## 50m 990-EZ

# Short Form Return of Organization Exempt From Income Tax

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

2014

OMB No 1545-1150

**LU 14** 

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.lrs.gov/form990.

Open to Public Inspection

_	Ear the	2014 calendar year, or tax year beginning MAR 31, 2015 and ending JUN	1 30	), 2015	—
				oyer identification number	—
	Check if		ח בויואוי	oyer identification number	
F	Addr	ess change PLANNED PARENTHOOD MINNESOTA, NORTH			
Ļ		e change DAKOTA, SOUTH DAKOTA FUND		7-3878626	
<u></u>	Initia	Number and street (or P.O. box, if mail is not delivered to street address)  Room/suite	-	phone number	
L	termi	nated O/I VARIDALIA DIRIBII	<u>65</u>	51-696-5500	
	Ame	nded return City or town, state or province, country, and ZIP or foreign postal code	F Grou	p Exemption	
	Applic	ation pending ST. PAUL, MN 55114	Numl	ber 🕨	
			H Chec	k 🕨 🗓 if the organization i	IS
1	Websi	te: ►N/A	not re	equired to attach Schedule B	
		rempt status (check only one) — X 501(c)(3) 501(c) ( ) ◀(insert no.) 4947(a)(1) or 527	(Forn	n 990, 990-EZ, or 990-PF).	
		of organization: X Corporation Trust Association Other			_
		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,			
		n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	, •	<b>&gt;</b> \$	0.
_	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruc	ctions fo		<u> </u>
L <u>.</u>	41.61	Check if the organization used Schedule 0 to respond to any question in this Part I		Γ	$\neg$
	T .	Contributions, gifts, grants, and similar amounts received	-	1	
	1	* * * * * * * * * * * * * * * * * * * *	·  -	2	
	2	Program service revenue including government fees and contracts	H		—
	3	Membership dues and assessments	·  -	3	—
	4	Investment income	-	4	
	5a	Gross amount from sale of assets other than inventory	}		
	b	Less: cost or other basis and sales expenses			
	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	-	5c	
	6	Gaming and fundraising events			
Φ	a	Gross income from gaming (attach Schedule G if greater than			
Revenue	j	\$15,000)			
ě	b	Gross income from fundraising events (not including \$ of contributions			
щ		from fundraising events reported on line 1) (attach Schedule G if the sum of such	ļ		
		gross income and contributions exceeds \$15,000)			
2015	C	Less: direct expenses from gaming and fundraising events			
7	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
Ľ.	1				
***	Ь	Less: cost of goods sold 7b			
ب	C	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	$\neg \neg$	7c	
님	8	Other revenue (describe in Schedule 0)	.  -	8	
٠,	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	_
- آ	10	Grants and similar amounts paid (list in Schedule 0)		10	
		Deserte and to a few marries	<b>⊢</b> -	11	—
	11	Benefits paid to or for members  Salaries, other companyation, and employee benefits.	<b>-</b>	12	—
ses	12	Salaries, other compensation, and employee benefits			—
ë	13	Professional fees and other payments to independent contractors	_	13	_
Expenses	14	Occupancy, rent, utilities, and maintenance  Printing publications postage and shipping		14	—
~~	15	Trining, publications, postage, and simpling		15	
	16	Other expenses (describe in Schedule 0)		16	
	17	Total expenses. Add lines 10 through 16		17	
ξij.	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	
set	19	Net assets or fund balances at beginning of year (from line 27, column (A))	j		
As	}	(must agree with end-of-year figure reported on prior year's return)		19	
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)		20 (	<u>0.</u>
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	
111	N F	Panaguark Paduation Act Notice can the constrate instructions		Form 990-F7 (20	14.41

P	art II Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to re	spond to any que		<u>.</u> _		
	•		(A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		 	22		
23	Land and buildings			23		<del></del>
24	Other assets (describe in Schedule 0)			24		
25	Total assets		0.	-		0.
26	Total liabilities (describe in Schedule 0)		0.			0.
27			0.	. 27		0.
P	art III Statement of Program Service Accomplishme					penses
	Check if the organization used Schedule O to re		estion in this Part III	X		for section and 501(c)(4)
Wh:	at is the organization's primary exempt purpose? SEE SCHEDULE (	0			organizatio	ons; optional for
	cribe the organization's program service accomplishments for each of its three largest program		rpenses. In a clear and concise		others.)	
	ner, describe the services provided, the number of persons benefited, and other relevant infor	mation for each program title				
28	SEE SCHEDULE O				}	
			<del></del>			_
	(Grants \$ 0 • ) If this amount includes foreign	grants, check here			28a	<u> </u>
29						
			<del></del>		} }	
	<del></del>			,		
	(Grants \$ ) If this amount includes foreign	grants, check here			29a	
30				—		
				<u> </u>		
	(Grants \$ ) If this amount includes foreign		<u></u>		30a	
31	Other program services (describe in Schedule O)					
	(Grants \$ ) If this amount includes foreign	grants, check here	<u></u>		31a	
	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key I	Employees	<del></del>		32	<del></del>
Pi				ee the	instructions fo	or Part IV)
	Check if the organization used Schedule O to re			<del>ال</del> ال		
	4.5 M	(b) Average hours per week devoted		contr	alth benefits, ibutions to	(e) Estimated amount of other
	(a) Name and title	position	M-2/1000-MISC)	olans, a	yee benefit and deferred	compensation
~ ~	DAIL OMOTICE	<del> </del>		com	pensation	_ <del></del>
_	ARAH STOESZ	1 00			0	0
	RESIDENT & CEO	1.00	0.		0.	<u> </u>
	RT KAISER	1.00	0.		0.	0.
t T	NANCIAL EXECUTIVE	1.00				<u> </u>
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432172 12-15-14

	instructions for Fart v) Check if the organization used Sch. O to respond to any question in the	115 T a		لكا
	•		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each	1		
	activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	1		- T
or.	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
30 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
	on lines 2, 6a, and 7a, among others)?	35b	N/	
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	330	14/	_
·	requirements during the year? If "Yes," complete Schedule C, Part III	35c		Х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	1 300		
	complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a 0			
	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	_		1
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9	4		ĺ
þ				}
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		<u> </u>
	section 4911 ▶ 0.; section 4912 ▶ 0.			ļ
p	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	!	X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on	) .		
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization			ļ
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	400		x
44	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed MN	40e		
41	The organization's books are in care of THE ORGANIZATION  Telephone no.  651-69	6-5	657	
42 a	Located at 671 VANDALIA STREET, ST. PAUL, MN ZIP+4			
h	At any time during the calendar year, did the organization have an interest in or a signature or other authority	<u> </u>		
•	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	} '	į	
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	1 1	- 1	!
	Form 990-EZ	44a		X
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead		1	
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c	}	<u>X</u>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation		]	
	ın Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		_X_
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	1 1	{	
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
		Form 99	30-EZ (	(2014)

PLANNED PARENTHOOD MINNESOTA, NORTH

Form	1 990-EZ (	2014) <b>DAKOTA</b>	A, SOUTH I	DAKOTA FU	'ND				<u>47-38</u>	37862	26	Page 4
			·			-					Ye	s No
46	Did the o	rganization engage, direct	tly or indirectly, in po	ilitical campaign act	tivities on behalf of	or in opposition	on to candi	idates for pi	iblic office	?		1
_		complete Schedule C, Part								4	6	X
Pa	rt VI	Section 501(c)(3)	organizations	s only								
		All section 501(c)(3) or	ganizations must	answer questions	s 47-49b and 52,	and comple	te the tab	oles for line	es 50 and	51.		
		Check if the organizati	ion used Schedule	O to respond to	any question in	this Part VI						
										_	Ye	
47		rganization engage in lobb					ear? If "Ye	s," complete	e Sch. C, P	_	7	X
48	_	ganization a school as des				tule E				<u> </u>	8	X
		rganization make any tran			ed organization?					_	9a	X
		vas the related organizatio	_		vana (other than of	ficara director	ra truatasa	and kay an	aniovaca),	L	9b (	l more
50		this table for the organization from	-			ilicers, ullector	s, Busiees	anu key ei	ripiuyees)	wiio eacii	received	Hore
	man \$ 10		le of each employee	ii tilele is none, em		age hours	/0) =	eportable	(d) Health	benefits	(e) Estr	mated
		(a) Name and th	ie of each employee			devoted to	compens	ation (Forms	contributi	ions to	amount o	
			NON	JF:	pos	ition	W-2/10	99-MISC)	plans, and compens	deferred	compen	sation
				<u>.                                    </u>			<del>                                     </del>			-		
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		·—·			L		<u> </u>					
		nber of other employees p						<del></del> .				
51		this table for the organiza			endent contractors	who each rece	ived more	than \$100,	000 of con	npensatio	n from th	16
		ion. If there is none, enter		<del></del>	<del></del> -		<del> , -</del>					
	(a) N	lame and business addres	ss of each independe	ent contractor		(0)	) Type of s	ervice		( <b>c</b> ) Cor	npensati	on .
—				<del></del>								
									1			
			<del></del>									
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		<del> </del>		<del> </del>					Į.			
	-			<del></del>					1			
d	Total num	nber of other independent	contractors each rea	ceiving over \$100,0	000		<b></b>					
52	Did the or	rganization complete Sche	edule A? Note. All se	ction 501(c)(3) org	anizations must at	ach a						
		d Schedule A								$\triangleright X$		No
Unde	r penalties	of perjury, I declare that	I have examined this	return, including a	ccompanying sche	dules and stat	ements, ar	nd to the be	st of my kn	owledge	and belie	f, it is
true,	correct, ar	no complete. Declaration o	of preparer (other tha	n office) is based	on all information o	of which prepa	rer has an	y knowledg	e.			-
		- Xle V	KI XINZ							101	<u> 15</u>	
Sig		Signature of officer	1 5)00	$\mathcal{O}_{-}$					Date	1		
Her	e	SARAH A. S	TOESZ, PR	ESIDENT	& CEO							
				18			· · · · · · · · · · · · · · · · · · ·	OF-al-T	1 2 Tox			
		Print/Type preparer's na	ame	Preparer's signati	ure	Date		Check	] if PT	uğ		
Paid	d	WITH BENEFA		17 x x	15 ·	11/10	1,6	self- employ		0147	0610	,
Pre	parer	KURT BENNIO		1 Nm C K	T.D.	-11/13	<u> </u>	F 5121		0146		,
Use	Only	Firm's name CLI			LP	חבר אחר		Firm's EIN		0746		
		Firm's address > 22				TE 300	ł	Phone no.	012-	376-	4500	<del>,</del>
Merri	ha IDO d		NNEAPOLIS							X	Voc	Ma
iviay t	ile ing dis	scuss this return with the j	preparer snown abov	ver dee mstructions	<u> </u>	<del></del>						No
										rorr	n <b>990-E</b> Z	. (20 14)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internat Revenue Service

Name of the organization

## **Public Charity Status and Public Support**

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

➤ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. PLANNED PARENTHOOD MINNESOTA, NORTH

OMB No 1545-0047

Inspection

Employer identification number

		DAKO	TA, SOUTH	DAKOTA FUND				47-38	78626
Parl	: [	Reason for Public	Charity Status (	All organizations must c	omplete th	is part.) Se	ee instructions.		
The or	gani	zation is not a private found	dation because it is: (	For lines 1 through 11,	check only	one box.)			
1		A church, convention of ch		=					
2	$\neg$	A school described in sect					<i>X X Y</i>		
3	7	A hospital or a cooperative			ection 170	γυν τν Δινί	ii)		
4 [	Ħ	A medical research organiz	•				•	ter the hosc	ıtal's name
<b>→</b> L		city, and state:	ation operated in co	njanotion with a nospita	. 00501100	2 111 300110	11 11 O(D)( 1)(A)(III): C.	tor the mosp	itai o riamo,
<sub>-</sub> Γ	$\neg$	An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a o	nveramental unit des	cribed in	
5 ∟	1			liege of utiliversity owne	u oi opeia	ted by a g	overimental unit des	JIDEU III	
<u>,</u> г	$\neg$	section 170(b)(1)(A)(iv). (0				70/1 \/ 4\(4\			
6 L	=	A federal, state, or local go	-				• •		
<i>,</i> ,		An organization that norma	•	ntial part of its support	irom a gov	ernmentai	unit or from the gene	rai public de	escribea in
_	_	section 170(b)(1)(A)(vi). (C							
8	$\neg$	A community trust describe							
9 L		An organization that norma						-	
		activities related to its exer							
		income and unrelated busi	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the organizat	on after Jun	e 30, 1975.
_	_,	See section 509(a)(2). (Co	•						
10 📙		An organization organized	and operated exclusi	ively to test for public sa	fety. See	section 50	9(a)(4).		
11 L	X.	An organization organized	and operated exclusi	vely for the benefit of, to	perform	the functio	ns of, or to carry out	the purpose	s of one or
		more publicly supported or	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section 509(a)(3	). Check the	box in
		lines 11a through 11d that	describes the type o	f supporting organizatio	n and con	nplete lines	11e, 11f, and 11g.		
а	LX.	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	janization(s), typically	by giving	
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the direc	ctors or trustees of th	e supporting	3
		organization. You must o	complete Part IV, Se	ections A and B.					
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s supporte	ed organization(s), by	having	
		control or management of	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or manage the	supported	
		organization(s) You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	egrated, A supporting	g organization operated	in connec	tion with, a	and functionally integ	rated with,	
		ıts supported organizatıo	n(s) (see instructions	). You must complete l	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	y integrated. A supp	ortıng organization oper	ated in co	nnection v	vith its supported org	anızatıon(s)	
		that is not functionally int	tegrated. The organiz	ation generally must sa	tisfy a dist	ribution re	quirement and an att	entiveness	
		requirement (see instruct	ions). You must con	plete Part IV, Sections	s A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II, Type	- 111	
		functionally integrated, or	r Type III non-function	nally integrated support	ıng organiz	zation.			
f E	Ente	r the number of supported o	organizations					L	1
gF	rov	de the following information	about the supporte	d organization(s).		<del></del>			
	(1)	Name of supported	(ii) EIN		(iv) Is the o	rganization			Amount of
		organization		(described on lines 1-9 above or IRC section	governing o		support (see	ſ	support (see
				(see instructions))	Yes	No	Instructions)	ins	tructions)
		ED PARENTHOOD				_			-
NIN	VE:	SOTA, NORTH DA	41-0948382	7	X		(	).	
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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	<del></del>	<del></del>		# \24\24\	7 1-24 17:17:17	Page 2
Part II Support Schedule for	_					-
(Complete only if you checked				n failed to qualify	under Part III. If th	e organization
fails to qualify under the tests	listed below, pies	ase complete Part	····)	<del></del>		
Section A. Public Support		·	<del></del>	<del></del>	<del></del>	<sub>_</sub>
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.")					ļ	
2 Tax revenues levied for the organ-		1				}
ization's benefit and either paid to						
or expended on its behalf						
3 The value of services or facilities						
furnished by a governmental unit to		1				
the organization without charge						
4 Total. Add lines 1 through 3					<u> </u>	
5 The portion of total contributions						
by each person (other than a					1	ĺ
governmental unit or publicly					1	
supported organization) included					1	
on line 1 that exceeds 2% of the		,			1	
amount shown on line 11,					1	
column (f)	·			·		İ
6 Public support. Subtract line 5 from line 4			<u> </u>	<u> </u>	<u> </u>	l
Section B. Total Support					<del></del>	
Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4				<u></u>		
8 Gross income from interest,					1	
dividends, payments received on	+					
securities loans, rents, royalties	,					
and income from similar sources					<u> </u>	
9 Net income from unrelated business					1	
activities, whether or not the	1					
business is regularly carried on .				i 		
10 Other income. Do not include gain	ľ					
or loss from the sale of capital	!					
assets (Explain in Part VI.)					<u> </u>	<del> </del>
11 Total support. Add lines 7 through 10						<u> </u>
12 Gross receipts from related activities,	etc. (see instruction	ons)			12	_ <del></del>
13 First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ix year as a secti	on 501(c)(3)	
organization, check this box and stop	here .	<del></del>	<u></u>	<u></u>	<u></u>	▶□
Section C. Computation of Publi	c Support Pe	rcentage				
14 Public support percentage for 2014 (li	ne 6, column (f) d	vided by line 11, c	olumn (f))		14	%
15 Public support percentage from 2013	Schedule A, Part	II, line 14			15	%
16a 33 1/3% support test - 2014. If the o						x and
stop here. The organization qualifies a						
b 33 1/3% support test - 2013. If the or						
and stop here. The organization qualit	ies as a publicly s	supported organiza	ation			▶□
17a 10% -facts-and-circumstances test	- 2014. If the org	anızation dıd not c				or more,

Schedule A (Form 990 or 990-EZ) 2014

## 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

Section A. Public Support	ow, picase com	piete r art ii.j			<del></del>	_ <del></del>
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and				T		
membership fees received. (Do not		İ	}			
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-			!	1		
formed, or facilities furnished in any activity that is related to the		}	1	1		
organization's tax-exempt purpose		}				
3 Gross receipts from activities that						
are not an unrelated trade or bus-			1	ĺ		
iness under section 513		}				
4 Tax revenues levied for the organ-		}				
ization's benefit and either paid to		ł	Ì		!	
or expended on its behalf		j			]	
5 The value of services or facilities						
furnished by a governmental unit to		<u> </u>	1			
the organization without charge		ĺ		İ	1	
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons			1	1		
b Amounts included on lines 2 and 3 received						
from other than disqualified persons that		}			1	
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		}			1	
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support		<del>*</del>	·	·	<del></del>	
Calendar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on		ł		1	1	
securities loans, rents, royalties and income from similar sources	İ				1	
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses	ļ			}	}	
acquired after June 30, 1975		ł			1	
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,				1	1	
whether or not the business is regularly carried on				1	1	
12 Other income. Do not include gain						
or loss from the sale of capital	ļ				1	
assets (Explain in Part VI.) L 13 Total support. (Add lines 9, 10c, 11, and 12)				<del> </del>	<del> </del>	
14 First five years. If the Form 990 is for the	ne organization's	s first second thir	d fourth or fifth t	ax vear as a section	on 501(c)(3) organiz	ation
check this box and stop here	J. ga. neadoff		.,		30 . (4)(6) 6. 90. 112	<b>▶</b>
Section C. Computation of Public	Support Pe	rcentage		<del></del>		
15 Public support percentage for 2014 (line			column (f))		15	%
16 Public support percentage from 2013 S		-			16	%
Section D. Computation of Invest						
17 Investment income percentage for 2014	(line 10c, colur	nn (f) divided by lir	ne 13, column (f))		17	%
18 Investment income percentage from 20	-	• • • • • • • • • • • • • • • • • • • •			18	%
19a 33 1/3% support tests - 2014. If the or					33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box and	=					
b 33 1/3% support tests - 2013. If the or	•	-				
line 18 is not more than 33 1/3%, check	_					
20 Private foundation. If the organization						

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

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

- 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)

		Yes	No
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chedule A (Form 990 or 990-F7) 2014	משטאמת	HTTIOS	$\Delta T \cap X \Delta T$	CIMITA	

	Cupporting Organizations (Continued)		т	т
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		1	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			177
	below, the governing body of a supported organization?	11a	<del> </del>	X
	A family member of a person described in (a) above?	11b	<del> </del>	X
	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.	11c	<del></del>	X
Sec	tion B. Type I Supporting Organizations		T.,	T
_	Out the decades a tender of a control of the contro		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	1		}
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		1
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	Ì		ļ
	controlled the organization's activities. If the organization had more than one supported organization,	ł		}
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		x	
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1_1_	<u>^</u>	<del> </del>
2	Did the organization operate for the benefit of any supported organization other than the supported	1	<u> </u>	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1	}	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		1	
<u></u>	supervised, or controlled the supporting organization.	2	L	X
Sec	tion C. Type II Supporting Organizations		T	r
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1	1	ĺ
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	j	}	
	or management of the supporting organization was vested in the same persons that controlled or managed	ł	1	l
	the supported organization(s).	1	<u></u>	L
Sec	tion D. Type III Supporting Organizations		T	l
		Γ	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	ł	,	ł
	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		'	l
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_1_	<del> </del> -	├
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		ļ
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	}	<b> </b>	1
	the organization maintained a close and continuous working relationship with the supported organization(s).	_2_	<del> </del>	<del> </del>
3	By reason of the relationship described in (2), did the organization's supported organizations have a	ł		
	significant voice in the organization's investment policies and in directing the use of the organization's	}		ĺ
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	j		,
	supported organizations played in this regard.	3	L	L
	tion 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):			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		Γ
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	ł		1
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI Identify	ł		ł
	those supported organizations and explain how these activities directly furthered their exempt purposes,			ĺ
	how the organization was responsive to those supported organizations, and how the organization determined	1	1 !	ĺ
	that these activities constituted substantially all of its activities.	2a	<del> </del>	<b> </b> -
þ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			l
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			1
	reasons for the organization's position that its supported organization(s) would have engaged in these		, ,	
	activities but for the organization's involvement.	2b	<b>  </b>	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			į
	trustees of each of the supported organizations? Provide details in Part VI.	3a		<u> </u>
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.	3b	لـــا	

### PLANNED PARENTHOOD MINNESOTA, NORTH

_	edule A (Form 990 or 990 EZ) 2014 DAKOTA, SOUTH DAKOTA FU			47-3878626 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			tructions. All
	<ul> <li>other Type III non-functionally integrated supporting organizations must contain</li> </ul>	omplete S	ections A through E.	
Sec	tion 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	1 1		
	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		
Sect	tion 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		
_ с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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,	1 1		ı
	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		
Sect	ion 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	Mınimum 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	Check here if the current year is the organization's first as a non-functional	ly-integrat	ed Type III supporting o	rganization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions)

#### PLANNED PARENTHOOD MINNESOTA, NORTH

	dule A (Form 990 or 990-EZ) 2014 DAKOTA, SOUTH		4	7-3878626 Page 7
Pa	rt V   Type III Non-Functionally Integrated 50	9(a)(3) Supporting Org	anizations (continued)	·
Sect	ion D - Distributions	<del> </del>		Current Year
_1_	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem			
	organizations, in excess of income from activity			<u> </u>
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets	<u>.</u>		
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.	······	<del></del>	
8	Distributions to attentive supported organizations to which	the organization is responsive	e	
	(provide details in Part VI). See instructions.	<del></del>	<del> </del>	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	<del></del>	r	 
Sect	ion 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	<u> </u>		
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)	ļ		
3_	Excess distributions carryover, if any, to 2014:			
а		<u> </u>		
b			 	
С			 	
d		<u> </u>	<u> </u>	
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
ī	Carryover from 2009 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	fine 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
	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 3			
•	and 4c.			
8	Breakdown of line 7:			<del></del>
a		ļ		
b		<u> </u>		
c			<del></del>	<del></del>
	Excess from 2013			<del></del>

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

PLANNED PARENTHOOD MINNESOTA, NORTH Schedule A (Form 990 or 990-EZ) 2014 DAKOTA, SOUTH DAKOTA FUND 47-3878626 Page
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 O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

## 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.lrs.gov/form990.

2014
Open to Public

OMB No 1545-0047

Open to Public Inspection

PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA FUND

Employer identification number 47-3878626

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - PLANNED PARENTHOOD
MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA FUND SUPPORTS PLANNED PARENTHOOD
MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA IN ITS MISSION OF AFFIRMING HUMAN
RIGHTS TO REPRODUCTIVE HEALTH AND FREEDOM.
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:
ON MARCH 31, 2015, THE PPMNS FUND WAS INCORPORATED WITH
THE MINNESOTA SECRETARY OF STATE AS A 317A NONPROFIT
CORPORATION. THE FUND WAS ORGANIZED AND IS OPERATED
EXCLUSIVELY TO ACT FOR THE BENEFIT OF AND TO CARRY OUT THE PURPOSES OF
PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA (PPMNS) TOWARD
THE GOAL OF REPRODUCTIVE FREEDOM WITHIN THE MEANING OF CODE SECTION
509(A)(3). ACCORDINGLY, THE FUND WILL RECEIVE FUNDS AND MAKE
DISTRIBUTIONS TO PPMNS TO PROMOTE THE HEALTH AND EDUCATION OF RESIDENTS
OF THE COMMUNITIES SERVED BY PPMNS IN A MANNER CONSISTENT WITH
REPRODUCTIVE FREEDOM AND IN ACCORDANCE WITH THE MISSION AND STRATEGIC
PLAN SET FORTH FROM TIME TO TIME BY THE BOARD OF DIRECTORS OF PLANNED
PARENTHOOD. THE FUND CONVENED ITS INAUGURAL MEETING ON JULY 20, 2015,
AT WHICH TIME OFFICERS WERE ELECTED AND BYLAWS WERE ADOPTED.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.