


Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at [www.IRS.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ 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 province, country, and ZIP or foreign postal code

ST PAUL, MN 55114

F Name and address of principal officer

SARAH A STOESZ

671 VANDALIA STREET

ST PAUL, MN 55114

H(a) Is this a group return for subordinates?

☐ Yes☒ No

H(b) Are all subordinates included?

☐ Yes☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3)☐ 501(c) ( ) (Insert no )☐ 4947(a)(1) or ☐ 527

J Website:

WWW PPMNS ORG

K Form of organization

☒ Corporation☐ Trust☐ Association☐ Other

L Year of formation

1968

M State of legal domicile

MN

Part I	Summary																																																		
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>AFFIRMING HUMAN RIGHTS TO REPRODUCTIVE HEALTH AND FREEDOM</div><div></div><div></div><div></div></div>																																																		
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>																																																		
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Part II

Signature Block

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

Sign Here

\*\*\*\*\*

Signature of officer

SARAH A STOESZ PRESIDENT & CEO

Type or print name and title

2014-10-24

Date

Paid Preparer Use Only

Print/Type preparer's name

KURT BENNION

Firm's name

CLIFTONLARSONALLEN LLP

Firm's address

220 SOUTH SIXTH STREET SUITE 300

MINNEAPOLIS, MN 55402

Preparer's signature

Date

Check ☐ if self-employed

PTIN

P01469618

Firm's EIN

41-0746749

Phone no

(612) 376-4500

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization's mission

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 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 \$ 27,388,014 including grants of \$ 173,550 ) (Revenue \$ 25,430,008 )

- PATIENT SERVICES -IN 2013 PPMNS SERVED 70,284 PATIENTS AT 20 CLINICS IN MINNESOTA AND SOUTH DAKOTA CLINICS PROVIDED BASIC WELL-WOMEN EXAMS, CONTRACEPTIVE CARE, PREGNANCY TESTING, PAP SMEARS, BREAST EXAMS, TESTING AND TREATMENT FOR SEXUALLY TRANSMITTED INFECTIONS, HIV TESTING AND EMERGENCY CONTRACEPTION COLPOSCOPY, SLEEP AND SURGICAL AND MEDICATION ABORTIONS WERE OFFERED AT SELECTED SITES 85% 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, PARTICULARLY IN RURAL AREAS TO PROVIDE ACCESS FOR PATIENTS WHO OFTEN FACE BARRIERS TO SERVICE, PLANNED PARENTHOOD OFFERED EVENING, WEEKEND, WALK IN HOURS, SAME DAY APPOINTMENTS AND INTERPRETER SERVICES

4b

(Code ) (Expenses \$ 1,357,145 including grants of \$ 251,449 ) (Revenue \$ 4,000 )

- EDUCATION AND OUTREACH -IN 2013, EDUCATION AND OUTREACH PROGRAMS REACHED 34,659 PEOPLE, INCLUDING 23,540 YOUTHS AND ADULTS ENGAGED THROUGH PEER EDUCATION, CLASSROOM PRESENTATIONS, ALL-DAY RETREATS, AND INTENSIVE PROGRAMS EDUCATION INCLUDED TRAINING OF 578 PARTICIPANTS ON A VARIETY OF REPRODUCTIVE AND SEXUAL HEALTH TOPICS, EIGHT ALL-DAY PARENT-CHILD RETREATS FOCUSED ON PUBERTY AND REPRODUCTIVE ANATOMY, AS WELL AS ENHANCING FAMILY COMMUNICATION AND CONNECTEDNESS PEER EDUCATORS REACHED 11,423 PEOPLE ON TOPICS SUCH AS HEALTHY SEXUALITY, CONTRACEPTION AND FAMILY PLANNING, AND SEXUALLY TRANSMITTED INFECTIONS IN ADDITION, 11,064 PEOPLE WERE REACHED THROUGH HEALTH FAIRS AND OTHER COMMUNITY EVENTS YOUTH PROGRAMS REACH ONE/TEACH ONE (ROTO) IS A YOUTH PEER EDUCATION PROGRAM OFFERED IN TWO LOCATIONS ST PAUL, MN AND FARGO, ND IN THE TEN ROTO PROGRAMS THAT TOOK PLACE IN 2013, 84 PARTICIPANTS RECEIVED INTENSIVE TRAINING ON REPRODUCTIVE AND SEXUAL HEALTH TOPICS THEY IN TURN SHARED THEIR KNOWLEDGE WITH THEIR PEERS, REACHING 1,913 PEOPLE SEVERAL ROTO PARTICIPANTS HAVE CONTINUED THEIR INVOLVEMENT WITH PLANNED PARENTHOOD BY BECOMING MEMBERS OF TEEN COUNCIL YOUTH POWER IS A PEER EDUCATION PROGRAM FOR AFRICAN YOUTH OFFERED IN TWO LOCATIONS IN ROCHESTER AND IN THE TWIN CITIES METRO AREA IN 2013, THE PROGRAM HAD 33 PARTICIPANTS WHO REACHED 1,030 INDIVIDUALS THROUGH ONE-ON-ONE AND SMALL GROUP PEER EDUCATION SESSIONS NATIVE STAND IS A PEER EDUCATION PROGRAM FOR AMERICAN INDIAN YOUTH IN 2013, THE PROGRAM HAD 12 PARTICIPANTS WHO REACHED 298 INDIVIDUALS THROUGH ONE-ON-ONE AND SMALL GROUP PEER EDUCATION SESSIONS HMONG STAR IS A PEER EDUCATION PROGRAM FOR HMONG YOUTH IN THE TWIN CITIES METRO AREA DURING 2013, 26 YOUTH PARTICIPATED IN THE PROGRAM AND IN TURN EDUCATED 791 OF THEIR PEERS TEEN COUNCIL IS AN INTENSIVE, YEAR-LONG YOUTH DEVELOPMENT PROGRAM FOR 10-12TH GRADE HIGH SCHOOL STUDENTS PROGRAM ELEMENTS INCLUDE PEER EDUCATION, SERVICE LEARNING AND INSTRUCTION ON A WIDE VARIETY OF TOPICS RELATED TO REPRODUCTIVE HEALTH AND SEXUALITY PARTICIPANTS PRACTICE AND LEARN SKILLS LIKE PUBLIC SPEAKING, CLASSROOM INSTRUCTION, EVENT PLANNING, GRASS-ROOTS ORGANIZING, TIME MANAGEMENT, GOAL SETTING, INTERVIEWING, AND GROUP FACILITATION THERE ARE TEEN COUNCIL PROGRAMS IN ROCHESTER, DULUTH, AND ST PAUL FOR THE THREE TEEN COUNCIL PROGRAMS ENDING IN 2013, THERE WERE 37 TEEN COUNCIL MEMBERS WHO GAVE 178 PRESENTATIONS REACHING 4,397 PEOPLE QUE ONDA IS A PEER EDUCATION PROGRAM FOR LATINO YOUTH DURING THE 2012-2013 ACADEMIC YEAR, THERE WERE SIX QUE ONDA PROGRAMS, ONE IN MINNEAPOLIS, MN AND FIVE IN RICHFIELD, MN SIXTY-THREE PARTICIPANTS REACHED 2,330 PEOPLE THROUGH PEER EDUCATION IN THEIR SCHOOL AND COMMUNITY PROGRAMS FOR ADULTS 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 2013, THE PROGRAM PROVIDED TRAINING TO 15 PARTICIPANTS WHO IN TURN REACHED 630 PEOPLE OPEN HEART (HEALTH EDUCATION AND RESOURCES TRAINING) IS A CULTURALLY SPECIFIC PROGRAM FOR HMONG WOMEN AND MEN PARTICIPANTS GAIN KNOWLEDGE ABOUT REPRODUCTIVE HEALTH AND ARE TRAINED TO SHARE THEIR KNOWLEDGE WITH OTHERS 2013 WAS THE FOURTH YEAR THIS PROGRAM WAS OFFERED, THIRTEEN PARTICIPANTS ATTENDED 10 SESSIONS AS LAY HEALTH ADVISORS, THEY EDUCATED 297 OF THEIR PEERS TAKING SHAPE IS AN EDUCATIONAL PROGRAM FOR AMERICAN INDIAN MEN, WOMEN AND YOUTH DURING 2013, 31 TAKING SHAPE PROGRAMS REACHED 270 INDIVIDUALS, PROVIDING THEM WITH INCREASED KNOWLEDGE ABOUT REPRODUCTIVE AND SEXUAL HEALTH 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 2013, THERE WERE 107 PARTICIPANTS IN 8 RETREATS OF THOSE, SIX WERE HELD IN THE TWIN CITIES AREA AND TWO WERE HELD IN BEMIDJI ONE WAS FOR A HMONG AUDIENCE, TWO WERE FOR AMERICAN INDIAN MOTHERS AND THEIR CHILDREN, ONE WAS FOR A LATINA AUDIENCE, ONE WAS FOR AN AFRICAN AUDIENCE, AND ONE WAS A MOTHER-SON RETREAT

4c

(Code ) (Expenses \$ 879,420 including grants of \$ 0 ) (Revenue \$ 0 )

- PUBLIC AFFAIRS - IN 2013, THE PUBLIC AFFAIRS DEPARTMENT FOCUSED ON ADVANCING ACCESS TO REPRODUCTIVE HEALTH CARE BY PASSING INITIATIVES AT THE MINNESOTA STATE LEGISLATURE, WORKING IN COALITION TO LIMIT RESTRICTIONS IN SOUTH DAKOTA AND WORKING WITH ALLIES TO SAVE FUNDING FOR MUCH NEEDED EDUCATIONAL PROGRAMS IN NORTH DAKOTA VOLUNTEERS LOGGED THOUSANDS OF VOLUNTEER HOURS REACHING OUT TO 34,000 LIKELY UNINSURED YOUNG PEOPLE TO EDUCATE THEM ABOUT THE AFFORDABLE CARE ACT AND CONNECT THEM TO ENROLLMENT ASSISTANCE IN ADDITION, PLANNED PARENTHOOD INCREASED THREE-STATE SUPPORT BY MORE THAN 4%, GREW THE EMAIL LIST BY 11% AND INCREASED SOCIAL MEDIA SUPPORTERS BY MORE THAN 25% IN MINNESOTA, PUBLIC AFFAIRS STAFF AND VOLUNTEERS EXECUTED AN UNPRECEDENTED OUTREACH PROGRAM TO EDUCATE PATIENTS AND THE GENERAL PUBLIC ABOUT THE HEALTH INSURANCE EXCHANGES CREATED BY THE AFFORDABLE CARE ACT, CONDUCTING OVER 34,000 CONVERSATIONS, HOLDING PUBLIC ENROLLMENT EVENTS IN HEALTH CENTERS, AND CANVASSING TARGET COMMUNITIES PUBLIC AFFAIRS LED THE PLANNING AND IMPLEMENTATION OF THE 35TH ANNIVERSARY CELEBRATION AT THE BROOKLYN PARK HEALTH CENTER, CELEBRATING MELISSA NAMBANGI AS WOMEN'S HEALTH CHAMPION AND THE SOUTHEAST ASIAN COMMUNITY COUNCIL AS OUTSTANDING COMMUNITY PARTNER PUBLIC AFFAIRS ORGANIZED THE MINNESOTA CHOICE COALITION'S 40TH ANNIVERSARY OF ROE VS WADE CELEBRATION, WELCOMING 220 GUESTS AND KEYNOTE SPEAKER DR WILLIE PARKER PUBLIC AFFAIRS COMMISSIONED AND RELEASED A BIRTH CONTROL REPORT, EDUCATING MINNESOTA LAWMAKERS ON THE IMPACT OF CONTRACEPTION IN NORTH DAKOTA, PUBLIC AFFAIRS PROTECTED THE PERSONAL RESPONSIBILITY EDUCATION PROGRAM (PREP) PARTNERSHIP WITH NORTH DAKOTA STATE UNIVERSITY AFTER IT CAME UNDER ATTACK FROM THE LEGISLATURE BY COORDINATING GRASSROOTS, NDSU FACULTY, LOCAL LEGAL AND MEDICAL EXPERTS, AND PPMNS SUPPORTERS NORTH DAKOTA PUBLIC AFFAIRS ORGANIZED THE 5TH ANNUAL WE RISE WOMEN'S LOBBY DAY AT THE CAPITOL, DRAWING A RECORD-SETTING 200 PARTICIPANTS, AND EXECUTED THE 9TH ANNUAL PROGRESS ON THE PRAIRIE, WELCOMING 100 SUPPORTERS NORTH DAKOTA PUBLIC AFFAIRS SERVED AS LEAD PARTNER IN ESTABLISHMENT OF THE NORTH DAKOTANS AGAINST MEASURE 1 PERSONHOOD AMENDMENT BALLOT MEASURE COMMITTEE SOUTH DAKOTA PUBLIC AFFAIRS EXECUTED MULTIPLE VISABILTIY AND GRASSROOTS ORGANIZING EVENTS ACROSS THE STATE, INCLUDING SIOUX FALLS PRIDE, SIOUX EMPIRE FAIR, WOMEN 4 WOMEN DAY, ROE ON THE ROCKS, AND TABLING AT USD SOUTH DAKOTA PUBLIC AFFAIRS STAFF COORDINATED WITH HEALTH CENTER AND EDUCATION STAFF TO HOLD FREE STD TESTING DAY, GENERATING PRESS OPPORTUNITES AND COMPLETING ANONYMOUS STD TESTS PUBLIC AFFAIRS STAFF IN ALL THREE STATES ENGAGED OVER 300 VOLUNTEERS IN 2,000 HOURS OF OUTREACH, ADVOCACY AND ENGAGEMENT ACTIVITIES ORGANIZING EFFORTS, BOTH ON-AND-OFF LINE, INCREASED SUPPORTER BASE BY MORE THAN 4%, GREW EMAIL LIST BY 11%, AND INCREASED SOCIAL MEDIA SUPPORTERS BY MORE THAN 25% SPECIFICALLY IN MINNESOTA AND SOUTH DAKOTA, PUBLIC AFFAIRS INTERNAL AND EXTERNAL HEALTH CENTER ADVOCACY PROGRAM RECRUITED SUPPORTERS, INCREASING PATIENTS-TURNED-SUPPORTERS FROM 2% TO 3 3%

4d

Other program services (Describe in Schedule O )



















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

4e

Total program service expenses

29,624,579

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)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (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? If "Yes," complete Schedule C, Part I	3	No
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
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? If "Yes," complete Schedule C, Part III	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? If "Yes," complete Schedule D, Part 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? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	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? If "Yes," complete Schedule D, Part VI 	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? If "Yes," complete Schedule D, Part VII 	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? If "Yes," complete Schedule D, Part VIII 	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? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	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)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	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? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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? If "Yes," complete Schedule G, Part I (see instructions) 	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a</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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 direct or indirect 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		No
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, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b	Yes	
36	<b>Section 501(c)(3) organizations.</b> 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 11b and 19? <b>Note.</b> 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 or note to any line in this Part V

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	104	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c			
2a		428	
2b		Yes	
3a			No
3b			
4a			No
b			
5a			No
5b			No
5c			
6a			No
6b			
7			
7a		Yes	
7b		Yes	
7c			No
7d			
7e			No
7f			No
7g			
7h			
8			
9			
9a			
9b			
10			
10a			
10b			
11			
11a			
11b			
12a			
12b			
13			
13a			
13b			
13c			
14a			No
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 or note to any line 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 . . . . .	23	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent . . . . .	23	
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	Yes
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
7b	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		
8a	a The governing body? . . . . .	8a	Yes
8b	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
10b	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
11b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
12b	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
12c	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?		
15a	a The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes
15b	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
16b	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▶MN
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 <input type="checkbox"/> Other (explain in Schedule O)
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 during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶THE ORGANIZATION 671 VANDALIA STREET ST PAUL, MN 55114 (651) 696-5657

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

[illegible]

## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>	▼			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>	▼			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	▼	2,454,355	0	474,014

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 15

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	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> . . . . .	<b>4</b>	Yes
<b>5</b>	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> . . . . .	<b>5</b>	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)	(B)	(C)
Name and business address	Description of services	Compensation
QUEST DIAGNOSTICS INC PO BOX 12989 CHICAGO IL 60693	LAB TEST DIAGNOSTICS	1,135,199
MINDSHIFT TECHNOLOGIES 1333 NORTHLAND DRIVE 100 MENDOTA HEIGHTS MN 55120	IT OUTSOURCED SERVICES	751,856
CARLSON BUILDING SERVICES 4111 MACKENZIE CT NE 100 ST MICHAEL MN 55376	JANITORIAL SERVICE	455,528
FACEBOOK SOCIAL ADS 1601 WILLOW ROAD MENLO PARK CA 94025	COMMUNICATIONS	230,140
AMERICAN SECURITY LLC 1717 UNIVERSITY AVE W ST PAUL MN 55104	SECURITY SERVICES	116,730

**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 ▶8



Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . . 1a				
	b	Membership dues . . . . . 1b				
	c	Fundraising events . . . . . 1c	685,203			
	d	Related organizations . . . . . 1d				
	e	Government grants (contributions) 1e	5,045,687			
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	22,328,424			
	g	Noncash contributions included in lines 1a-1f \$	1,124,911			
	h	Total. Add lines 1a-1f . . . . .	28,059,314			
Program Service Revenue	2a	PATIENT SERVICES	Business Code 621300	25,406,364	25,406,364	
	b	RESEARCH REVENUE	900099	19,731	19,731	
	c	SPEAKER FEES	900099	4,000	4,000	
	d	TRAINING SEMINARS	900099	3,190	3,190	
	e	PUBLICATIONS	511120	723	723	
	f	All other program service revenue				
	g	Total. Add lines 2a-2f . . . . .	25,434,008			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .	200,884			200,884
	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			
	b	Less cost or other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss) . . . . .				
	8a	Gross income from fundraising events (not including \$ 685,203 of contributions reported on line 1c) See Part IV, line 18 . . . . .				
	b	Less direct expenses . . . . .				
	c	Net income or (loss) from fundraising events . . . . .				
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .				
	b	Less direct expenses . . . . .				
	c	Net income or (loss) from gaming activities . . . . .				
	10a	Gross sales of inventory, less returns and allowances . . . . .				
	b	Less cost of goods sold . . . . .				
	c	Net income or (loss) from sales of inventory . . . . .				
		Miscellaneous Revenue	Business Code			
	11a	PARKING RAMP SETTLEMENT	900099	876,895		876,895
	b	MISCELLANEOUS REVENUE	900099	153,249		153,249
	c	MANAGEMENT FEES	900099	41,267		41,267
	d	All other revenue . . . . .		15,292		15,292
	e	Total. Add lines 11a-11d . . . . .		1,086,703		
	12	Total revenue. See Instructions . . . . .		55,554,779	25,434,008	0
						2,061,457

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).

Check if Schedule O contains a response or note to any line 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.	424,999	424,999		
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.	2,383,048	1,095,471	1,073,510	214,067
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.	13,879,334	11,307,687	1,926,429	645,218
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	196,416	139,057	45,690	11,669
9	Other employee benefits.	1,338,545	955,164	303,422	79,959
10	Payroll taxes.	977,439	748,847	177,828	50,764
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	205,988	6,926	21,642	177,420
c	Accounting.	166,941		166,941	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.	12,978			12,978
f	Investment management fees.	34,444		34,444	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	876,043	600,919	114,722	160,402
12	Advertising and promotion.	1,437,504	1,135,035	153,424	149,045
13	Office expenses.	266,418	133,209	93,246	39,963
14	Information technology.	2,649,950	1,779,287	839,762	30,901
15	Royalties.				
16	Occupancy.	2,129,863	1,934,602	162,881	32,380
17	Travel.	419,152	292,756	18,403	107,993
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	287,262	157,994	57,452	71,816
20	Interest.	315,253	3,917	311,057	279
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	1,244,855	207,136	1,037,719	
23	Insurance.	208,074	169,599	38,475	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	CLINICAL SUPPLIES & SER	8,360,581	8,358,661	1,920	
b	PPFA DUES	340,702		340,702	
c	EQUIPMENT EXPENSE	335,776	159,701	175,136	939
d	LOSS ON RAMP SETTLEMENT	142,946		142,946	
e	All other expenses.	242,610	13,612	203,225	25,773
25	Total functional expenses. Add lines 1 through 24e.	38,877,121	29,624,579	7,440,976	1,811,566
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		5,200,408	1	4,934,475
	2	Savings and temporary cash investments		171,405	2	265,790
	3	Pledges and grants receivable, net		1,210,116	3	1,227,859
	4	Accounts receivable, net		2,102,302	4	1,956,475
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,028,838	8	1,210,697
	9	Prepaid expenses and deferred charges		423,880	9	526,706
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a27,861,571			
	b	Less accumulated depreciation	10b7,304,700	21,432,260	10c	20,556,871
	11	Investments—publicly traded securities		8,358,674	11	25,566,300
	12	Investments—other securities See Part IV, line 11		500,571	12	500,000
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,476,216	15	2,968,352
	16	Total assets. Add lines 1 through 15 (must equal line 34)		42,904,670	16	59,713,525
Liabilities	17	Accounts payable and accrued expenses		3,141,620	17	3,969,332
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		9,148,576	23	6,806,714
	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		319,105	25	262,765
	26	Total liabilities. Add lines 17 through 25		12,609,301	26	11,038,811
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets		6,094,030	27	24,445,893
	28	Temporarily restricted net assets		15,453,906	28	15,471,160
	29	Permanently restricted net assets		8,747,433	29	8,757,661
	Organizations that do not follow SFAS 117 (ASC 958), 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		30,295,369	33	48,674,714
	34	Total liabilities and net assets/fund balances		42,904,670	34	59,713,525

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . .

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	55,554,779
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	38,877,121
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	16,677,658
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	30,295,369
5	Net unrealized gains (losses) on investments . . . . .	5	1,701,687
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	48,674,714

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 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	
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	
3b	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	



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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DON BOYCHUCK COO	40 00 0 00			X				238,075	0	50,449
CAROL BALL MEDICAL DIRECTOR	40 00 0 00				X			373,751	0	86,076
SHERRY BEHM VP CLINICAL OPERATION	40 00 0 00				X			169,639	0	41,245
SUSAN CASEY CHIEF COMPLIANCE OFFICER	40 00 0 00				X			172,583	0	36,472
CATHERINE LAWRENCE VP & CHIEF DEVELOPMENT OFFICER	40 00 0 00				X			156,866	0	37,994
CONNIE LEWIS VP EXTERNAL AFFAIRS	39 00 1 00				X			179,103	0	52,820
KATHERINE EGGLESTON ASST MEDICAL DIRECTOR	40 00 0 00					X		118,055	0	8,843
SUZANNE FARR NURSE PRACTITIONER	40 00 0 00					X		119,663	0	10,864
KIMBERLY FISCHER PHYSICIAN	40 00 0 00					X		133,593	0	602
CINDY KAISER CHIEF ADMINISTRATIVE OFFICER	40 00 0 00					X		127,745	0	32,219
ATHENA MIHAS DIRECTOR OF FINANCE	40 00 0 00					X		115,166	0	12,333

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

OMB No 1545-0047

2013

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 described in **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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- 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 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 monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
|                                    |          |  | Yes  | No | Yes   | No | Yes  | No |                                  |
|                                    |          |  |  |    |   |    |  |    |                                  |
|                                    |          |  |  |    |   |    |  |    |                                  |
| Total                              |          |  |  |    |   |    |  |    |                                  |
- For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990EZ.

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2013

Part II

Support Schedule for Organizations Described in Sections 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	12,884,547	11,102,758	10,565,526	11,466,514	28,059,314	74,078,659
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	12,884,547	11,102,758	10,565,526	11,466,514	28,059,314	74,078,659
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)						15,769,169
6 Public support. Subtract line 5 from line 4						58,309,490

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	12,884,547	11,102,758	10,565,526	11,466,514	28,059,314	74,078,659
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	240,950	254,229	179,593	170,888	200,884	1,046,544
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )	18,160	48,019	13,642	141,483	1,086,703	1,308,007
11 Total support (Add lines 7 through 10)						76,433,210
12 Gross receipts from related activities, etc (see instructions)					12	102,762,325
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 2013 (line 6, column (f) divided by line 11, column (f))	14	76 290 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	94 520 %
16a 33 1/3% support test—2013. 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—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶	
17a 10%-facts-and-circumstances test—2013. 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—2012. 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 IIISupport Schedule for Organizations Described in Section 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test	
Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME	MISCELLANEOUS LIST RENTAL SALE OF INVENTORY MANAGEMENT FEES PARKING RAMP SETTLEMENT

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization PLANNED PARENTHOOD MINNESOTA NORTH DAKOTA SOUTH DAKOTA	Employer identification number  41-0948382
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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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <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 education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 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, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i)

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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

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Cat No 52283D

Schedule D (Form 990) 2013

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

- 3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- 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 XIII
- 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 XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance
- |    |        |
|----|--------|
|    | 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 XIII Check here if the explanation has been provided in Part XIII

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance . . . . .	9,485,783	8,908,809	9,160,587	8,381,531	7,065,994
b Contributions . . . . .	14,801,644	10,272	300,000	21,363	13,851
c Net investment earnings, gains, and losses	1,874,732	1,036,286	-95,994	1,059,613	1,301,686
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	439,930	469,584	455,784	301,920	
f Administrative expenses . . . . .					
g End of year balance . . . . .	25,722,229	9,485,783	8,908,809	9,160,587	8,381,531

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment

65 950 %
- b

Permanent endowment

34 050 %
- c

Temporarily restricted endowment

0 %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i)

unrelated organizations

3a(i)

No

(ii)

related organizations

3a(ii)

No
- b

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

3b
- 4

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

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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 . . . . .		3,471,495		3,471,495
b Buildings . . . . .		19,019,732	2,687,355	16,332,377
c Leasehold improvements . . . . .		2,298,323	2,027,173	271,150
d Equipment . . . . .		2,860,566	2,590,172	270,394
e Other . . . . .		211,455		211,455
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				20,556,871



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 XIII ) . . . . .	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 XIII ) . . . . .	4b		
c	Add lines 4a and 4b . . . . .		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .		5	

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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 XIII ) . . . . .	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 XIII ) . . . . .	4b		
c	Add lines 4a and 4b . . . . .		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .		5	

Part XIII

Supplemental Information

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
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
PART X, LINE 2	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 2010 TO 2012 ARE OPEN TO EXAMINATION BY FEDERAL, STATE AND LOCAL AUTHORITIES.

[illegible]

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.

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

OMB No 1545-0047

2013

Open to Public  
Inspection

Name of the organization PLANNED PARENTHOOD MINNESOTA NORTH DAKOTA SOUTH DAKOTA	Employer identification number  41-0948382
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**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

- 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 email 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.

(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			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total . . . . . ▶						

- 3

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



Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		CELEBRATE PLANNED PARENTHOOD (event type)	LEADERSHIP SANGER (event type)	(total number)	(add col (a) through col (c))
Revenue	1	Gross receipts . . . .	795,315	6,925	802,240
	2	Less Contributions . .	685,203		685,203
	3	Gross income (line 1 minus line 2) . . . .	110,112	6,925	117,037
Direct Expenses	4	Cash prizes . . . .			
	5	Noncash prizes . .			
	6	Rent/facility costs . .	675		675
	7	Food and beverages .	73,474	5,967	79,441
	8	Entertainment . . . .			
	9	Other direct expenses .	92,589	2,225	94,814
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶			

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

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

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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ 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 of the third party

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 ▶ \$

<b>Part IV</b> <b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).	
Return Reference	Explanation

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

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. Part II can be duplicated 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 671 VANDALIA ST ST PAUL, MN 55114	41-1709702	501(C)(4)	251,449				GENERAL SUPPORT-NON-LOBBYING EXPENDITURES
(2) MAHUBE-OTWA COMMUNITY ACTION PARTNERSHIP PO BOX 747 DETROIT LAKES, MN 56502	41-6049474	501(C)(3)	44,500				TITLE X DISTRIBUTION
(3) SOUTHEASTERN MN COMMUNITY ACTION COUNCIL BOX 549 RUSHFORD, MN 55971	41-0907135	501(C)(3)	44,500				TITLE X DISTRIBUTION
(4) SOUTHWESTERN MN OPPORTUNITY COUNCIL PO BOX 787 1106 THIRD AVE WORTHINGTON, MN 56187	41-6050245	501(C)(3)	40,050				TITLE X DISTRIBUTION
(5) NEIGHBORHOOD HEALTH SOURCE 3300 FREMONT AVE NORTH MINNEAPOLIS, MN 55412	41-1235064	501(C)(3)	44,500				TITLE X DISTRIBUTION

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . .

4

3

Enter total number of other organizations listed in the line 1 table . . . . .

1

**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.  
Part III can be duplicated 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. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	
Return Reference	Explanation
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 TITLE X DISTRIBUTIONS TO 4 DELEGATE ORGANIZATIONS ARE PART OF THE FEDERAL TITLE X GRANT AND THE DELEGATES ARE SUB-RECIPIENTS OF FEDERAL GRANT FUNDS TITLE X FUNDS ARE MONITORED BY THE ORGANIZATION TO ENSURE COMPLIANCE WITH FEDERAL GRANT REQUIREMENTS REGULAR REPORTING IS REQUIRED AND AUDITS ARE CONDUCTED ON A REGULAR BASIS

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
PLANNED PARENTHOOD MINNESOTA NORTH  
DAKOTA SOUTH DAKOTA

Employer identification number  
  
41-0948382

Part I

Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)SARAH A STOEZ PRESIDENT & CEO	(i) (ii)	294,067 0	0 0	78,308 0	60,139 0	24,662 0	457,176 0	0 0
(2)SCOTT GRINDE CFO	(i) (ii)	144,381 0	0 0	33,360 0	17,986 0	1,310 0	197,037 0	0 0
(3)DON BOYCHUCK COO	(i) (ii)	194,420 0	0 0	43,655 0	40,411 0	10,038 0	288,524 0	0 0
(4)CAROL BALL MEDICAL DIRECTOR	(i) (ii)	306,249 0	0 0	67,502 0	59,922 0	26,154 0	459,827 0	0 0
(5)SHERRY BEHM VP CLINICAL OPERATION	(i) (ii)	152,185 0	0 0	17,454 0	31,333 0	9,912 0	210,884 0	0 0
(6)SUSAN CASEY CHIEF COMPLIANCE OFFICER	(i) (ii)	170,314 0	0 0	2,269 0	28,829 0	7,643 0	209,055 0	0 0
(7)CATHERINE LAWRENCE VP & CHIEF DEVELOPMENT OFFICER	(i) (ii)	155,592 0	0 0	1,274 0	23,952 0	14,042 0	194,860 0	0 0
(8)CONNIE LEWIS VP EXTERNAL AFFAIRS	(i) (ii)	164,258 0	0 0	14,845 0	32,528 0	20,292 0	231,923 0	0 0
(9)CINDY KAISER CHIEF ADMINISTRATIVE OFFICER	(i) (ii)	126,987 0	0 0	758 0	26,829 0	5,390 0	159,964 0	0 0

Part IIISupplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
PART I, LINE 4B	457(F) PLAN CONTRIBUTIONS DON BOYCHUK - \$17,500 SCOTT GRINDE - \$6,058 CAROL BALL - \$17,500 SHERRY BEHM - \$10,289 457(F) PLAN DEFERRALS SARAH STOESZ - \$17,500 SCOTT GRINDE - \$15,092 CATHERINE LAWRENCE - \$12,500 CONNIE LEWIS - \$17,500 457(F) PLAN DISTRIBUTIONS SARAH STOESZ - \$89,797 DON BOYCHUK - \$69,445 SUSAN CASEY - \$25,375 SCOTT GRINDE - \$32,700 CATHERINE LAWRENCE - \$8,327 CAROL BALL - \$100,929 SHERRY BEHM - \$37,653 CONNIE LEWIS - \$18,864 CINDY KAISER - \$26,829

Additional Data

Software ID:  
Software Version:  
EIN: 41-0948382  
Name: PLANNED PARENTHOOD MINNESOTA NORTH  
DAKOTA SOUTH DAKOTA

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
SARAH A STOESZ PRESIDENT & CEO	(i)	294,067	0	78,308	60,139	24,662	457,176	0
	(ii)	0	0	0	0	0	0	0
SCOTT GRINDE CFO	(i)	144,381	0	33,360	17,986	1,310	197,037	0
	(ii)	0	0	0	0	0	0	0
DON BOYCHUCK COO	(i)	194,420	0	43,655	40,411	10,038	288,524	0
	(ii)	0	0	0	0	0	0	0
CAROL BALL MEDICAL DIRECTOR	(i)	306,249	0	67,502	59,922	26,154	459,827	0
	(ii)	0	0	0	0	0	0	0
SHERRY BEHM VP CLINICAL OPERATION	(i)	152,185	0	17,454	31,333	9,912	210,884	0
	(ii)	0	0	0	0	0	0	0
SUSAN CASEY CHIEF COMPLIANCE OFFICER	(i)	170,314	0	2,269	28,829	7,643	209,055	0
	(ii)	0	0	0	0	0	0	0
CATHERINE LAWRENCE VP & CHIEF DEVELOPMENT OFFICER	(i)	155,592	0	1,274	23,952	14,042	194,860	0
	(ii)	0	0	0	0	0	0	0
CONNIE LEWIS VP EXTERNAL AFFAIRS	(i)	164,258	0	14,845	32,528	20,292	231,923	0
	(ii)	0	0	0	0	0	0	0
CINDY KAISER CHIEF ADMINISTRATIVE OFFICER	(i)	126,987	0	758	26,829	5,390	159,964	0
	(ii)	0	0	0	0	0	0	0



SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

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

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

OMB No 1545-0047

2013

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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .	X	5	1,085	FMV
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		170	FMV
5 Clothing and household goods . . . . .	X		2,198	FMV
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	69	974,919	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	2	125	FMV
19 Food inventory . . . . .	X	13	4,163	FMV
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( MISCELLANEOUS )	X	9	113,769	FMV
26 Other ▶ ( GIFT CERT )	X	75	28,482	FACE VALUE
27 Other ▶ ( )				
28 Other ▶ ( )				

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 . . . . .

0

30a

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

30a

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 noncash contributions? . . . . .

32a

Yes

b

If "Yes," describe in Part II

33

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

**Part III**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
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.  
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Name of the organization  
PLANNED PARENTHOOD MINNESOTA NORTH  
DAKOTA SOUTH DAKOTA

Employer identification number  
41-0948382

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 1	THE EXECUTIVE COMMITTEE PERFORMS THE FUNCTIONS AND HAS THE POWERS OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS OF THE ORGANIZATION, SUBJECT TO THE GUIDANCE AND LIMITATIONS SET FORTH IN THE BYLAWS THE EXECUTIVE COMMITTEE PREPARES THE AGENDA FOR EACH BOARD MEETING, IN CONSULTATION WITH THE PRESIDENT AND THE COMMITTEE CHAIRS ALL ACTIONS TAKEN BY THE EXECUTIVE COMMITTEE ARE REPORTED BY PROVIDING THE MINUTES OF THE EXECUTIVE COMMITTEE'S MEETINGS TO THE BOARD MEMBERS AT OR BEFORE THE NEXT BOARD MEETING THE EXECUTIVE COMMITTEE CONSISTS OF THE CHAIR OF THE BOARD, THE CHAIR-ELECT, IF ANY, THE VICE CHAIR, THE TREASURER, THE SECRETARY, AND THE CHAIRS OF THE GOVERNANCE, DEVELOPMENT, AUDIT AND COMPLIANCE COMMITTEES

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	ANY PERSON, FOUNDATION, CORPORATION OR OTHER ORGANIZATION MAKING A FINANCIAL CONTRIBUTION IS DEEMED TO BE A GENERAL MEMBER OF THE ORGANIZATION. PERSONS WHO RENDER VOLUNTEER SERVICES TO THE ORGANIZATION ON AN REGULAR BASIS ARE ALSO GENERAL MEMBERS FOR THE SAME PERIOD

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE ORGANIZATION'S EXECUTIVE AND FINANCE COMMITTEES, ALONG WITH THE MANAGEMENT TEAM, CONDUCTED A DETAILED REVIEW AND THE TREASURER PRESENTED THE FORM 990 TO THE FULL BOARD PRIOR TO FILING THE RETURN

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>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.</p>

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. A MARKET ASSESSMENT IS COMPLETED ON ALL EXECUTIVE POSITIONS UTILIZING VARIOUS THIRD-PARTY COMPENSATION SURVEYS (HEWITT, WATSON WYATT, TOWERS, STANTON, PFFA, 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>

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.



SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

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 (if applicable) 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 entity?	
						Yes	No
(1) PLANNED PARENTHOOD 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

<b>Note.</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
<b>1</b> 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?			
<b>a</b>	Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity		No
<b>b</b>	Gift, grant, or capital contribution to related organization(s)	Yes	
<b>c</b>	Gift, grant, or capital contribution from related organization(s)		No
<b>d</b>	Loans or loan guarantees to or for related organization(s)		No
<b>e</b>	Loans or loan guarantees by related organization(s)		No
<b>f</b>	Dividends from related organization(s)		No
<b>g</b>	Sale of assets to related organization(s)		No
<b>h</b>	Purchase of assets from related organization(s)		No
<b>i</b>	Exchange of assets with related organization(s)		No
<b>j</b>	Lease of facilities, equipment, or other assets to related organization(s)		No
<b>k</b>	Lease of facilities, equipment, or other assets from related organization(s)		No
<b>l</b>	Performance of services or membership or fundraising solicitations for related organization(s)	Yes	
<b>m</b>	Performance of services or membership or fundraising solicitations by related organization(s)		No
<b>n</b>	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
<b>o</b>	Sharing of paid employees with related organization(s)	Yes	
<b>p</b>	Reimbursement paid to related organization(s) for expenses	Yes	
<b>q</b>	Reimbursement paid by related organization(s) for expenses	Yes	
<b>r</b>	Other transfer of cash or property to related organization(s)		No
<b>s</b>	Other transfer of cash or property from related organization(s)		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) PLANNED PARENTHOOD MN ND SD ACTION FUND	B	251,449	CASH
(2) PLANNED PARENTHOOD MN ND SD ACTION FUND	Q	61,228	CONTRACT TERMS

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

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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