNITY THROUGH OUTREACH AND PEER EDUCATION DURING THE 2010-2011 ACADEMIC YEAR, THERE WERE THREE QUE ONDA PROGRAMS, TWO IN MINNEAPOLIS AND ONE IN RICHFIELD, MN 34 PARTICIPANTS REACHED 733 PEOPLE THROUGH PEER EDUCATION IN THEIR SCHOOL AND COMMUNITY YOUTH POWER IS A PEER EDUCATION PROGRAM FOR AFRICAN YOUTH IN 2011, THE PROGRAM HAD 31 PARTICIPANTS WHO REACHED 1,124 INDIVIDUALS THROUGH ONE-ON-ONE AND SMALL GROUP PEER EDUCATION SESSIONS NATIVE STAND IS A CULTURALLY SPECIFIC PROGRAM FOR AMERICAN INDIAN YOUTH IN 2011, 24 YOUTH FROM THE DULUTH AND BEMIDJI AREAS COMPLETED THE NATIVE STAND PROGRAM PROGRAMS FOR ADULTS ENTRE AMIGAS IS A LAY HEALTH ADVISOR PROGRAM FOR ADULT LATINAS IN MINNEAPOLIS IN 2011, IT WAS OFFERED TWICE WITH A TOTAL OF 18 PARTICIPANTS WHO BECAME TRUSTED EXPERTS ON REPRODUCTIVE HEALTH IN THEIR COMMUNITIES, AND REACHED 879 FRIENDS, NEIGHBORS, AND COLLEAGUES IN SMALL GROUP PRESENTATIONS 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 2011, THE PROGRAM PROVIDED TRAINING TO 10 PARTICIPANTS WHO IN TURN REACHED 465 PEOPLE OPEN HEART (HEALTH EDUCATION AND RESOURCES TRAINING) IS A CULTURALLY SPECIFIC PROGRAM FOR HMONG WOMEN AND MEN OFFERED IN PARTNERSHIP WITH LAO FAMILY COMMUNITY, INC OF ST PAUL, MN PARTICIPANTS GAIN KNOWLEDGE ABOUT REPRODUCTIVE HEALTH AND ARE ENCOURAGED TO SHARE THEIR KNOWLEDGE WITH OTHERS IN 2011, 10 PARTICIPANTS ATTENDED 10 SESSIONS AS LAY HEALTH ADVISORS THEY REACHED AN ADDITIONAL 151 PEOPLE PARENT-CHILD PROGRAMS MOTHER-DAUGHTER AND MOTHER-SON RETREATS ARE ALL-DAY EVENTS PROVIDING 10 TO 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 2011, THERE WERE 116 PARTICIPANTS IN 7 RETREATS THESE RETREATS WERE HELD IN THE TWIN CITIES AREA TWO WERE MOTHER-SON RETREATS AND FIVE WERE MOTHER-DAUGHTER RETREATS

4d

Other program services (Describe in Schedule O)

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






















4e

Total program service expenses

\$ 22,538,851

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> 	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> 	4	Yes
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> 	5	No
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? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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 or more? <i>If "Yes," complete Schedule F, Part I.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> 	17	Yes
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i> 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i> 	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

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 (or a family member thereof) 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		No
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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
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		
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>		
		YesNo
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a98
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0
c	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 return. .	2a385
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 (see instructions).	2bYes
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3aYes
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3bYes
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 or securities account)?	4aNo
b	If "Yes," enter the name of the foreign country: _____ See instructions for 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?	5aNo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5bNo
c	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?	6aNo
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).	
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?	7aYes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7bYes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7cNo
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7eNo
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7fNo
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 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?	8
9	Sponsoring organizations maintaining donor advised funds.	
a	Did the organization make any taxable distributions under section 4966?	9a
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b
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
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b
c	Enter the aggregate amount of reserves on hand.	13c
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14aNo
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b

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.
Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	26		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	26
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?	2	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?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	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	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	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?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	Yes
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input checked="" type="checkbox"/> 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 made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made 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 <input checked="" type="checkbox"/> THE ORGANIZATION 671 VANDALIA STREET ST PAUL, MN 55114 (651) 696-5657

Check if Schedule O contains a response to any question in this Part VII ☒

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

Form **990** (2011)

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	1,794,713	28,244	408,012

2 Total number of individuals (including but not limited to those I
\$100,000 of reportable compensation from the organization) 8

		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>	3	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>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	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. 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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

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	298,837				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	4,792,178				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,474,511				
	g	Noncash contributions included in lines 1a-1f \$ _____						
	h	Total. Add lines 1a-1f		10,565,526				
Program Service Revenue			Business Code					
	2a	PATIENT SERVICES	621300	18,999,866	18,999,866			
	b	MANAGEMENT FEES	900099	79,831			79,831	
	c	PUBLICATIONS	511120	18,348	18,348			
	d	SPEAKER FEES	900099	7,114	7,114			
	e	TRAINING SEMINARS	900099	5,010	5,010			
	f	All other program service revenue		8,056	8,056			
	g	Total. Add lines 2a-2f		19,118,225				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		179,532			179,532	
	4	Income from investment of tax-exempt bond proceeds . .						
	5	Royalties						
	6a	Gross rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			109					
	b	Less cost or other basis and sales expenses	0					
	c	Gain or (loss)	109					
	d	Net gain or (loss)		109			109	
	8a	Gross income from fundraising events (not including \$ 281,336 of contributions reported on line 1c) See Part IV, line 18	a	125,814				
			b	148,787				
				-22,973			-22,973	
c	Net income or (loss) from fundraising events . .							
9a	Gross income from gaming activities See Part IV, line 19	a						
b	Less direct expenses	b						
c	Net income or (loss) from gaming activities . .							
10a	Gross sales of inventory, less returns and allowances	a	1,946					
			223					
			1,723		1,723			
b	Less cost of goods sold	b						
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue		Business Code						
11a	MISCELLANEOUS REVENUE	900099	6,680			6,680		
b	LIST RENTAL	900099	5,016			5,016		
c								
d	All other revenue							
e	Total. Add lines 11a-11d		11,696					
12	Total revenue. See Instructions		29,853,838	19,038,394	1,723	248,195		

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)
Check if Schedule O contains a response to any question in this Part IX

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 United States See Part IV, line 21	462,758	462,758		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,212,596	322,118	702,248	188,230
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	11,587,842	9,404,775	1,799,739	383,328
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	192,259	145,471	38,193	8,595
9	Other employee benefits	1,875,839	1,275,166	493,057	107,616
10	Payroll taxes	875,146	665,350	170,725	39,071
11	Fees for services (non-employees)				
a	Management	146,272	8,248	138,024	
b	Legal	45,449	15,000	29,816	633
c	Accounting	369,424	18,008	351,416	
d	Lobbying				
e	Professional fundraising See Part IV, line 17	119,440			119,440
f	Investment management fees	177,127	10,574	159,163	7,390
g	Other	1,093,233	891,227	73,059	128,947
12	Advertising and promotion	1,790	1,790		
13	Office expenses	310,789	241,261	59,936	9,592
14	Information technology	1,320,804	940,849	347,762	32,193
15	Royalties				
16	Occupancy	1,842,137	1,668,096	47,352	126,689
17	Travel	388,114	320,180	61,149	6,785
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	105,138	69,744	14,854	20,540
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	333,578	278,560	55,018	
23	Insurance	233,656	188,956	44,700	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	CLINICAL SUPPLIES & SER	5,369,261	5,367,258	2,003	
b	PPMNS DUES	309,470		309,470	
c	EQUIPMENT EXPENSE	248,725	147,046	101,679	
d	OTHER STAFF EXPENSE	130,939	96,416	25,583	8,940
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	28,751,786	22,538,851	5,024,946	1,187,989
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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			4,689,208	1	3,783,632
	2	Savings and temporary cash investments			237,234	2	169,856
	3	Pledges and grants receivable, net			4,198,242	3	2,842,663
	4	Accounts receivable, net			1,683,636	4	2,848,421
	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			1,034,105	8	758,901
	9	Prepaid expenses and deferred charges			375,140	9	232,240
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	24,925,411			
	b	Less: accumulated depreciation	10b	6,039,389	8,200,803	10c	18,886,022
	11	Investments—publicly traded securities			9,069,039	11	8,106,714
	12	Investments—other securities. See Part IV, line 11			500,000	12	500,528
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,139,507	15	1,909,143
16	Total assets. Add lines 1 through 15 (must equal line 34)			31,126,914	16	40,038,120	
Liabilities	17	Accounts payable and accrued expenses			2,175,972	17	4,178,203
	18	Grants payable				18	
	19	Deferred revenue			65,678	19	0
	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			90,419	23	6,264,966
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			366,928	25	274,673
	26	Total liabilities. Add lines 17 through 25			2,698,997	26	10,717,842
	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			6,237,676	27	5,389,474
28		Temporarily restricted net assets			13,774,424	28	15,204,900
29		Permanently restricted net assets			8,415,817	29	8,725,904
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			28,427,917	33	29,320,278
34	Total liabilities and net assets/fund balances			31,126,914	34	40,038,120	

Part XI

Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,853,838
2	Total expenses (must equal Part IX, column (A), line 25)	2	28,751,786
3	Revenue less expenses Subtract line 2 from line 1	3	1,102,052
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28,427,917
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-209,691
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	29,320,278

Part XII

Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII ☐

		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
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	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 separate basis, consolidated 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)

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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

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 Se**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)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(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?
			Yes	No	Yes	No	Yes	No	
Total									

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 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

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	9,905,086	14,797,170	12,884,547	11,102,758	10,565,526	59,255,087
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	9,905,086	14,797,170	12,884,547	11,102,758	10,565,526	59,255,087
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)						690,830
6 Public Support. Subtract line 5 from line 4						58,564,257

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	9,905,086	14,797,170	12,884,547	11,102,758	10,565,526	59,255,087
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	338,743	367,279	240,950	254,229	179,593	1,380,794
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	48,019	13,642	142,989
11 Total support (Add lines 7 through 10)						60,781,231

12

Gross receipts from related activities, etc (See instructions)

12

85,690,923

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 2011 (line 6 column (f) divided by line 11 column (f))	14	96 350 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	95 120 %

16a

33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2011. 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—2010. 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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, Special Condition Description:

Special Condition Description

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			
SARAH DODGE CHAIR	1 00	X		X				0	0	0
STACEY L MILLS VICE CHAIR	1 00	X		X				0	0	0
SUSAN WEINBERG TREASURER	1 00	X		X				0	0	0
TOM SANDERS SECRETARY	1 00	X		X				0	0	0
LYNN M ABRAHAMSEN DIRECTOR	1 00	X						0	0	0
JANE AHLIN DIRECTOR	1 00	X						0	0	0
SUZANNA DE BACA DIRECTOR	1 00	X						0	0	0
JILL FIELD DIRECTOR	1 00	X						0	0	0
MARY P FOARDE DIRECTOR	1 00	X						0	0	0
PHYLLIS B FRANCE DIRECTOR	1 00	X						0	0	0
DOREEN FRANKEL PHD DIRECTOR	1 00	X						0	0	0
LINDA GOLDENBERG DIRECTOR	1 00	X						0	0	0
ANDREW GOOD MD DIRECTOR	1 00	X						0	0	0
RACHEL HAMLIN DIRECTOR	1 00	X						0	0	0
BETSY HAWN DIRECTOR	1 00	X						0	0	0
SUSANNE LILLY HUTCHESON DIRECTOR	1 00	X						0	0	0
DAVID B M JONES DIRECTOR	1 00	X						0	0	0
MARLENE KAYSER DIRECTOR	1 00	X						0	0	0
KATHARINE L KELLY DIRECTOR	1 00	X						0	0	0
MIGDALIA LOYOLA DIRECTOR	1 00	X						0	0	0
LEE LYNCH DIRECTOR	1 00	X						0	0	0
JENNIFER L MARTIN DIRECTOR	1 00	X						0	0	0
BRAD RANDALL MD DIRECTOR	1 00	X						0	0	0
DEBORAH ROESLER DIRECTOR	1 00	X						0	0	0
LINDA J SCHER DIRECTOR	1 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			
EVE STUBENS SMITH DIRECTOR	1 00	X						0	0	0
SARAH A STOESZ PRESIDENT/CEO	38 00			X				310,386	16,336	78,185
JANE HOPKINS GOULD CHIEF FINANCIAL OFFICER	40 00			X				59,282	0	2,526
SCOTT GRINDE CHIEF FINANCIAL OFFICER	40 00			X				91,557	0	27,107
DONALD R BOYCHUK CHIEF OPERATIONS OFFICER	40 00				X			222,148	0	48,180
CONNIE J LEWIS VP EXTERNAL AFFAIRS	37 00				X			146,876	11,908	49,568
JANA K OLSLUND VP/CHIEF DEVELOPMENT OFFICER	40 00				X			150,712	0	33,667
SHERRY S BEHM VP CLINICAL OPERATIONS	40 00					X		146,181	0	37,745
CAROL E BALL MEDICAL DIRECTOR	36 00					X		374,596	0	74,895
JESSICA SCHMIESING VP HR/ORG EFFECTIVENESS	40 00					X		175,223	0	47,259
SUSAN CASEY CHIEF COMPLIANCE OFFICER	40 00					X		117,752	0	8,880

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

If the organization answered “Yes,” to 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,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

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

Name of the organization PLANNED PARENTHOOD MINNESOTA NORTH DAKOTA SOUTH DAKOTA	Employer identification number 41-0948382
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV	

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A
- Check
- ☐
- if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B
- Check
- ☐
- if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0													
c	Total lobbying expenditures (add lines 1a and 1b)	0													
d	Other exempt purpose expenditures	22,538,853													
e	Total exempt purpose expenditures (add lines 1c and 1d)	22,538,853													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	853,627				853,627
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	3,600				3,600

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE D
(Form 990)

Supplemental Financial Statements

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2011

Open to Public Inspection

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.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
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?	
	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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	
	<div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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 (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the 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

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?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part 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

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

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	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if 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	9,160,587	8,381,531	7,065,994	11,096,582
b	Contributions	300,000	21,363	13,851	40,000
c	Investment earnings or losses	-95,994	1,059,613	1,301,686	-3,312,777
d	Grants or scholarships				
e	Other expenditures for facilities and programs	455,784	301,920		757,811
f	Administrative expenses				
g	End of year balance	8,908,809	9,160,587	8,381,531	7,065,994

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 2 050 %

b

Permanent endowment ▶ 97 950 %

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

(i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,500,495		3,500,495
b Buildings		2,034,659	1,000,921	1,033,738
c Leasehold improvements		2,889,781	2,546,415	343,366
d Equipment		2,697,499	2,492,053	205,446
e Other		13,802,977		13,802,977
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				18,886,022

Schedule D (Form 990) 2011

Part XIReconciliation 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 XIIReconciliation 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 XIIIReconciliation 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 XIVSupplemental 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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE ORGANIZATION HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT FUND ASSETS DESIGNED TO PROVIDE A PREDICTABLE STREAM OF FUNDING TO PROGRAMS IT SUPPORTS IN ACCORDANCE WITH EXPLICIT DONOR STIPULATIONS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION IS CLASSIFIED BY THE INTERNAL REVENUE SERVICES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS SUBJECTED TO FEDERAL INCOME TAX ONLY ON NET UNRELATED BUSINESS INCOME THE ORGANIZATION CURRENTLY HAS LESS THAN \$1,000 OF UNRELATED BUSINESS INCOME THE LIMITED LIABILITY COMPANY IS NOT A TAXPAYING ENTITY FOR FEDERAL OR STATE INCOME TAX PURPOSES, AND THUS NO INCOME TAX EXPENSE HAS BEEN RECORDED IN THESE STATEMENTS THE LLC WAS A SINGLE-MEMBER LLC AND WAS A WHOLLY OWNED SUBSIDIARY OF THE ORGANIZATION FOR THE YEAR ENDED DECEMBER 31, 2010 ON MAY 11, 2011, A SECOND MEMBER PURCHASED UNITS OF THE LIMITED LIABILITY COMPANY THE ORGANIZATION HAS ELECTED TO ADOPT GUIDANCE IN THE INCOME TAX STANDARD REGARDING THE RECOGNITION AND MEASUREMENT OF UNCERTAIN TAX POSITIONS THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARD FOR CONTINGENCIES FOR EVALUATING UNCERTAIN TAX POSITIONS THE ADOPTION OF THIS STANDARD HAS NO EFFECT ON THE CONSOLIDATED FINANCIAL STATEMENTS THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL, STATE AND LOCAL AUTHORITIES THE TAX RETURNS FOR THE YEARS 2007 TO 2010 ARE OPEN TO EXAMINATION BY FEDERAL, STATE AND LOCAL AUTHORITIES

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 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. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
PLANNED PARENTHOOD MINNESOTA NORTH
DAKOTA SOUTH DAKOTA

Employer identification number
41-0948382

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and e-mail solicitations

f

☒

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ARIA COMMUNICATIONS CORPORATION 717 WEST ST GERMAIN STREET ST CLOUD, MN 56301	TELEMARKETING		No	18,337	10,943	7,394
Total ▶				18,337	10,943	7,394

3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

MN, SD, ND

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 CELEBRATE PLANNED PARENTHOOD (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1	Gross receipts	407,150		407,150
	2	Less Charitable contributions	281,336		281,336
	3	Gross income (line 1 minus line 2)	125,814		125,814
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes . . .			
	6	Rent/facility costs . .			
	7	Food and beverages . . .	73,126		73,126
	8	Entertainment			
	9	Other direct expenses .	75,661		75,661
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			
					(148,787)
					-22,973

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.

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

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?

☐ Yes ☐ No

b If "No," Explain

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," Explain

- 11

Does the organization operate 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 operated in

a	The organization's facility	13a
b	An outside facility	13b

14

Provide 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?

Yes

No
- 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

- Director/officer

Employee

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?

Yes

No
- 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 \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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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
(1) PLANNED PARENTHOOD MINNESOTA NORTH DAKOTA SOUTH DAKOTA ACTION FUND 1200 LAGOON AVE MINNEAPOLIS,MN 55408	41-1709702	501(C)(4)	306,459		N/A	N/A	GENERAL SUPPORT - NON-LOBBYING EXPENDITURES
(2) OTTER TAIL-WADENA COMMUNITY ACTION COUNCILPO BOX L NEW YORK MILLS,MN 56567	41-0887373	501(C)(3)	44,500		N/A	N/A	TITLE X DISTRIBUTION
(3) SOUTHEASTERN MN COMMUNITY ACTION COUNCILBOX 549 RUSHFORD,MN 55971	41-0907135	501(C)(3)	44,500		N/A	N/A	TITLE X DISTRIBUTION
(4) SOUTHWESTERN MINNESOTA OPPORTUNITY COUNCIL PO BOX 787 1106 THIRD AVE WORTHINGTON,MN 56187	41-6050245	501(C)(3)	40,050		N/A	N/A	TITLE X DISTRIBUTION
(5) NEIGHBORHOOD HEALTH SOURCE3300 FREMONT AVE NORTH MINNEAPOLIS,MN 55412	41-1235064	501(C)(3)	22,250		N/A	N/A	TITLE X DISTRIBUTION

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GRANTS TO THE ORGANIZATIONS ARE DESIGNATED FOR SPECIFIC PURPOSE USE OR IS A CHARITABLE DONATION THAT DOES NOT REQUIRE REPORTING AFTER DISBURSEMENT SPECIFICALLY WITH RESPECT TO THE SOUTH DAKOTA CAMPAIGN FOR HEALTHY FAMILIES, AN INDIVIDUAL SITS ON THE EXECUTIVE COMMITTEE FOR THIS ORGANIZATION AND IN TURN MONITORS ALL EXPENDITURES

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

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.

Name of the organization
PLANNED PARENTHOOD MINNESOTA NORTH
DAKOTA SOUTH DAKOTA

Employer identification number

41-0948382

Part I

Questions Regarding Compensation

	Yes	No
<div><div>1a</div><div>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</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div>		
<div><div>1b</div><div>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</div></div>		
<div><div>2</div><div>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?</div></div>		
<div><div>3</div><div>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</div><div><div><div><input checked="" type="checkbox"/> Compensation committee</div><div><input checked="" type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>		
<div><div>4</div><div>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</div></div>		
<div><div>4a</div><div>Receive a severance payment or change-of-control payment?</div></div>		No
<div><div>4b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>	Yes	
<div><div>4c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		No
<div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>		
<div><div>5</div><div>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</div></div>		
<div><div>5a</div><div>The organization?</div></div>		No
<div><div>5b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		No
<div><div>6</div><div>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</div></div>		
<div><div>6a</div><div>The organization?</div></div>		No
<div><div>6b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		No
<div><div>7</div><div>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</div></div>		No
<div><div>8</div><div>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</div></div>		No
<div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>		

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.

[illegible]

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 4B	- 457(F) PLAN CREDITED SARAH A STOESZ - \$52,247 SCOTT GRINDE - \$26,204 DONALD R BOYCHUK - \$33,149 CONNIE J LEWIS - \$7,427 JANA OSLUND - \$17,563 SHERRY BEHM - \$8,744 CAROLE BALL - \$44,442 JESSICA SCHMIESING - \$17,996 - 457(F) PLAN DISTRIBUTIONS SARAH A STOESZ - \$48,775 DONALD R BOYCHUK - \$35,885 CONNIE J LEWIS - \$5,001 CAROLE BALL - \$68,986 JESSICA SCHMIESING - \$24,812

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
PLANNED PARENTHOOD MINNESOTA NORTH
DAKOTA SOUTH DAKOTA

Employer identification number
41-0948382

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art	X	5	933	FMV
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		30	FMV
5 Clothing and household goods	X		1,386	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	45	180,920	STOCK MARKET QUOTES
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	6	1,240	FMV
19 Food inventory	X	18	3,809	FMV
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>GIFT CERT</u>)	X	51	23,220	FACE VALUE
26 Other ► (<u>MISCELLANEOUS</u>)	X	3	12,050	FMV
27 Other ► (<u> </u>)				
28 Other ► (<u> </u>)				

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

290

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

30a

Yes

No

b If "Yes," describe the arrangement in Part II

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

31

Yes

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

32a

Yes

b If "Yes," describe in Part II

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

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 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 to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011**Open to Public
Inspection**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 A, LINE 1	THE EXECUTIVE COMMITTEE SHALL PERFORM THE FUNCTIONS AND HAVE THE POWERS OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS OF THE CORPORATION, SUBJECT TO THE LIMITATIONS AS SET FORTH IN THE BYLAWS THE EXECUTIVE COMMITTEE SHALL PREPARE THE AGENDA FOR EACH BOARD MEETING, IN CONSULTATION WITH THE PRESIDENT AND THE COMMITTEE CHAIRS, AND SHALL BE RESPONSIBLE FOR COORDINATING THE PRESIDENT'S PERFORMANCE REVIEW ALL ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE SHALL BE REPORTED BY PROVIDING THE MINUTES OF THE EXECUTIVE COMMITTEE TO THE BOARD MEMBERS AT OR BEFORE THE NEXT BOARD MEETING THE EXECUTIVE COMMITTEE SHALL CONSIST OF THE CHAIR OF THE BOARD, THE CHAIR-ELECT, IF ANY, THE VICE CHAIR, THE TREASURER AND THE SECRETARY THE CHAIR OF THE BOARD OF DIRECTORS SHALL BE THE CHAIR OF THE EXECUTIVE COMMITTEE ALL MEMBERS OF THE EXECUTIVE COMMITTEE SHALL BE ENTITLED TO VOTE

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 DETAILED REVIEW, AND THE TREASURER WILL PRESENT THE FORM 990 TO THE FULL BOARD PRIOR TO FILING THE RETURN

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	<p>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 COMPRISED OF INDEPENDENT PERSONS 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 COMPLETE PROCESS WAS LAST UNDERTAKEN IN 2012 AND IN 2008 FOR THE CEO, SARAH A. STOESZ. HOWEVER, IN 2011, MARKET ADJUSTMENT DATA WAS UTILIZED TO ESTABLISH A NEW SALARY MIDPOINT FOR THE CEO. A MARKET ASSESSMENT IS COMPLETED ON ALL EXECUTIVE POSITIONS UTILIZING VARIOUS THIRD-PARTY COMPENSATION SURVEYS (HEWITT, WATSON WYATT, TOWERS, STANTON, PPFA, IHS). THE BENCHMARKING ANALYSIS IS COMPLETED BY THE VICE PRESIDENT OF HUMAN RESOURCES, WHO IS A CERTIFIED COMPENSATION PROFESSIONAL. THE JOB MATCHES AND COMPENSATION DATA IS REVIEWED ANNUALLY BY THE PERSONNEL AND COMPENSATION COMMITTEE OF OUR BOARD OF DIRECTORS. COMPENSATION RECOMMENDATIONS, SPECIFICALLY INCREASES, ARE MADE BY THE CEO BASED ON INDIVIDUAL PERFORMANCE AND POSITION RELATIVE TO THE MARKET MEDIAN. THE PERSONNEL AND COMPENSATION COMMITTEE REVIEWS EXECUTIVE TEAM COMPENSATION AND THE CEO'S RECOMMENDATIONS AND MAKES FINAL RECOMMENDATIONS. ULTIMATELY, THE CEO MAKES THE FINAL DETERMINATION OF SALARY INCREASES. THIS PROCESS WAS LAST UNDERTAKEN IN 2011 FOR THE COO, CFO, VP CLINICAL OPERATIONS, VP EXTERNAL AFFAIRS, MEDICAL DIRECTOR, COMPLIANCE OFFICER AND VP/CHIEF DEVELOPMENT OFFICER.</p>

Identifier	Return Reference	Explanation
	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.

Identifier	Return Reference	Explanation
AVERAGE HOURS PER WEEK	FORM 990, PART VII, LINE 1A, COLUMN B	PURSUANT TO THE CONTRACT FOR SERVICES BETWEEN THE RELATED ORGANIZATIONS, PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA AND PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA ACTION FUND SARAH A STOESZ WORKED APPROXIMATELY 40 HOURS PER WEEK AS FOLLOWS PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA - 38 HRS PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA ACTION FUND - 2 HRS CONNIE J LEWIS WORKED APPROXIMATELY 40 HOURS PER WEEK AS FOLLOWS PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA - 37 HRS PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA ACTION FUND - 3 HRS SARAH DODGE, JILL FIELD, RACHEL HAMLIN, SUSANNE LILLY HUTCHESON, MARLENE KAYSER, KATHARINE L KELLY AND EVE STUBENS SMITH EACH WORKED APPROXIMATELY 1 HOUR PER WEEK FOR PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA AND 1 HOUR PER WEEK FOR PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA ACTION FUND

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -253,374 DONATED SERVICES AND USE OF FACILITIES 43,683 TOTAL TO FORM 990, PART XI, LINE 5 -209,691

Identifier	Return Reference	Explanation
AMENDED RETURN EXPLANATION	FORM 990 AMENDED RETURN, SCHEDULE O	THE FOLLOWING BOARD MEMBERS, RACHEL HAMLIN, KATHARINE L KELLY, AND EVE STUBENS SMITH, SERVE ON BOTH THE BOARD OF DIRECTORS FOR PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA AND PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA ACTION FUND AND WERE EXCLUDED FROM THE NARRATIVE ON SCHEDULE O DESCRIBING THIS OVERLAP. THIS NARRATIVE ON SCHEDULE O HAS BEEN UPDATED TO INCLUDE THESE INDIVIDUALS ON THE 2011 AMENDED FORM 990.

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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.

OMB No 1545-0047

2011

Open to Public Inspection

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

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	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) PLANNED PARENTHOOD OF MN ND SD ACTION FUND 671 VANDALIA STREET ST PAUL, MN 55114 41-1709702	ADVOCACY	MN	501(C)(4)	N/A	PPMNS	Yes	

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?		(k) Percentage ownership
							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

Part V

Transactions With Related Organizations

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, 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 related organization(s)

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

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

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

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

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

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

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

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

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

r Other transfer of cash or property from related 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	(d) Method of determining amount involved
(1) PLANNED PARENTHOOD OF MN ND SD ACTION FUND	B	226,628	CASH
(2) PLANNED PARENTHOOD OF MN ND SD ACTION FUND	K	79,831	CONTRACT TERMS
(3)			
(4)			
(5)			
(6)			

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.

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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