

CHANGE OF ACCOUNTING PERIOD

OMB No 1545-0047

Form **990****Return of Organization Exempt From Income Tax****2014**Department of the Treasury
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990Open to Public
Inspection

A For the 2014 calendar year, or tax year beginning JAN 1, 2015 and ending JUN 30, 2015

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA		D Employer identification number 41-0948382
	Doing business as		E Telephone number 651-696-5500
	Number and street (or P.O. box if mail is not delivered to street address) 671 VANDALIA STREET	Room/suite	G Gross receipts \$ 20,056,525.
	City or town, state or province, country, and ZIP or foreign postal code ST. PAUL, MN 55114		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
F Name and address of principal officer SARAH A. STOESZ SAME AS C ABOVE			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.PPMNS.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1968 M State of legal domicile: MN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: AFFIRMING HUMAN RIGHTS TO REPRODUCTIVE HEALTH AND FREEDOM.			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	26	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26	
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	0	
	6 Total number of volunteers (estimate if necessary)	6	864	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)	16,500,531.	5,256,484.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	26,860,314.	13,038,933.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	564,227.	301,989.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	519,746.	291,101.	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	44,444,818.	18,888,507.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	768,892.	199,660.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)	19,143,726.	9,957,164.	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 789,070.	13,589.	0.	
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	20,865,236.	9,991,726.	
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	40,791,443.	20,148,550.	
	19 Revenue less expenses - Subtract line 18 from line 12	3,653,375.	-1,260,043.	
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		21 Total liabilities (Part X, line 26)	64,486,231.	64,026,711.
		22 Net assets or fund balances. Subtract line 21 from line 20	10,117,233.	10,815,622.
			54,368,998.	53,211,089.

Part II Signature Block

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

Sign Here	Signature of officer	Date	Check if self-employed <input type="checkbox"/>	PTIN
	SARAH A. STOESZ, PRESIDENT & CEO	11/16/15		
Paid	Print/Type preparer's name KURT BENNION	Preparer's signature <i>Kurt Bennion</i>	Date 11/13/15	PTIN P01469618
Preparer Use Only	Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN 41-0746749	Phone no. 612-376-4500	
	Firm's address 220 SOUTH SIXTH STREET, SUITE 300 MINNEAPOLIS, MN 55402			

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

☒ Yes ☐ No

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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PLANNED PARENTHOOD MINNESOTA, NORTH
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Part III Statement of Program Service Accomplishments

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

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 \$ **14,605,309.** including grants of \$ **73,641.**) (Revenue \$ **13,038,643.**)

- **PATIENT SERVICES** -

IN FISCAL YEAR 2015 PPMNS SERVED 40,367 PATIENTS AT 19 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, LEEP AND SURGICAL AND MEDICATION ABORTIONS WERE OFFERED AT SELECTED SITES. 75% 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

4b (Code) (Expenses \$ **787,690.** including grants of \$ **126,019.**) (Revenue \$ **290.**)

- **EDUCATION AND OUTREACH** -

DURING FISCAL YEAR 2015, EDUCATION AND OUTREACH PROGRAMS REACHED 19,446 PEOPLE, INCLUDING 7,896 YOUTHS AND ADULTS ENGAGED THROUGH PEER EDUCATION, CLASSROOM PRESENTATIONS, AND ALL-DAY RETREATS. EDUCATION INCLUDED TRAINING 364 PARTICIPANTS ON A VARIETY OF REPRODUCTIVE AND SEXUAL HEALTH TOPICS. FIVE ALL-DAY PARENT-CHILD RETREATS FOCUSED ON PUBERTY AND REPRODUCTIVE ANATOMY AS WELL AS ENHANCING FAMILY COMMUNICATION AND CONNECTEDNESS. PEER EDUCATORS REACHED 7,146 PEOPLE ON TOPICS SUCH AS HEALTHY RELATIONSHIPS, CONTRACEPTION AND FAMILY PLANNING, AND SEXUALLY TRANSMITTED INFECTIONS. IN ADDITION, 4,251 PEOPLE WERE REACHED THROUGH HEALTH FAIRS AND OTHER COMMUNITY EVENTS.

4c (Code) (Expenses \$ **398,386.** including grants of \$ **0.**) (Revenue \$ **0.**)

- **PUBLIC AFFAIRS** -

IN 2015, THE PUBLIC AFFAIRS DEPARTMENT ATTENDED A PPFA LED PATH TO POWER TRAINING, EXECUTED EXTENSIVE AFFORDABLE CARE ACT OUTREACH, SOLIDIFIED OUR SOUTH DAKOTA BASE OF SUPPORT BY SPONSORING FREE STD TESTING DAYS, HIRING NEW STAFF AND INITIATING A NEW ADVISORY COMMITTEE. IN NORTH DAKOTA, STAFF INSTIGATED "SOLIDARITY SATURDAYS" IN FOUR CITIES. IN ADDITION, PLANNED PARENTHOOD INCREASED THREE-STATE SUPPORT BY MORE THAN 69,000 PEOPLE, GREW THE EMAIL LIST BY OVER 3,000 PEOPLE, AND INCREASED SOCIAL MEDIA SUPPORTERS BY MORE THAN 2,200.

IN MINNESOTA, PUBLIC AFFAIRS STAFF AND VOLUNTEERS EXECUTED AN UNPRECEDENTED OUTREACH PROGRAM TO EDUCATE PPMNS PATIENTS AND THE

4d Other program services (Describe in Schedule O.)

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

4e Total program service expenses **15,791,385.**

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SEE SCHEDULE O FOR CONTINUATION(S)

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14531109 131839 053-02981900 2014.05000 PLANNED PARENTHOOD MINNESOTA 053-3TH2

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

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Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
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	X
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	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
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	X
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 "Yes," complete Schedule L, Part II</i>	26	X
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	X
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	X
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	X
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	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
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	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
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	X
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	X
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	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
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	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X

Note. All Form 990 filers are required to complete Schedule O

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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	1a 0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

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

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 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.	26	
b Enter the number of voting members included in line 1a, above, who are independent	26	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
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	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
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	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
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	X

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	X
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	X
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	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
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	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
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	X
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 Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ 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, address, and telephone number of the person who possesses the organization's books and records **THE ORGANIZATION - 651-696-5657**
671 VANDALIA STREET, ST. PAUL, MN 55114

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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			
(1) LYNN ABRAHAMSEN CHAIR	1.00 0.00	X		X				0.	0.	0.
(2) LINDA SCHER VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(3) TOM SANDERS SECRETARY	1.00 0.00	X		X				0.	0.	0.
(4) LARRY KRYZANIAK TREASURER	1.00 0.00	X		X				0.	0.	0.
(5) AZIN ADJOUDANI DIRECTOR	1.00 0.00	X						0.	0.	0.
(6) ROBERT BARROWS DIRECTOR	1.00 0.00	X						0.	0.	0.
(7) MICHAEL DRYSDALE DIRECTOR	1.00 1.00	X						0.	0.	0.
(8) SIRI FIEBIGER, MD DIRECTOR	1.00 0.00	X						0.	0.	0.
(9) MARY FOARDE DIRECTOR	1.00 0.00	X						0.	0.	0.
(10) LINDA GOLDENBERG DIRECTOR	1.00 0.00	X						0.	0.	0.
(11) ANDREW GOOD, MD DIRECTOR	1.00 0.00	X						0.	0.	0.
(12) TOM GROSSMAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(13) NINA HALE DIRECTOR	1.00 0.00	X						0.	0.	0.
(14) BETSY HAWN DIRECTOR	1.00 0.00	X						0.	0.	0.
(15) SUSANNE LILLY HUTCHESON DIRECTOR	1.00 1.00	X						0.	0.	0.
(16) JULIA JOSEPH-DI CAPRIO DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) LAURA KELLER DIRECTOR	1.00 0.00	X						0.	0.	0.

**PLANNED PARENTHOOD MINNESOTA, NORTH
DAKOTA, SOUTH DAKOTA**

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(18) KATHARINE KELLY DIRECTOR	1.00 1.00	<input checked="" type="checkbox"/>						0.	0.	0.
(19) BETH KIEFFER LEONARD DIRECTOR	1.00 0.00	<input checked="" type="checkbox"/>						0.	0.	0.
(20) KRIS MACDONALD DIRECTOR	1.00 0.00	<input checked="" type="checkbox"/>						0.	0.	0.
(21) JENNIFER MARTIN DIRECTOR	1.00 0.00	<input checked="" type="checkbox"/>						0.	0.	0.
(22) STACEY MILLS DIRECTOR	1.00 0.00	<input checked="" type="checkbox"/>						0.	0.	0.
(23) KELLY MORRISON, MD DIRECTOR	1.00 0.00	<input checked="" type="checkbox"/>						0.	0.	0.
(24) BROCK NELSON DIRECTOR	1.00 0.00	<input checked="" type="checkbox"/>						0.	0.	0.
(25) CHERYL OLSETH DIRECTOR	1.00 0.00	<input checked="" type="checkbox"/>						0.	0.	0.
(26) SHARON SAYLES BELTON DIRECTOR	1.00 0.00	<input checked="" type="checkbox"/>						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	0.	0.

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

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2014)

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Part VII	Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i>
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Total to Part VII, Section A, line 1c

**PLANNED PARENTHOOD MINNESOTA, NORTH
DAKOTA, SOUTH DAKOTA**

Form 990 (2014)

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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	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	2,741,123.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,515,361.			
	g Noncash contributions included in lines 1a-1f \$		252,110.			
	h Total. Add lines 1a-1f		5,256,484.			
	Program Service Revenue	2 a <u>PATIENT SERVICES</u>	Business Code 621300	13,038,643.	13,038,643.	
b <u>SPEAKER FEES</u>		900099	290.	290.		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			13,038,933.			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		301,845.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses		1,146,114.			
	c Gain or (loss)		144.			
	d Net gain or (loss)		144.			144.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	51,482.			
	b Less: direct expenses	b	21,904.			
	c Net income or (loss) from fundraising events		29,578.			29,578.
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a <u>MISCELLANEOUS REVENUE</u>	900099	220,421.			220,421.	
b <u>MANAGEMENT FEES</u>	900099	24,376.			24,376.	
c <u>RESEARCH REVENUE</u>	900099	12,080.			12,080.	
d All other revenue	900099	4,646.			4,646.	
e Total. Add lines 11a-11d		261,523.				
12 Total revenue. See instructions.		18,888,507.	13,038,933.	0.	593,090.	

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11-07-14

Form **990** (2014)

**PLANNED PARENTHOOD MINNESOTA, NORTH
DAKOTA, SOUTH DAKOTA**

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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 domestic organizations and domestic governments. See Part IV, line 21	199,660.	199,660.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,223,966.	327,655.	786,645.	109,666.
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	7,300,819.	6,066,896.	836,594.	397,329.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	280,297.	55,873.	214,903.	9,521.
9 Other employee benefits	548,869.	1,107,676.	-627,654.	68,847.
10 Payroll taxes	603,213.		603,213.	
11 Fees for services (non-employees).				
a Management				
b Legal	11,037.		11,037.	
c Accounting	50,825.		50,825.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	41,538.		41,538.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	590,571.	346,369.	160,928.	83,274.
12 Advertising and promotion	491,923.	491,923.		
13 Office expenses	361,043.	217,917.	95,570.	47,556.
14 Information technology	1,320,710.	842,822.	472,626.	5,262.
15 Royalties				
16 Occupancy	1,171,664.	1,207,129.	-66,694.	31,229.
17 Travel	224,827.	198,906.	19,681.	6,240.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	114,679.	87,590.	9,681.	17,408.
20 Interest	122,058.	53.	122,005.	
21 Payments to affiliates	231,900.		231,900.	
22 Depreciation, depletion, and amortization	646,855.	144,016.	502,839.	
23 Insurance	128,785.	97,469.	31,316.	
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	4,271,184.	4,270,031.	908.	245.
b EQUIPMENT EXPENSE	134,263.	93,253.	41,010.	
c OTHER STAFF EXPENSES	39,731.	19,892.	15,749.	4,090.
d DUES & SUBSCRIPTIONS	36,899.	16,233.	13,313.	7,353.
e All other expenses	1,234.	22.	162.	1,050.
25 Total functional expenses. Add lines 1 through 24e	20,148,550.	15,791,385.	3,568,095.	789,070.
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 ☐ if following SOP 98-2 (ASC 958-720)

**PLANNED PARENTHOOD MINNESOTA, NORTH
DAKOTA, SOUTH DAKOTA**

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Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	6,362,326.	1	5,157,309.
	2 Savings and temporary cash investments	266,848.	2	267,067.
	3 Pledges and grants receivable, net	1,535,759.	3	1,058,863.
	4 Accounts receivable, net	1,478,974.	4	1,753,137.
	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 instr) Complete Part II of Sch L ..		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	920,313.	8	1,166,094.
	9 Prepaid expenses and deferred charges	474,310.	9	511,608.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	31,383,554.		
	b Less: accumulated depreciation	9,275,317.		
		20,892,106.	10c	22,108,237.
	11 Investments - publicly traded securities	29,861,541.	11	29,831,902.
	12 Investments - other securities See Part IV, line 11	500,000.	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	2,194,054.	15	1,672,494.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	64,486,231.	16	64,026,711.	
Liabilities	17 Accounts payable and accrued expenses	3,438,107.	17	4,361,208.
	18 Grants payable		18	
	19 Deferred revenue	178,302.	19	171,264.
	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	6,242,968.	23	6,008,248.
	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	257,856.	25	274,902.
	26 Total liabilities. Add lines 17 through 25	10,117,233.	26	10,815,622.
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	25,693,906.	27	24,652,532.
	28 Temporarily restricted net assets	17,347,348.	28	16,205,281.
	29 Permanently restricted net assets	11,327,744.	29	12,353,276.
	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	54,368,998.	33	53,211,089.
	34 Total liabilities and net assets/fund balances	64,486,231.	34	64,026,711.

Form 990 (2014)

PLANNED PARENTHOOD MINNESOTA, NORTH
DAKOTA, SOUTH DAKOTA

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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	18,888,507.
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,148,550.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,260,043.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	54,368,998.
5	Net unrealized gains (losses) on investments	5	102,134.
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	53,211,089.

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		X
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	X	
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.	X	
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?	X	
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	X	

Form 990 (2014)

Department of the Treasury
Internal Revenue Service

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.

File A (Form 990 or 990-EZ) and its instructions

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

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number	41-0948382
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Part I	Reason for Public Charity Status (All organizations must complete this part) See instructions.
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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 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations

g Provide the following information about the supported organization(s)

g. Provide the following information about the supported organization(s).						
(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 listed in your governing document?		(v) Amount of monetary support (see Instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
Total						

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

PLANNED PARENTHOOD MINNESOTA, NORTH

Schedule A (Form 990 or 990-EZ) 2014 **DAKOTA, SOUTH DAKOTA**

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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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,565,526.	11,466,514.	28,059,314.	16,500,531.	5,256,484.	71,848,369.
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 ...	10,565,526.	11,466,514.	28,059,314.	16,500,531.	5,256,484.	71,848,369.
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) ...						19,489,887.
6 Public support. Subtract line 5 from line 4						52,358,482.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	10,565,526.	11,466,514.	28,059,314.	16,500,531.	5,256,484.	71,848,369.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	179,593.	170,888.	200,884.	565,042.	301,845.	1,418,252.
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 VI.)	13,642.	141,483.	1,086,703.	619,232.	261,523.	2,122,583.
11 Total support. Add lines 7 through 10						75,389,204.
12 Gross receipts from related activities, etc. (see instructions)					12	106,448,068.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	69.45 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	72.94 %
16a 33 1/3% support test - 2014. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2013. 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 <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
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 <input type="checkbox"/>		

Schedule A (Form 990 or 990-EZ) 2014

Part III Support 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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI)						
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 section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2014.** 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 - 2013.** 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s)		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

PLANNED PARENTHOOD MINNESOTA, NORTH

Schedule A (Form 990 or 990-EZ) 2014 **DAKOTA, SOUTH DAKOTA**

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2014 from Section C, line 6	
10	Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1	Distributable amount for 2014 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)		
3	Excess distributions carryover, if any, to 2014:		
a			
b			
c			
d			
e	From 2013		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2014 distributable amount		
i	Carryover from 2009 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2014 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2014 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).		
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).		
7	Excess distributions carryover to 2015. Add lines 3j and 4c		
8	Breakdown of line 7		
a			
b			
c			
d	Excess from 2013		
e	Excess from 2014		

Schedule A (Form 990 or 990-EZ) 2014

PLANNED PARENTHOOD MINNESOTA, NORTH

Schedule A (Form 990 or 990-EZ) 2014 DAKOTA, SOUTH DAKOTA

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Part VI **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).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS

LIST RENTAL

SALE OF INVENTORY

MANAGEMENT FEES

PARKING RAMP SETTLEMENT

RESEARCH REVENUE

SCHEDULE A, PART II AND III

THE ORGANIZATION CHANGED ITS YEAR-END FROM 12/31/14 TO 6/30/15. THE

AMOUNTS REFLECTED IN THE "2014" COLUMN ARE FOR THE PERIOD 1/1/15 -

6/30/15. THE AMOUNTS IN THE "2013" COLUMN ARE FOR THE YEAR ENDED

12/31/14. THE AMOUNTS IN THE "2012," "2011" AND "2010" COLUMNS ARE FOR

THE YEARS ENDED 12/31/13, 12/31/12, AND 12/31/11, RESPECTIVELY.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization **PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA**

Employer identification number
41-0948382

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

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

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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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) Revenue 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 Revenue included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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**PLANNED PARENTHOOD MINNESOTA, NORTH
DAKOTA, SOUTH DAKOTA**

Schedule D (Form 990) 2014

41-0948382 Page 3

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES PAYABLE	269,785.
(3) RELATED PARTY PAYABLE	5,117.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	274,902.

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

Schedule D (Form 990) 2014

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 (losses) 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

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.

Part XIII	Supplemental Information <i>(continued)</i>
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Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Employer identification number
41-0948382

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
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2 a** 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			
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.

PLANNED PARENTHOOD MINNESOTA, NORTH

Schedule G (Form 990 or 990-EZ) 2014 **DAKOTA, SOUTH DAKOTA**

41-0948382 Page 2

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 (add col. (a) through col. (c))
		READY OR HOT (event type)	(event type)	NONE (total number)	
Revenue	1 Gross receipts	51,482.			51,482.
	2 Less: Contributions	0.			
	3 Gross income (line 1 minus line 2)	51,482.			51,482.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	15,810.			15,810.
	7 Food and beverages	5,644.			5,644.
	8 Entertainment	450.			450.
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				21,904.
	11 Net income summary. Subtract line 10 from line 3, column (d)				29,578.

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				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ 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: _____

Schedule G (Form 990 or 990-EZ) 2014 **DAKOTA, SOUTH DAKOTA**

11 Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13 Indicate the percentage of gaming activity conducted 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.		

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:

Address 

16 Gaming manager information:

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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: **\$** _____

Part IV **Supplemental Information.** 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 provide any additional information (see instructions).

Part IV	Supplemental Information <i>(continued)</i>
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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.

OMB No 1545-0047

2014

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 Domestic Organizations and Domestic Governments. 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD, MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA ACTION FUND - 671 VANDALIA ST - ST PAUL, MN 55114	41-1709702	501(C)(4)	116,572.	0.			GENERAL SUPPORT- NON-LOBBYING EXPENDITURES
MAHUBE-OTWA COMMUNITY ACTION PARTNERSHIP - PO BOX 747 - DETROIT LAKES, MN 56502	41-6049474	501(C)(3)	31,500.	0.			TITLE X DISTRIBUTION
SOUTHEASTERN MN COMMUNITY ACTION COUNCIL - PO BOX 549 - RUSHFORD, MN 55971	41-0907135	501(C)(3)	22,250.	0.			TITLE X DISTRIBUTION
SOUTHWESTERN MN OPPORTUNITY COUNCIL - PO BOX 787, 1106 THIRD AVE - WORTHINGTON, MN 56187	41-6050245	501(C)(3)	19,891.	0.			TITLE X DISTRIBUTION

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

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

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

Schedule I (Form 990) (2014)

PLANNED PARENTHOOD MINNESOTA, NORTH

41-0948382

Page 2

Schedule I (Form 990) (2014)

Part III Grants and Other Assistance to Domestic Individuals. 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.

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 3 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 M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No 1545-0047

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Inspection

- ▶ 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.

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				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		1,050.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5	249,310.	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				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (PHOTOGRAPHY)	X	1	1,750.	FMV
26 Other ()				
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 **29** **0**

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
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	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
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.			

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

Schedule M (Form 990) (2014)

Part II

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.

SCHEDULE M, 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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

Open to Public
Inspection

Name of the organization	PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA	Employer identification number 41-0948382
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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

APPOINTMENTS AND INTERPRETER SERVICES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

YOUTH PROGRAMS:

REACH ONE TEACH ONE (ROTO) IS A YOUTH PEER EDUCATION PROGRAM CURRENTLY
OFFERED IN ROCHESTER, MN, DULUTH, MN AND FARGO, ND. IN THE FIVE ROTO
PROGRAMS THAT OCCURRED DURING FISCAL YEAR 2015, 46 PARTICIPANTS
RECEIVED INTENSIVE TRAINING ON REPRODUCTIVE AND SEXUAL HEALTH TOPICS.
PARTICIPANTS FROM FOUR COMPLETED PROGRAMS IN TURN SHARED THEIR
KNOWLEDGE WITH THEIR PEERS AND REACHED 721 PEOPLE.

YOUTH POWER IS A PEER EDUCATION PROGRAM FOR AFRICAN-BORN YOUTH OFFERED
IN ROCHESTER, MN AND THE TWIN CITIES METRO AREA. IN THE FOUR PROGRAMS
THAT OCCURRED FROM JAN-JUN 2015, 53 PARTICIPANTS REACHED 1,160
INDIVIDUALS THROUGH ONE-ON-ONE AND SMALL GROUP PEER EDUCATION SESSIONS.

NATIVE STAND IS A PEER EDUCATION PROGRAM FOR AMERICAN INDIAN YOUTH AND
IS CURRENTLY OFFERED IN BEMIDJI, MN. THE YOUTH PROGRAM HAD FIVE
PARTICIPANTS WHO REACHED 213 INDIVIDUALS THROUGH ONE-ON-ONE AND SMALL
GROUP PEER EDUCATION SESSIONS.

HMONG STAR (STUDENTS TEACHING ABOUT RESPONSIBILITY) IS A PEER EDUCATION
PROGRAM FOR HMONG YOUTH IN THE TWIN CITIES METRO AREA. 13 YOUTH
PARTICIPATED IN THE PROGRAM AND IN TURN EDUCATED 360 OF THEIR PEERS.

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

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

Name of the organization	PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA	Employer identification number	41-0948382
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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. TEEN COUNCIL PROGRAMS ARE OFFERED IN ROCHESTER, DULUTH AND ST. PAUL, MN. FROM JAN-JUN 2015, 30 TEEN COUNCIL MEMBERS FROM THREE COHORTS REACHED 5,046 PEOPLE THROUGH PEER EDUCATION, PRESENTATIONS, AND OUTREACH IN THE COMMUNITY.

QUE ONDA IS A PEER EDUCATION PROGRAM FOR LATINO YOUTH, OFFERED IN RICHFIELD AND MINNEAPOLIS, MN. FROM JAN-JUN 2015, PARTICIPANTS FROM FOUR QUE ONDA PROGRAMS REACHED 12,673 PEOPLE THROUGH PEER EDUCATION IN THEIR SCHOOLS AND COMMUNITY.

PROGRAMS FOR ADULTS:

PARTNERSHIP PROJECT IS AN ADULT LAY HEALTH ADVISOR PROGRAM THAT PROVIDES CULTURALLY RELEVANT PROGRAMMING TO AFRICAN-BORN WOMEN AND MEN IN THE TWIN CITIES AREA. PROGRAM PARTICIPANTS HELP STRENGTHEN THEIR COMMUNITIES BY BECOMING TRUSTED SOURCES OF ACCURATE INFORMATION ABOUT REPRODUCTIVE HEALTH. FROM JAN-JUN 2015, TWO PROGRAMS PROVIDED TRAINING TO 36 PARTICIPANTS WHO IN TURN REACHED 812 PEOPLE.

ENTRE AMIGAS TRAINS LATINA WOMEN TO BE LAY HEALTH ADVISORS AND EDUCATE THEIR COMMUNITY ON HEALTHY SEXUALITY AND REPRODUCTIVE HEALTH CARE. THE

Name of the organization **PLANNED PARENTHOOD MINNESOTA, NORTH
DAKOTA, SOUTH DAKOTA**

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PROGRAM IS OFFERED IN MINNEAPOLIS AND RICHFIELD, MN. FROM JAN-JUN 2015,
TWO ENTRE AMIGAS PROGRAMS PROVIDED TRAINING TO 21 PARTICIPANTS WHO IN
TURN REACHED 1,342 OF THEIR PEERS.

A NATIVE LAY HEALTH ADVISORS PROGRAM WAS PILOTED IN JUNE 2015 FOR
AMERICAN INDIAN ADULTS IN BEMIDJI, MN. ELEVEN PARTICIPANTS WERE TRAINED
AND SUBSEQUENTLY REACHED 484 PEOPLE.

TAKING SHAPE IS AN EDUCATIONAL PROGRAM FOR AMERICAN INDIAN WOMEN, MEN
AND YOUTH. FROM JAN-JUN 2015, TAKING SHAPE PROGRAMS REACHED 103
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. FROM JAN-JUN
2015, 74 PARTICIPANTS ATTENDED FIVE RETREATS HELD IN THE TWIN CITIES
AREA. OF THOSE, ONE RETREAT WAS FOR AN AFRICAN-BORN AUDIENCE, ONE WAS
FOR A LATINA AUDIENCE, ONE WAS FOR A HMONG AUDIENCE, AND ONE WAS A
MOTHER-SON RETREAT.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

GENERAL PUBLIC ABOUT THE HEALTH INSURANCE EXCHANGES CREATED BY THE
AFFORDABLE CARE ACT, REACHING OUT TO OVER 39,265 LIKELY UNINSURED YOUNG
PEOPLE, HOLDING PUBLIC ENROLLMENT EVENTS IN PPMNS HEALTH CENTERS, AND

Name of the organization **PLANNED PARENTHOOD MINNESOTA, NORTH
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CANVASSING TARGET COMMUNITIES.

**PUBLIC AFFAIRS HOSTED OVER 665 SUPPORTERS AT OUR ST. PAUL CLINIC AT
VANDALIA STREET FOR OUR ANNUAL SOLIDARITY DAY. SUPPORTERS MARCHED IN
SOLIDARITY WITH PLANNED PARENTHOOD, SHARED STORIES AT A RALLY, AND
WROTE THANK YOU NOTES TO STAFF.**

**IN MINNESOTA, VOLUNTEERS LOGGED OVER 2,300 HOURS REACHING OUT TO THE
COMMUNITY ABOUT MNSURE AND ADVOCATING FOR REPRODUCTIVE HEALTH AT THE
STATE AND NATIONAL CAPITOL.**

**STAFF MOBILIZED ACTIVISTS AND EDUCATED THE PUBLIC ABOUT THE
CONTRACEPTIVE HEALTH EQUITY AND EMPLOYEE RIGHTS ACT INTRODUCED IN
MINNESOTA AND GAINED OVER 1,700 SIGNATURES IN SUPPORT OF THIS ACT.
NORTH DAKOTA PUBLIC AFFAIRS STAFF PRESENTED THE REPRODUCTIVE HEALTH
LEGISLATIVE WRAP UP AT THE NORTH DAKOTA WOMEN'S NETWORK'S FINAL
LEGISLATIVE VIDEO CONFERENCE.**

**NORTH DAKOTA PUBLIC AFFAIRS STAFF HOSTED A BOOTH AT THE CAPITOL PRIDE
EVENT IN BISMARK, NORTH DAKOTA.**

**A NORTH DAKOTA INTERN WAS AWARDED THE UNIVERSITY OF NORTH DAKOTA
PRESIDENT'S ADVISORY COUNCIL ON WOMENS' ISSUES ADVOCACY AWARD FOR HER
WORK WITH PLANNED PARENTHOOD.**

**PUBLIC AFFAIRS RAN AN ONLINE CAMPAIGN TO ENCOURAGE PEOPLE IN MINNESOTA,
NORTH DAKOTA, AND SOUTH DAKOTA TO CONTACT THEIR SENATORS DURING AN
ATTEMPT TO DEFUND PLANNED PARENTHOOD. THE POSTS RECEIVED 30,000
IMPRESSIONS AND 409 WEBSITE VISITS.**

Name of the organization **PLANNED PARENTHOOD MINNESOTA, NORTH
DAKOTA, SOUTH DAKOTA**

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SOUTH DAKOTA PUBLIC AFFAIRS HELD THREE FREE STD TESTING DAYS IN SIOUX FALLS WITH COMMUNITY PARTNERS. 37 PEOPLE WERE TESTED, DOUBLING THE NUMBER OF PEOPLE TESTED LAST YEAR.

PUBLIC AFFAIRS INITIATED THE SOUTH DAKOTA ADVISORY COMMITTEE COMPRISED OF 13 COMMUNITY LEADERS DEDICATED TO BEING AMBASSADORS OF PLANNED PARENTHOOD'S MISSION IN THE STATE.

PUBLIC AFFAIRS STAFF FROM ALL THREE STATES ATTENDED AN INTENSIVE ORGANIZING TRAINING. PARTS OF THIS TRAINING WERE REPLICATED FOR OUR ACTIVISTS TO BUILD VOLUNTEER LEADERSHIP.

PUBLIC AFFAIRS STAFF IN ALL THREE STATES ENGAGED VOLUNTEERS IN 3,930 HOURS OF OUTREACH, ADVOCACY AND ENGAGEMENT ACTIVITIES. ORGANIZING EFFORTS, BOTH ON-AND OFF-LINE, INCREASED SUPPORTER BASE BY MORE THAN 69,000, GREW EMAIL LIST BY OVER 3,000, AND INCREASED SOCIAL MEDIA SUPPORTERS BY OVER 2,200.

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, ASSISTED BY APPROPRIATE STAFF, 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.

Name of the organization **PLANNED PARENTHOOD MINNESOTA, NORTH
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THE EXECUTIVE COMMITTEE CONSISTS OF THE CHAIR OF THE BOARD, THE VICE CHAIR, THE TREASURER, THE SECRETARY, AND THE CHAIRS OF THE GOVERNANCE, DEVELOPMENT, AND AUDIT, COMPLIANCE, RISK MANAGEMENT COMMITTEES AS WELL AS ANY AT-LARGE DIRECTOR APPOINTED TO THE EXECUTIVE COMMITTEE AT THE DISCRETION OF THE BOARD CHAIR AND THE PRESIDENT.

FORM 990, PART VI, SECTION A, LINE 4:

THE BYLAWS WERE REVISED IN APRIL 2015. THE AMENDMENTS INCLUDED:

1. CHANGE IN YEAR-END FROM 12/31 TO 6/30; AND
2. REMOVE THE CHAIR-ELECT AS AN OFFICER POSITION.

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 A REGULAR BASIS ARE ALSO GENERAL MEMBERS FOR THE SAME PERIOD.

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

THE ORGANIZATION'S AUDIT COMMITTEE, 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.

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

ALL DIRECTORS, OFFICERS, MANAGEMENT STAFF, AND CLINICIANS WILL COMPLETE A CONFLICT OF DISCLOSURE STATEMENT ANNUALLY TO BE REVIEWED BY THE CHIEF EXECUTIVE OFFICER OR THE BOARD CHAIR. IT IS A CONTINUING RESPONSIBILITY OF COVERED INDIVIDUALS TO SCRUTINIZE THEIR TRANSACTIONS AND OUTSIDE BUSINESS

Name of the organization	PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA	Employer identification number 41-0948382
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INTERESTS AND RELATIONSHIPS FOR POTENTIAL CONFLICTS AND TO IMMEDIATELY MAKE DISCLOSURES FOR POTENTIAL CONFLICTS THROUGHOUT THE YEAR.

PRIOR TO BOARD OR COMMITTEE ACTION ON A CONTRACT OR TRANSACTION INVOLVING A CONFLICTED MEMBER, THE CONFLICTED MEMBER SHALL DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST. THE CONFLICTED MEMBER SHALL NOT PARTICIPATE IN OR BE PERMITTED TO HEAR THE BOARD OR COMMITTEE'S DISCUSSION EXCEPT TO DISCLOSE FACTS AND TO RESPOND TO QUESTIONS.

CONFLICTED MEMBERS SHALL NOT BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM FOR THE PURPOSES OF THE VOTE AND SHALL NOT BE PERMITTED TO VOTE. THE MINUTES OF THE MEETING SHALL INCLUDE DETAILS OF THE CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

PPMNS UTILIZES AN OUTSIDE COMPENSATION CONSULTANT TO CONDUCT A MARKET ANALYSIS OF CEO AND EXECUTIVE 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 FORMAL ANALYSIS IS COMPLETED EVERY THREE YEARS THE INCUMBENT IS IN THE POSITION.

IN THE OFF-CYCLE YEARS, TRENDING DATA IS USED TO DETERMINE MOVEMENT IN CEO

Name of the organization **PLANNED PARENTHOOD MINNESOTA, NORTH
DAKOTA, SOUTH DAKOTA**

Employer identification number
41-0948382

AND EXECUTIVE PAY AND IS USED IN CONSIDERATION WHEN MAKING ADJUSTMENT
RECOMMENDATIONS OR WHEN MAKING A DETERMINATION THAT AN OFF CYCLE MARKET
ANALYSIS IS ADVISABLE.

THE MARKET 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 CEO MAKES THE FINAL DETERMINATION OF SALARY INCREASES FOR OTHER
EXECUTIVE COMPENSATION, EXCLUDING HER OWN, BASED ON INDIVIDUAL PERFORMANCE
AND POSITION RELATIVE TO THE MARKET MEDIAN.

THIS PROCESS WAS LAST UNDERTAKEN IN 2014 FOR THE CEO, EVP EXTERNAL AFFAIRS,
AND GENERAL COUNSEL/COMPLIANCE OFFICER.

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, 35b, 36, or 37.
▶ Attach to Form 990.

Name of the organization **PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA**

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

Employer identification number
41-0948382

OMB No. 1545-0047

2014

Open to Public
Inspection

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
PLANNED PARENTHOOD MN, ND, SD ACTION FUND - 41-1709702, 671 VANDALIA STREET, ST PAUL, MN 55114	ADVOCACY	MINNESOTA	501(C)(4)	N/A	PPMNS		X
PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA FUND - 47-3878626, 671 VANDALIA STREET, ST PAUL, MN 55114	PPMNS RAISE AND HOLD FUNDS FOR	MINNESOTA	501(C)(3)	LINE 11A, I	PPMNS		X

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

Schedule R (Form 990) 2014

[illegible][illegible]

**PLANNED PARENTHOOD MINNESOTA, NORTH
DAKOTA, SOUTH DAKOTA**

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Schedule R (Form 990) 2014

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

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

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

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

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

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

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

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

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

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

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

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

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

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

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

s Other transfer of cash or property from related organization(s)

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	116,572	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

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