

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

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 checked="" 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)	Room/suite	G Gross receipts \$ 50,405,283.
	671 VANDALIA STREET		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or province, country, and ZIP or foreign postal code ST. PAUL, MN 55114		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
F Name and address of principal officer: SARAH A. STOESZ SAME AS C ABOVE		If "No," attach a list. (see instructions)	
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	5
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	2
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	409
	6 Total number of volunteers (estimate if necessary)	6	2724
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 17,552,892.	Current Year 21,714,331.
	9 Program service revenue (Part VIII, line 2g)	29,556,585.	27,812,504.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,405.	-54,457.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	961,624.	545,192.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	48,074,506.	50,017,570.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	921,680.	3,536,209.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	24,322,392.	1,638,994.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 3,204,601.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	21,610,929.	45,921,930.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	46,855,001.	51,097,133.	
19 Revenue less expenses. Subtract line 18 from line 12	1,219,505.	-1,079,563.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 18,614,578.	End of Year 20,222,899.
	21 Total liabilities (Part X, line 26)	5,489,672.	8,174,351.
	22 Net assets or fund balances. Subtract line 21 from line 20	13,124,906.	12,048,548.

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		
	SARAH A. STOESZ, PRESIDENT Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name KURT BENNION	Preparer's signature KURT BENNION	Date 10/06/20	Check if self-employed <input type="checkbox"/>	PTIN P01469618
	Firm's name CLIFTONLARSONALLEN LLP	Firm's address 220 SOUTH SIXTH STREET, SUITE 300 MINNEAPOLIS, MN 55402	Firm's EIN 41-0746749	Phone no. 612-376-4500	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
AFFIRMING HUMAN RIGHTS TO REPRODUCTIVE HEALTH AND FREEDOM.

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 35,198,200. including grants of \$ 3,217,764.) (Revenue \$ 27,809,446.)
- PATIENT SERVICES -

IN FISCAL YEAR 2019, PPMNS SERVED 71,362 PATIENTS AT 19 HEALTH CENTERS IN MINNESOTA AND SOUTH DAKOTA. OUR HEALTH CENTERS PROVIDED ANNUAL EXAMS; PAP TESTS; BIRTH CONTROL; EMERGENCY CONTRACEPTION; PREGNANCY TESTING AND OPTIONS COUNSELING; FERTILITY AWARENESS EDUCATION; BREAST/CHEST EXAMS AND MAMMOGRAPHY REFERRAL; PREP FOR HIV PREVENTION; HIV TESTING, EDUCATION AND REFERRAL; TESTING AND TREATMENT FOR STDS/STIS, UTIS, VAGINAL, AND BLADDER INFECTIONS; HPV AND HEPATITIS B VACCINATIONS; AND REFERRALS FOR ADDITIONAL CARE. ABORTION CARE, COLPOSCOPY, LEEP, VASECTOMY AND MISCARRIAGE MANAGEMENT WERE OFFERED AT SELECTED SITES. 79% OF CLIENTS RECEIVING CARE WERE AT OR BELOW 200% OF THE FEDERAL POVERTY LEVEL. (CONTINUED IN SCHEDULE O)

4b (Code:) (Expenses \$ 2,074,226. including grants of \$ 0.) (Revenue \$ 3,058.)
- EDUCATION AND OUTREACH -

DURING FISCAL YEAR 2019, EDUCATION AND OUTREACH PROGRAMS REACHED 41,403 PEOPLE. EDUCATION INCLUDED TRAINING 520 PARTICIPANTS ON A VARIETY OF REPRODUCTIVE AND SEXUAL HEALTH TOPICS. SEVEN PARENT-CHILD RETREATS FOCUSED ON PUBERTY, REPRODUCTIVE ANATOMY, AND PARENT-CHILD COMMUNICATION AND CONNECTEDNESS. PEER EDUCATORS AND LAY HEALTH ADVISORS REACHED 12,720 PEOPLE ON TOPICS SUCH AS HEALTHY RELATIONSHIPS, BIRTH CONTROL, AND SEXUALLY TRANSMITTED INFECTIONS. IN ADDITION, 17,776 PEOPLE WERE REACHED THROUGH HEALTH FAIRS AND OTHER COMMUNITY EVENTS. (CONTINUED IN SCHEDULE O)

4c (Code:) (Expenses \$ 757,962. including grants of \$ 318,445.) (Revenue \$ 0.)
- PUBLIC AFFAIRS -

PUBLIC AFFAIRS STAFF IN MINNESOTA, NORTH DAKOTA AND SOUTH DAKOTA ENGAGED VOLUNTEERS IN NEARLY 12,000 HOURS OF OUTREACH, ADVOCACY AND ENGAGEMENT ACTIVITIES. THROUGH ONLINE AND OFFLINE ORGANIZING, WE GREW OUR EMAIL LIST BY NEARLY 40,000 PEOPLE. 1,200 SUPPORTERS ATTENDED OUR ANNUAL SOLIDARITY DAY IN SAINT PAUL IN SUPPORT OF PLANNED PARENTHOOD.

IN MINNESOTA, PUBLIC AFFAIRS STAFF AND VOLUNTEERS EXECUTED AN OUTREACH PROGRAM TO EDUCATE PATIENTS AND THE PUBLIC ABOUT THE HEALTH INSURANCE EXCHANGES CREATED BY THE AFFORDABLE CARE ACT. VOLUNTEERS CALLED OVER 1,100 PEOPLE, REFERRING PEOPLE TO OUR NAVIGATORS FOR ASSISTANCE IN ENROLLING IN HEALTH INSURANCE. (CONTINUED IN SCHEDULE O)

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

4e Total program service expenses **38,030,388.**

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	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>	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>		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>		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>		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>	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>	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>		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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>		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>		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>		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>		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>	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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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>		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>	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>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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>		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>		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>		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>		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>		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>		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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>	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>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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>		
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>		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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

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		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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		409
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		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		
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)?		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
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.		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X

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.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		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?	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?	X	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	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		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?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization		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?		X
16b	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?		

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 (1024 or 1024-A 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 **PLANNED PARENTHOOD NORTH CENTRAL STATES - 651-696-5500**
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) SARAH STOEZ DIRECTOR & PRESIDENT	13.00 27.00	X		X				244,176.	173,762.	107,251.
(2) SHANE SWANSON CHAIR	1.00 2.00	X		X				0.	0.	0.
(3) ABIGAIL ROSE VICE CHAIR	1.00 1.00	X		X				0.	0.	0.
(4) KURT KAISER TREASURER & CFO (THROUGH OCT 2018)	28.00 12.00	X		X				125,879.	109,628.	71,083.
(5) MICHAEL HOBAN TREASURER & CFO (AS OF APRIL 2019)	26.00 14.00	X		X				0.	0.	0.
(6) CINDY KAISER SECRETARY & COO	28.00 12.00	X		X				131,250.	131,159.	63,519.
(7) SUSAN CASEY CCO (THROUGH JAN 2018)	28.00 12.00				X			189,105.	0.	430.
(8) JENNIFER SODERHOLM CDO	30.00 10.00				X			146,299.	105,064.	59,120.
(9) SARAH TRAXLER, MD MEDICAL DIRECTOR	35.00 5.00				X			128,178.	111,607.	75,960.
(10) MERI BETH KENNEDY SVP OF CLINICAL OPS	35.00 5.00				X			91,185.	79,387.	42,181.
(11) CAROL BALL, MD MEDICAL DIRECTOR EMERITUS	35.00 5.00					X		159,239.	88,442.	4,482.
(12) TONYA HAMPTON VP OF HR AND OE (THROUGH JUNE 2018)	28.00 12.00					X		135,448.	0.	9,645.
(13) CARMELA KRANZ VP OF DEVELOPMENT	28.00 12.00					X		94,719.	82,591.	2,533.
(14) LAUREN GILCHRIST EXECUTIVE VP EXTERNAL AFFAIRS	28.00 12.00					X		87,687.	79,828.	53,656.
(15) KIMBERLY FISCHER PHYSICIAN	35.00 5.00					X		87,749.	75,168.	191.

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			
1b Sub-total							1,620,914.	1,036,636.	490,051.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,620,914.	1,036,636.	490,051.	

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 **31**

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

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
BRIDGE HEALTHCARE PARTNERS, LLC 671 VANDALIA STREET, ST PAUL, MN 55114	I.T. SERVICES	1,389,150.
TIMCO CONSTRUCTION, INC, 14700 28TH AVENUE N, SUITE 40, PLYMOUTH, MN 55447	CONSTRUCTION SERVICES	504,563.
TEGRETE, 4111 MACKENZIE COURT NE, SUITE 100, ST MICHAEL, MN 55376	JANITORIAL SERVICES	452,629.
QUEST DIAGNOSTICS PO BOX 12989, CHICAGO, IL 60693	LAB SERVICES	449,205.
AMERICAN SECURITY LLC MI 9, PO BOX 1150, MINNEAPOLIS, MN 55480	SECURITY SERVICES	239,998.

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 **19**

PLANNED PARENTHOOD MINNESOTA, NORTH
 DAKOTA, SOUTH DAKOTA

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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	1,037,307.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	6,212,219.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	14,464,805.			
	g Noncash contributions included in lines 1a-1f: \$		2,574,632.			
	h Total. Add lines 1a-1f		21,714,331.			
	Program Service Revenue	2 a PATIENT SERVICES	Business Code 621300	27,809,446.	27,809,446.	
b SPEAKER FEES		900099	3,058.	3,058.		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			27,812,504.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,066.		2,066.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		8,495.		8,495.	
	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		56,523.		
		c Gain or (loss)		-56,523.		
	d Net gain or (loss)		-56,523.		-56,523.	
	8 a Gross income from fundraising events (not including \$ 1,037,307. of contributions reported on line 1c). See Part IV, line 18	a	106,560.			
		b Less: direct expenses	b	331,190.		
c Net income or (loss) from fundraising events			-224,630.		-224,630.	
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 MANAGEMENT FEES	900099	422,615.		422,615.	
	b MISCELLANEOUS REVENUE	900099	338,712.		338,712.	
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		761,327.			
12 Total revenue. See instructions		50,017,570.	27,812,504.	0.	490,735.	

**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 **X**

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	3,536,209.	3,536,209.		
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				
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	1,201,071.	685,834.	473,879.	41,358.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	292,206.	113,442.	136,909.	41,855.
9 Other employee benefits	95,997.	96,732.	-12,957.	12,222.
10 Payroll taxes	49,720.	28,391.	19,617.	1,712.
11 Fees for services (non-employees):				
a Management	2,751,115.	975,285.	1,499,741.	276,089.
b Legal	458,264.	570.	457,694.	
c Accounting	121,523.		121,523.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	2,359.		2,359.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	22,528,251.	17,581,584.	2,774,271.	2,172,396.
12 Advertising and promotion	1,365,798.	1,320,139.	7,640.	38,019.
13 Office expenses	729,333.	400,878.	198,184.	130,271.
14 Information technology	2,051,639.	1,446,169.	567,070.	38,400.
15 Royalties				
16 Occupancy	3,438,383.	2,600,836.	781,807.	55,740.
17 Travel	532,549.	401,631.	90,050.	40,868.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	280,873.	146,873.	31,716.	102,284.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	990,592.	688,430.	296,339.	5,823.
23 Insurance	294,953.	241,420.	53,533.	
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	7,563,308.	7,545,974.	11,240.	6,094.
b LEASE EXPENSE	2,044,301.		2,044,301.	
c BANK FEES AND OTHER	393,400.	779.	164,527.	228,094.
d EQUIPMENT EXPENSE	274,278.	158,189.	114,807.	1,282.
e All other expenses	101,011.	61,023.	27,894.	12,094.
25 Total functional expenses. Add lines 1 through 24e	51,097,133.	38,030,388.	9,862,144.	3,204,601.
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	3,944,608.	1	8,642,451.	
	2 Savings and temporary cash investments		2		
	3 Pledges and grants receivable, net	2,151,013.	3	2,295,317.	
	4 Accounts receivable, net	5,452,217.	4	2,944,470.	
	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	103,577.	7	104,292.	
	8 Inventories for sale or use	921,981.	8	608,150.	
	9 Prepaid expenses and deferred charges	524,329.	9	365,965.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 14,081,079.			
	b Less: accumulated depreciation	10b 9,549,645.	4,305,361.	10c	4,531,434.
	11 Investments - publicly traded securities			11	
	12 Investments - other securities. See Part IV, line 11			12	
	13 Investments - program-related. See Part IV, line 11			13	
	14 Intangible assets			14	
	15 Other assets. See Part IV, line 11	1,211,492.	15	730,820.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	18,614,578.	16	20,222,899.		
Liabilities	17 Accounts payable and accrued expenses	4,245,057.	17	1,930,127.	
	18 Grants payable		18		
	19 Deferred revenue	129,034.	19	114,958.	
	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		23		
	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	1,115,581.	25	6,129,266.	
	26 Total liabilities. Add lines 17 through 25	5,489,672.	26	8,174,351.	
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	7,515,620.	27	5,257,386.	
	28 Temporarily restricted net assets	5,609,286.	28	6,791,162.	
	29 Permanently restricted net assets		29		
	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	13,124,906.	33	12,048,548.		
34 Total liabilities and net assets/fund balances	18,614,578.	34	20,222,899.		

Form **990** (2018)

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	50,017,570.
2	Total expenses (must equal Part IX, column (A), line 25)	2	51,097,133.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,079,563.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,124,906.
5	Net unrealized gains (losses) on investments	5	3,205.
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	12,048,548.

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
b 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	
c 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	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	X	

Form 990 (2018)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA** Employer identification number **41-0948382**

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

The organization is not a private foundation because it is: (For lines 1 through 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - 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).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (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						

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5256484.	13639073.	17220376.	17552892.	21714331.	75383156.
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	5256484.	13639073.	17220376.	17552892.	21714331.	75383156.
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)						2470460.
6 Public support. Subtract line 5 from line 4.						72912696.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	5256484.	13639073.	17220376.	17552892.	21714331.	75383156.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	306,491.	549,969.	17,754.	8,663.	10,561.	893,438.
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.)	308,359.	1108707.	1091192.	1263127.	867,887.	4639272.
11 Total support. Add lines 7 through 10						80915866.
12 Gross receipts from related activities, etc. (see instructions)					12	124,607,065.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	90.11 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	86.82 %
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 - 2017. 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"/>

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

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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** ►

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

Section D. All 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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? <i>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.</i>		
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? <i>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.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (explain in Part VI.) **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).		

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Part VI

Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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

MISCELLANEOUS

MANAGEMENT FEES

RESEARCH REVENUE

FUNDRAISING EVENT REVENUES

PRIOR YEAR REVENUE

PUBLICATION SALES

PART II, SHORT YEAR EXPLANATION:

THE ORGANIZATION CHANGED ITS YEAR-END FROM 12/31/2014 TO 6/30/2015.

THE AMOUNTS REFLECTED IN THE "2014" COLUMN ARE FOR THE PERIOD 1/1/2015

- 6/30/2015.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

PLANNED PARENTHOOD MINNESOTA, NORTH
DAKOTA, SOUTH DAKOTA

Employer identification number

41-0948382

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA	Employer identification number 41-0948382
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>3,736,624.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,704,266.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>1,514,724.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>2,185,145.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ <u>1,131,407.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ <u>538,848.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA	Employer identification number 41-0948382
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
5	6,899 SHARES OF VARIOUS STOCKS _____ _____ _____	\$ 1,131,115.	06/30/19
6	5,573 SHARES OF VARIOUS STOCKS AND 3,225.545 SHARES OF VARIOUS FUNDS _____ _____ _____	\$ 528,282.	11/30/18
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA	Employer identification number 41-0948382
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

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

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

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule C (Form 990 or 990-EZ) 2018**

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	0.	89,600.												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	92,065.												
c	Total lobbying expenditures (add lines 1a and 1b)	0.	181,665.												
d	Other exempt purpose expenditures	47,892,532.	67,080,968.												
e	Total exempt purpose expenditures (add lines 1c and 1d)	47,892,532.	67,262,633.												
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	1,000,000.												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	250,000.												
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.	0.												
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.	0.												
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	85,303.	115,331.	33,453.	181,665.	415,752.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures	44,563.	45,405.	7,972.	89,600.	187,540.

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

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

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part IV Supplemental Information (continued)

Schedule C Affiliated Group Lobbying Expenditures Part II -A

Name of Affiliated Group Member **PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA ACT** Employer ID Number **41-1709702**

Affiliated Group Member Address **671 VANDALIA STREET ST. PAUL, MN 55114** Electing Member **NO**

Limits on Lobbying Expenditures:		Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)	12,871.	1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	59,362.	b												
Total lobbying expenditures (add lines 1a and 1b)	72,233.	c												
Other exempt purpose expenditures	629,063.	d												
Total exempt purpose expenditures (add lines 1c and 1d)	701,296.	e												
Lobbying nontaxable amount. Enter the amount from the following table:														
<table border="1"> <thead> <tr> <th>If the amount on line e is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>> 500,000 <= 1,000,000</td> <td>100,000 + 15% > 500,000</td> </tr> <tr> <td>> 1,000,000 <= 1,500,000</td> <td>175,000 + 10% > 1,000,000</td> </tr> <tr> <td>> 1,500,000 <= 17,000,000</td> <td>225,000 + 5% > 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line e is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	130,194.	f
If the amount on line e is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
> 500,000 <= 1,000,000	100,000 + 15% > 500,000													
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000													
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000													
Over \$17,000,000	\$1,000,000													
Grassroots nontaxable amount (enter 25% of line 1f)	32,549.	g												
Subtract line 1g from line 1a (limit to zero)	0.	h												
Subtract line 1f from line 1c (limit to zero)	0.	i												
Member's share of excess lobbying expenditures	0.													

Schedule C **Affiliated Group Lobbying Expenditures**
Part II -A

Name of Affiliated Group Member **PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA** Employer ID Number **41-0948382**

Affiliated Group Member Address **671 VANDALIA STREET** Electing Member **NO**
ST. PAUL, MN 55114

Limits on Lobbying Expenditures:		Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	b												
Total lobbying expenditures (add lines 1a and 1b)	0.	c												
Other exempt purpose expenditures	47,892,532.	d												
Total exempt purpose expenditures (add lines 1c and 1d)	47,892,532.	e												
Lobbying nontaxable amount.														
Enter the amount from the following table:														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">If the amount on line e is:</th> <th style="text-align: center;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Not over \$500,000</td> <td style="text-align: center;">20% of the amount on line 1e</td> </tr> <tr> <td style="text-align: center;">> 500,000 <= 1,000,000</td> <td style="text-align: center;">100,000 + 15% > 500,000</td> </tr> <tr> <td style="text-align: center;">> 1,000,000 <= 1,500,000</td> <td style="text-align: center;">175,000 + 10% > 1,000,000</td> </tr> <tr> <td style="text-align: center;">> 1,500,000 <= 17,000,000</td> <td style="text-align: center;">225,000 + 5% > 1,500,000</td> </tr> <tr> <td style="text-align: center;">Over \$17,000,000</td> <td style="text-align: center;">\$1,000,000</td> </tr> </tbody> </table>	If the amount on line e is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	1,000,000.	f
If the amount on line e is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
> 500,000 <= 1,000,000	100,000 + 15% > 500,000													
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000													
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000													
Over \$17,000,000	\$1,000,000													
Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	g												
Subtract line 1g from line 1a (limit to zero)	0.	h												
Subtract line 1f from line 1c (limit to zero)	0.	i												
Member's share of excess lobbying expenditures	0.													

Part IV Supplemental Information (continued)

Schedule C Affiliated Group Lobbying Expenditures
Part II -A

Name of Affiliated Group Member
PLANNED PARENTHOOD OF THE HEARTLAND

Employer ID Number
42-0727488

Affiliated Group Member Address
**818 5TH AVENUE, SUITE 200
DES MOINES, IA 50309**

Electing Member
NO

Limits on Lobbying Expenditures:		Line
Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	0.	b
Total lobbying expenditures (add lines 1a and 1b)	0.	c
Other exempt purpose expenditures	18,154,934.	d
Total exempt purpose expenditures (add lines 1c and 1d)	18,154,934.	e
Lobbying nontaxable amount.		
Enter the amount from the following table:		
If the amount on line e is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e	
> 500,000 <= 1,000,000	100,000 + 15% > 500,000	
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	
Over \$17,000,000	\$1,000,000	
.....	1,000,000.	f
Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	g
Subtract line 1g from line 1a (limit to zero)	0.	h
Subtract line 1f from line 1c (limit to zero)	0.	i
Member's share of excess lobbying expenditures	0.	

Part IV Supplemental Information (continued)

Schedule C Affiliated Group Lobbying Expenditures Part II -A

Name of Affiliated Group Member
PLANNED PARENTHOOD VOTERS OF IOWA

Employer ID Number
42-1357011

Affiliated Group Member Address
**818 5TH AVENUE, SUITE 200
 DES MOINES, IA 50309**

Electing Member
NO

Limits on Lobbying Expenditures:

	Line												
Total lobbying expenditures to influence public opinion (grassroots lobbying)	11,880. 1a												
Total lobbying expenditures to influence a legislative body (direct lobbying)	17,286. b												
Total lobbying expenditures (add lines 1a and 1b)	29,166. c												
Other exempt purpose expenditures	186,709. d												
Total exempt purpose expenditures (add lines 1c and 1d)	215,875. e												
Lobbying nontaxable amount.													
Enter the amount from the following table:													
<table border="1"> <thead> <tr> <th>If the amount on line e is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>> 500,000 <= 1,000,000</td> <td>100,000 + 15% > 500,000</td> </tr> <tr> <td>> 1,000,000 <= 1,500,000</td> <td>175,000 + 10% > 1,000,000</td> </tr> <tr> <td>> 1,500,000 <= 17,000,000</td> <td>225,000 + 5% > 1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line e is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	> 500,000 <= 1,000,000	100,000 + 15% > 500,000	> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	Over \$17,000,000	\$1,000,000	
If the amount on line e is:	The lobbying nontaxable amount is:												
Not over \$500,000	20% of the amount on line 1e												
> 500,000 <= 1,000,000	100,000 + 15% > 500,000												
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000												
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000												
Over \$17,000,000	\$1,000,000												
.....	43,175. f												
Grassroots nontaxable amount (enter 25% of line 1f)	10,794. g												
Subtract line 1g from line 1a (limit to zero)	1,086. h												
Subtract line 1f from line 1c (limit to zero)	0. i												
Member's share of excess lobbying expenditures	0.												

Part IV Supplemental Information (continued)

Schedule C Affiliated Group Lobbying Expenditures
Part II -A

Name of Affiliated Group Member **PLANNED PARENTHOOD VOTERS OF NEBRASKA** Employer ID Number **47-0762497**

Affiliated Group Member Address **PO BOX 4557** Electing Member **NO**
DES MOINES, IA 50305

Limits on Lobbying Expenditures:		Line
Total lobbying expenditures to influence public opinion (grassroots lobbying)	64,849.	1a
Total lobbying expenditures to influence a legislative body (direct lobbying)	15,417.	b
Total lobbying expenditures (add lines 1a and 1b)	80,266.	c
Other exempt purpose expenditures	217,730.	d
Total exempt purpose expenditures (add lines 1c and 1d)	297,996.	e
Lobbying nontaxable amount.		
Enter the amount from the following table:		
If the amount on line e is:	The lobbying nontaxable amount is:	
Not over \$500,000	20% of the amount on line 1e	
> 500,000 <= 1,000,000	100,000 + 15% > 500,000	
> 1,000,000 <= 1,500,000	175,000 + 10% > 1,000,000	
> 1,500,000 <= 17,000,000	225,000 + 5% > 1,500,000	
Over \$17,000,000	\$1,000,000	
.....	59,599.	f
Grassroots nontaxable amount (enter 25% of line 1f)	14,900.	g
Subtract line 1g from line 1a (limit to zero)	49,949.	h
Subtract line 1f from line 1c (limit to zero)	20,667.	i
Member's share of excess lobbying expenditures	0.	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

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" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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? (Yes/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? (Yes/No)

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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 (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No), 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on Form 990, Part IV, line 8.

Table with 2 columns: \$. Rows include: 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 on 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 on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance				30,471,931.	30,347,619.
b Contributions					1,168,481.
c Net investment earnings, gains, and losses				269,385.	361,321.
d Grants or scholarships				30,042,670.	
e Other expenditures for facilities and programs				698,646.	1,405,490.
f Administrative expenses					
g End of year balance					30,471,931.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment _____ %
 - c Temporarily restricted endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		3,601,610.	2,449,280.	1,152,330.
c Leasehold improvements		4,581,924.	3,017,055.	1,564,869.
d Equipment		5,895,522.	4,083,310.	1,812,212.
e Other		2,023.		2,023.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				4,531,434.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on 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" on 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" on 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" on 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	193,701.
(3) DUE TO RELATED ORGANIZATIONS	5,935,565.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	6,129,266.

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	50,403,217.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	3,205.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	387,713.
e	Add lines 2a through 2d	2e	390,918.
3	Subtract line 2e from line 1	3	50,012,299.
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	2,359.
b	Other (Describe in Part XIII.)	4b	2,912.
c	Add lines 4a and 4b	4c	5,271.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	50,017,570.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	51,043,201.
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	331,190.
e	Add lines 2a through 2d	2e	331,190.
3	Subtract line 2e from line 1	3	50,712,011.
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	2,359.
b	Other (Describe in Part XIII.)	4b	382,763.
c	Add lines 4a and 4b	4c	385,122.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	51,097,133.

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 X, LINE 2:

THE ORGANIZATION FOLLOWS 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.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

OTHER LOSSES	56,523.
FUNDRAISING EVENT EXPENSES	331,190.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	387,713.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Part XIII Supplemental Information *(continued)*

INVESTMENT RETURNS 2,912.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EVENT EXPENSES 331,190.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EQUITY TRANSFER 382,763.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA** Employer identification number **41-0948382**

Part I

Fundraising Activities.

Complete if the organization answered "Yes" on 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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 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 10 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) 2018

DAKOTA, SOUTH DAKOTA

41-0948382 Page 2

Part II Fundraising Events. Complete if the organization answered "Yes" on 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))
		CELEBRATE PLANNED PARENTHOOD (event type)	READY OR HOT (event type)	NONE (total number)	
Revenue	1	Gross receipts	995,277.	148,590.	1,143,867.
	2	Less: Contributions	904,977.	132,330.	1,037,307.
	3	Gross income (line 1 minus line 2)	90,300.	16,260.	106,560.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	77,458.		77,458.
	6	Rent/facility costs	194.	2,321.	2,515.
	7	Food and beverages	92,794.	13,642.	106,436.
	8	Entertainment	21,016.		21,016.
	9	Other direct expenses	86,202.	37,563.	123,765.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-224,630.

Part III Gaming. Complete if the organization answered "Yes" on 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: _____

PLANNED PARENTHOOD MINNESOTA, NORTH

Schedule G (Form 990 or 990-EZ) 2018 DAKOTA, SOUTH DAKOTA

41-0948382 Page 3

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity 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:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law 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.

**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" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

**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" on 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
MAHUBE-OTWA COMMUNITY ACTION PARTNERSHIP - PO BOX 747 - DETROIT LAKES, MN 56502	41-6049474	501(C)(3)	41,845.	0.			TITLE X DISTRIBUTION
SOUTHEASTERN MN COMMUNITY ACTION COUNCIL - PO BOX 549 - RUSHFORD, MN 55971	41-0907135	501(C)(3)	70,458.	0.			TITLE X DISTRIBUTION
SOUTHWESTERN MN OPPORTUNITY COUNCIL - PO BOX 787, 1106 THIRD AVE - WORTHINGTON, MN 56187	41-6050245	501(C)(3)	37,652.	0.			TITLE X DISTRIBUTION
PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA FUND - 671 VANDALIA STREET - ST PAUL, MN 55114	47-3878626	501(C)(3)	2,893,496.	0.			CONTRIBUTIONS TRANSFER
PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA ACTION FUND - 671 VANDALIA STREET - ST PAUL, MN 55114	41-1709702	501(C)(4)	318,445.	0.			GENERAL SUPPORT, INCLUDING LOBBYING EXPENDITURES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 4.

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

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

Schedule I (Form 990) (2018)

PLANNED PARENTHOOD MINNESOTA, NORTH
 DAKOTA, SOUTH DAKOTA

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash 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 ARE CHARITABLE DONATIONS THAT DO NOT REQUIRE REPORTING AFTER DISBURSEMENT. TITLE X DISTRIBUTIONS TO THREE DELEGATE ORGANIZATIONS ARE PART OF THE FEDERAL TITLE X GRANT AND THE DELEGATES ARE SUB-RECIPIENTS OF FEDERAL GRANT FUNDS. TITLE X FUNDS ARE MONITORED BY THE ORGANIZATION TO ENSURE COMPLIANCE WITH FEDERAL GRANT REQUIREMENTS. REGULAR REPORTING IS REQUIRED AND AUDITS ARE CONDUCTED ON A REGULAR BASIS.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Employer identification number
41-0948382

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

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

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

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

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

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

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

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

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

Schedule J (Form 990) 2018

PLANNED PARENTHOOD MINNESOTA, NORTH
 DAKOTA, SOUTH DAKOTA

41-0948382

Schedule J (Form 990) 2018

Page 2

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SARAH STOESZ DIRECTOR & PRESIDENT	(i)	194,105.	0.	50,071.	42,256.	16,155.	302,587.	0.
	(ii)	165,939.	0.	7,823.	36,220.	12,620.	222,602.	0.
(2) KURT KAISER TREASURER & CFO (THROUGH OCT 2018)	(i)	123,461.	25.	2,393.	35,945.	2,737.	164,561.	0.
	(ii)	85,202.	23,120.	1,306.	30,837.	1,564.	142,029.	0.
(3) CINDY KAISER SECRETARY & COO	(i)	127,801.	50.	3,399.	28,287.	5,735.	165,272.	0.
	(ii)	110,867.	17,010.	3,282.	24,620.	4,877.	160,656.	0.
(4) SUSAN CASEY CCO (THROUGH JAN 2018)	(i)	19,691.	0.	169,414.	394.	36.	189,535.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JENNIFER SODERHOLM CDO	(i)	118,524.	25.	27,750.	24,816.	6,995.	178,110.	0.
	(ii)	103,158.	0.	1,906.	21,303.	6,006.	132,373.	0.
(6) SARAH TRAXLER, MD MEDICAL DIRECTOR	(i)	126,881.	0.	1,297.	29,209.	11,706.	169,093.	0.
	(ii)	110,448.	25.	1,134.	25,070.	9,975.	146,652.	0.
(7) MERI BETH KENNEDY SVP OF CLINICAL OPS	(i)	82,612.	0.	8,573.	18,565.	5,619.	115,369.	0.
	(ii)	73,100.	50.	6,237.	15,936.	2,061.	97,384.	0.
(8) CAROL BALL, MD MEDICAL DIRECTOR EMERITUS	(i)	101,091.	0.	58,148.	2,051.	379.	161,669.	0.
	(ii)	86,955.	0.	1,487.	1,758.	294.	90,494.	0.
(9) CARMELA KRANZ VP OF DEVELOPMENT	(i)	92,781.	25.	1,913.	538.	191.	95,448.	0.
	(ii)	80,959.	0.	1,632.	1,644.	160.	84,395.	0.
(10) LAUREN GILCHRIST EXECUTIVE VP EXTERNAL AFFAIRS	(i)	77,144.	10,000.	543.	17,860.	10,776.	116,323.	0.
	(ii)	73,160.	0.	6,668.	15,308.	9,712.	104,848.	0.
(11) KIMBERLY FISCHER PHYSICIAN	(i)	87,038.	50.	661.	0.	103.	87,852.	0.
	(ii)	74,647.	0.	521.	0.	88.	75,256.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 3:

AS OF JULY 2018, PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA DOES NOT COMPENSATE ANY INDIVIDUALS. DURING THE FISCAL YEAR, POWER TO SET EMPLOYEE COMPENSATION WAS TRANSFERRED FROM PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA TO PLANNED PARENTHOOD NORTH CENTRAL STATES. THE ORGANIZATION RELIED ON PLANNED PARENTHOOD NORTH CENTRAL STATES IN SETTING THE COMPENSATION OF THOSE INDIVIDUAS LISTED IN FORM 990, PART VII, SECTION A. PLANNED PARENTHOOD NORTH CENTRAL STATES USED THE FOLLOWING METHODS TO ESTABLISH THE PRESIDENT'S COMPENSATION:

- COMPENSATION COMMITTEE
- INDEPENDENT COMPENSATION CONSULTANT
- COMPENSATION SURVEY OR STUDY
- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

PART I, LINE 4B:

THE ORGANIZATION HAS A 457(F) NONQUALIFIED FLEXIBLE BENEFIT PLAN THAT IS AVAILABLE TO ELIGIBLE PARTICIPANTS. THIS PLAN IS 100% EMPLOYEE FUNDED. THE ORGANIZATION DOES NOT MAKE CONTRIBUTIONS TO THIS PLAN. THE 2019 ACTIVITY

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

IN THE PLAN WAS:

457(F) PLAN DEFERRALS:

SARAH STOESZ - \$52,525

KURT KAISER - \$43,528

CINDY KAISER - \$47,669

MERI BETH KENNEDY - \$12,590

JENNIFER SODERHOLM - \$23,025

SARAH TRAXLER, MD - \$49,341

457(F) PLAN DISTRIBUTIONS:

SARAH STOESZ - \$41,465

SUSAN CASEY - \$169,518

JENNIFER SODERHOLM - \$25,550

CAROL BALL, MD - \$55,704

TONYA HAMPTON - \$13,494

CONNIE LEWIS - \$58,613

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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	X		5,899.	FMV
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	23,089	2,174,652.	DAILY TRADING PRICE
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	X	200	200.	FMV
20 Drugs and medical supplies	X	400	3,100.	FMV
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (MISCELLANEOUS)	X	1,233	354,781.	FMV
26 Other ▶ (GIFT CERT.)	X	600	36,000.	FMV
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 isn't required to be used for exempt purposes for the entire holding period?		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 nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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, PART I, COLUMN (B):

THE NUMBERS REPORTED IN PART I, COLUMN B ARE THE NUMBER OF DONATED ITEMS.

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

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:

PLANNED PARENTHOOD IS A TRUSTED PROVIDER, AND SERVES AS A GATEWAY TO OTHER ESSENTIAL HEALTH CARE SERVICES FOR OUR CLIENTS, MANY OF WHOM REPORT THAT WE ARE THEIR PRIMARY SOURCE OF HEALTH CARE, PARTICULARLY IN RURAL AREAS. TO PROVIDE ACCESS FOR PATIENTS WHO OFTEN FACE BARRIERS TO SERVICE, PLANNED PARENTHOOD OFFERS WALK-IN APPOINTMENTS AND SAME DAY SCHEDULING, ONLINE APPOINTMENT SCHEDULING AND TEXT OR EMAIL APPOINTMENT REMINDERS, ONLINE HEALTH, A CENTRALIZED REFILL CENTER, AND A COMMITMENT TO PROVIDING INCLUSIVE CARE TO OUR INCREASINGLY DIVERSE CLIENTS.

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

YOUTH PROGRAMS:

ROTO (REACH ONE TEACH ONE) IS A YOUTH PEER EDUCATION PROGRAM CURRENTLY OFFERED IN ROCHESTER, DULUTH, ST. CLOUD, MINNEAPOLIS, MN AND FARGO, ND. IN THE 12 ROTO PROGRAMS THAT OCCURED DURING FISCAL YEAR 2019, 127 PARTICIPANTS RECEIVED INTENSIVE TRAINING ON REPRODUCTIVE AND SEXUAL HEALTH TOPICS. PARTICIPANTS FROM 12 PROGRAMS IN TURN SHARED THEIR KNOWLEDGE WITH THEIR PEERS AND REACHED 3,102 PEOPLE.

YOUTH POWER IS A PEER EDUCATION PROGRAM FOR AFRICAN IMMIGRANT YOUTH CURRENTLY OFFERED IN MINNEAPOLIS, MN. DURING THIS PERIOD, ONE PROGRAM TRAINED 9 PARTICIPANTS WHO REACHED 206 INDIVIDUALS THROUGH ONE-ON-ONE AND SMALL GROUP PEER EDUCATION SESSIONS.

HONG STAR (STUDENTS TEACHING ABOUT RESPONSIBILITY) IS A PEER EDUCATION

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization	PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA	Employer identification number	41-0948382
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PROGRAM FOR HMONG YOUTH IN THE TWIN CITIES METRO AREA. DURING FISCAL YEAR 2019, 21 YOUTH PARTICIPATED IN TWO PROGRAMS AND IN TURN EDUCATED 823 OF THEIR PEERS.

TEEN COUNCIL IS AN INTENSIVE, YEAR-LONG YOUTH DEVELOPMENT PROGRAM FOR 10-12TH GRADE HIGH SCHOOL STUDENTS. PROGRAM ELEMENTS INCLUDE PEER EDUCATION, SERVICE LEARNING, AND INSTRUCTION ON A WIDE VARIETY OF TOPICS RELATED TO REPRODUCTIVE HEALTH AND SEXUALITY. PARTICIPANTS PRACTICE AND LEARN SKILLS SUCH AS PUBLIC SPEAKING, CLASSROOM INSTRUCTION, GOAL SETTING, INTERVIEWING, AND GROUP FACILITATION. TEEN COUNCIL PROGRAMS ARE OFFERED IN ROCHESTER, DULUTH, AND ST. PAUL, MN. DURING FISCAL YEAR 2019, 32 TEEN COUNCIL MEMBERS FROM THREE COHORTS REACHED 6,182 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. DURING FISCAL YEAR 2019, 38 PARTICIPANTS FROM FOUR QUE ONDA PROGRAMS REACHED 1,587 PEOPLE THROUGH PEER EDUCATION IN THEIR SCHOOLS AND COMMUNITY.

SAFER SEX INTERVENTION (SSI) IS AN EVIDENCE-BASED MOTIVATIONAL INTERVIEW PROGRAM THAT WORKS TO REDUCE SEXUALY TRANSMITTED INFECTIONS AND TEEN PREGNANCY AMONG HIGH-RISK FEMALES AGES 10 TO 19 YEARS. THIS PROGRAM IS CURRENTLY OFFERED IN ROCHESTER, ST. PAUL, AND RICHFIELD, MN. DURING FISCAL YEAR 2019, 127 FEMALES WERE REACHED IN PARTNERSHIP WITH LOCAL PLANNED PARENTHOOD HEALTH CENTERS.

PROGRAMS FOR ADULTS:

Name of the organization	PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA	Employer identification number	41-0948382
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PARTNERSHIP PROJECT IS AN ADULT LAY HEALTH ADVISOR PROGRAM THAT PROVIDES CULTURALLY RELEVANT PROGRAMMING TO AFRICAN IMMIGRANT ADULTS IN THE TWIN CITIES AREA. PROGRAM PARTICIPANTS HELP STRENGTHEN THEIR COMMUNITIES BY BECOMING TRUSTED SOURCES OF ACCURATE INFORMATION ABOUT REPRODUCTIVE HEALTH. DURING FISCAL YEAR 2019, TWO PROGRAMS PROVIDED TRAINING TO 20 PARTICIPANTS WHO IN TURN REACHED 1,195 PEOPLE.

ENTRE AMIGAS TRAINS LATINA WOMEN TO BE LAY HEALTH ADVISORS AND EDUCATE THEIR COMMUNITY ON HEALTHY SEXUALITY AND REPRODUCTIVE HEALTH CARE. THE PROGRAM IS OFFERED IN MINNEAPOLIS, MN. DURING FISCAL YEAR 2019, TWO ENTRE AMIGAS PROGRAMS TRAINED 23 PARTICIPANTS WHO IN TURN REACHED 1,108 OF THEIR PEERS.

PROMOTORAS ARE ENTRE AMIGAS GRADUATES WHO RECEIVE ADDITIONAL TRAINING, ENHANCE PUBLIC SPEAKING AND LEADERSHIP SKILLS, AND PRESENT REPRODUCTIVE AND SEXUAL HEALTH TOPICS IN SPANISH IN THE COMMUNITY. DURING FISCAL YEAR 2019, ONE PROMOTORAS PROGRAM TRAINED 6 EDUCATORS WHO REACHED 623 PEOPLE THROUGH ONE-ON-ONE AND SMALL GROUP CONVERSATIONS, PRESENTATIONS, AND EVENTS.

ASKK (ANISHINAABE SEXUAL KNOWLEDGE KEEPERS) IS A CULTURALLY-SPECIFIC LAY HEALTH ADVISOR PROGRAM FOR AMERICAN INDIAN ADULTS IN BEMIDJI AND LEECH LAKE, MN. PARTICIPANTS GAIN KNOWLEDGE ABOUT REPRODUCTIVE HEALTH AND ARE TRAINED TO SHARE THEIR KNOWLEDGE WITH OTHERS. DURING FISCAL YEAR 2019, TWO PROGRAMS TRAINED 27 PARTICIPANTS WHO SUBSEQUENTLY REACHED 1,784 PEOPLE.

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TAKING SHAPE IS AN EDUCATIONAL PROGRAM FOR AMERICAN INDIAN YOUTH AND ADULTS CURRENTLY OFFERED IN BEMIDJI, RED LAKE, MILLE LACS, DULUTH, MOORHEAD, MN AND FARGO, ND. DURING FISCAL YEAR 2019, 14 TAKING SHAPE PROGRAMS REACHED 136 INDIVIDUALS, PROVIDING THEM WITH INCREASED KNOWLEDGE ABOUT REPRODUCTIVE AND SEXUAL HEALTH.

PARENT-CHILD PROGRAMS:

MOTHER-DAUGHTER AND MOTHER-SON RETREATS PROVIDE 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. DURING FISCAL YEAR 2019, 99 PARTICIPANTS ATTENDED 7 RETREATS HELD IN BEMIDJI, BROOKLYN CENTER, ST. PAUL, AND RICHFIELD, MN. OF THOSE, ONE RETREAT WAS FOR AN AFRICAN IMMIGRANT AUDIENCE, ONE WAS FOR A LATINA AUDIENCE, ONE WAS FOR AN AMERICAN INDIAN AUDIENCE, ONE WAS FOR A HMONG AUDIENCE, AND TWO WERE MOTHER-SON RETREATS.

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

VOLUNTEERS ATTENDED 2 PHONEBANKS DURING THE OPEN ENROLLMENT PERIOD, PUTTING IN OVER 60 VOLUNTEER HOURS.

PUBLIC AFFAIRS HOSTED 1,200 SUPPORTERS AT OUR ST. PAUL CLINIC ON VANDALIA STREET FOR OUR ANNUAL SOLIDARITY DAY. SUPPORTERS MARCHED IN SOLIDARITY WITH PLANNED PARENTHOOD, HEARD FROM STAFF AND VOLUNTEERS AT A RALLY, DONATED TO SUPPORT OUR HEALTH CARE SERVICES, SIGNED UP TO GET MORE INVOLVED, AND WROTE PERSONAL STORIES ABOUT HOW PLANNED PARENTHOOD HAS IMPACTED THEIR LIVES.

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IN MINNESOTA, WE WORKED WITH COALITION PARTNERS TO STAFF THE ONLY PRO-CHOICE BOOTH AT THE STATE FAIR.

ALONG WITH COALITION PARTNERS, WE BEGAN DISCUSSING AND PLANNING FOR 2020 CENSUS OUTREACH IN MINNESOTA.

PUBLIC AFFAIRS STAFF IN MINNESOTA SPOKE AT COLLEGES ACROSS THE STATE ABOUT THE STATE OF REPRODUCTIVE HEALTH AND RIGHTS AND HOW PEOPLE CAN GET INVOLVED AND TAKE ACTION.

IN MINNESOTA, VOLUNTEERS ENGAGED PLANNED PARENTHOOD PATIENTS IN CONVERSATIONS ABOUT ADVOCACY, SIGNING UP OVER 300 PATIENTS IN SUPPORT OF PLANNED PARENTHOOD.

IN NORTH DAKOTA, STAFF MANAGED A TOTAL OF 4,362 VOLUNTEER HOURS BY LOCAL SUPPORTERS AND ADDED 2,150 SUBSCRIBED EMAILS TO THE SUPPORTER LIST. STAFF CULTIVATED 396 DONORS FROM THE STATE OF NORTH DAKOTA.

IN NORTH DAKOTA, THE "I HEART PP" ONLINE DAY OF GIVING WAS LAUNCHED. THE EVENT WAS DESIGNED TO ALLOW SUPPORTERS TO SUPPORT THE EDUCATION PROGRAMING IN NORTH DAKOTA DURING THE SINGLE DAY CAMPAIGN.

IN NORTH DAKOTA, STAFF HOSTED HOUSE PARTIES IN GRAND FORKS AND BISMARCK. OVER 30 SUPPORTERS ATTENDED TO PROVIDE SUPPORT TO THE WORK OF PLANNED PARENTHOOD IN THE STATE.

IN NORTH DAKOTA, STAFF HOSTED ITS 14TH ANNUAL PROGRESS ON THE PRAIRIE EVENT IN FARGO, ND WITH KEYNOTE SPEAKER WAS JOURNALIST IRIN CARMON. 50

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SUPPORTERS SIGNED ON AS HOSTS OF THE EVENT WITH 100 SUPPORTERS IN ATTENDANCE.

IN NORTH DAKOTA, WE WERE A KEY SPONSOR OF THE 2019 FARGO-MOORHEAD WOMEN'S MARCH. THE EVENT'S THEME WAS "TOGETHER" AND HIGHLIGHTED THE LIVED EXPERIENCES OF MARGINALIZED COMMUNITIES AND A CALL OF ACTION FOR LOCAL PEOPLE TO GET ACTIVE IN THE WORK TOWARD EQUALITY. OVER 700 PEOPLE ATTENDED THE EVENT.

IN NORTH DAKOTA, STAFF JOINED THE FARGO-MOORHEAD MISSING AND MURDERED INDIGENOUS WOMEN TASK FORCE TO CONTINUE THE RELATIONSHIPS AND STRONG INTERSECTIONAL WORK WE BUILT IN 2018.

THE SOUTH DAKOTA ADVISORY COMMITTEE HOSTED A CLINIC OPEN HOUSE FEATURING CLINIC AND PUBLIC AFFAIRS STAFF. MORE THAN 100 MEMBERS OF THE COMMUNITY ATTENDED.

SOUTH DAKOTA CONTINUED WORK ON TWO COLLEGE CAMPUSES - SOUTH DAKOTA STATE UNIVERSITY AND UNIVERSITY OF SOUTH DAKOTA - TO FURTHER PROVIDE INCOMING AND CURRENT STUDENTS WITH INFORMATION ABOUT PLANNED PARENTHOOD'S MISSION AND THE SERVICES WE PROVIDE THE COMMUNITY.

SOUTH DAKOTA STAFF TRAVELED THE STATE OVER THE SUMMER OF 2019, SPEAKING TO ADVOCATES IN PIERRE, RAPID CITY AND SIOUX FALLS ABOUT PLANNED PARENTHOOD'S MISSION AND THE SERVICES WE PROVIDE THE COMMUNITY.

SOUTH DAKOTA STAFF HELD AN EVENT ENTITLED "BETTER THAN SEX TRIVIA" AT A SIOUX FALLS VENUE THAT GARNERED OVER \$1,200 FOR THE CLINIC IN APRIL OF

Name of the organization	PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA	Employer identification number	41-0948382
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2019.

FORM 990, PART VI, SECTION A, LINE 3:

AS OF JULY 2018, ALL MANAGEMENT AND OTHER EMPLOYEE SERVICES ARE PROVIDED THROUGH A SERVICES AGREEMENT WITH PLANNED PARENTHOOD NORTH CENTRAL STATES.

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

THE BYLAWS OF PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA ("PPMNS") WERE AMENDED IN JULY 2018 TO DESIGNATE IT AS AN AFFILIATE OF PLANNED PARENTHOOD NORTH CENTRAL STATES ("PPNCS") AND MAKE THE FOLLOWING SIGNIFICANT CHANGES:

(A) REMOVE THE DESIGNATION OF GENERAL MEMBERS AND INDICATE THAT PPMNS HAS NO MEMBERS;

(B) SET THE MAXIMUM NUMBER OF BOARD MEMBERS AT FIVE, WITH TWO OF THE DIRECTORS BEING ELECTED BY THE BOARD OF DIRECTORS OF PPNCS, IN ADDITION TO THE CEO, COO AND CFO OF PPNCS SERVING AS THE OTHER THREE DIRECTORS;

(C) REQUIRE THAT ONE PPMNS DIRECTOR BE A MEMBER OF THE PPNCS BOARD OF DIRECTORS AND A RESIDENT OF ONE OF THE STATES IN WHICH PPMNS DELIVERS SERVICES;

(D) PROVIDE SPECIFIC RESERVED POWERS TO PPNCS (SEE FORM 990, PART VI, LINES 7A AND 7B);

(E) CHANGE THE MINIMUM NUMBER OF ANNUAL BOARD MEETINGS FROM SIX TO FOUR;

(F) ELIMINATE ALL STANDING COMMITTEES OF THE BOARD, INCLUDING THE AUDIT COMMITTEE AND THE EXECUTIVE COMMITTEE, AND GIVE THE BOARD THE POWER TO CREATE COMMITTEES AS NECESSARY; AND

(G) DESIGNATE PPNCS AS THE PRIMARY RECIPIENT OF FUNDS IF PPMNS WERE TO TERMINATE ITS EXISTENCE.

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FORM 990, PART VI, SECTION A, LINE 7A:

TWO MEMBERS OF THE BOARD OF DIRECTORS ARE ELECTED BY THE BOARD OF DIRECTORS OF PLANNED PARENTHOOD NORTH CENTRAL STATES. THE OTHER THREE DIRECTORS, WITH VOTING RIGHTS, ARE THE CEO, COO AND CFO OF PLANNED PARENTHOOD NORTH CENTRAL STATES. ONE OF THE DIRECTORS MUST BE A VOTING MEMBER OF THE BOARD OF DIRECTORS OF PLANNED PARENTHOOD NORTH CENTRAL STATES.

FORM 990, PART VI, SECTION A, LINE 7B:

THE FOLLOWING ACTIONS REQUIRE APPROVAL OF THE BOARD OF DIRECTORS OF PLANNED PARENTHOOD NORTH CENTRAL STATES TO BE EFFECTIVE:

- (A) APPROVAL OF THE ANNUAL AND LONG-TERM STRATEGIC PLANS;
- (B) APPROVAL OF THE ANNUAL OPERATING AND CAPITAL BUDGET AND FINANCIAL FORECAST;
- (C) INCURRENCE OF INDEBTEDNESS;
- (D) MERGER, CONSOLIDATION, DISSOLUTION, OR SALE OF SUBSTANTIALLY ALL OF THE ORGANIZATION'S ASSETS; AND
- (E) AMENDMENT, MODIFICATION OR TERMINATION OF THE ARTICLES OF INCORPORATION OR BYLAWS.

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

THE ORGANIZATION'S EXECUTIVE MANAGEMENT TEAM CONDUCTED A DETAILED REVIEW OF THE FORM 990 AND PRESENTED THE FORM 990 TO THE FULL BOARD FOR ITS REVIEW AND APPROVAL PRIOR TO FILING THE RETURN.

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

ALL DIRECTORS, OFFICERS, MANAGEMENT STAFF, AND CLINICIANS COMPLETE A

Name of the organization	PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA	Employer identification number	41-0948382
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CONFLICT OF DISCLOSURE STATEMENT ANNUALLY TO BE REVIEWED BY THE CHIEF EXECUTIVE OFFICER OR THE BOARD CHAIR. IT IS A CONTINUING RESPONSIBILITY OF COVERED INDIVIDUALS TO SCRUTINIZE THEIR TRANSACTIONS AND OUTSIDE BUSINESS INTERESTS AND RELATIONSHIPS FOR POTENTIAL CONFLICTS AND TO IMMEDIATELY MAKE DISCLOSURES FOR POTENTIAL CONFLICTS THROUGHOUT THE YEAR.

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

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

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

AS OF JULY 2018, PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA DOES NOT COMPENSATE ANY INDIVIDUALS. THE ORGANIZATION HAS A SERVICES AGREEMENT IN PLACE WITH PLANNED PARENTHOOD NORTH CENTRAL STATES, AND RELIED ON PLANNED PARENTHOOD NORTH CENTRAL STATES IN SETTING THE COMPENSATION OF THOSE INDIVIDUALS LISTED IN FORM 990, PART VII, SECTION A. PLANNED PARENTHOOD NORTH CENTRAL STATES USED THE FOLLOWING METHODS TO ESTABLISH THE PRESIDENT'S COMPENSATION:

- COMPENSATION COMMITTEE
- INDEPENDENT COMPENSATION CONSULTANT
- COMPENSATION SURVEY OR STUDY

Name of the organization	PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA	Employer identification number	41-0948382
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- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

SUMMARIZED FINANCIAL DATA IS AVAILABLE IN THE ORGANIZATION'S ANNUAL REPORT AVAILABLE ON THE WEBSITE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

OTHER SERVICES:

PROGRAM SERVICE EXPENSES	17,581,584.
MANAGEMENT AND GENERAL EXPENSES	2,774,271.
FUNDRAISING EXPENSES	2,172,396.
TOTAL EXPENSES	22,528,251.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	22,528,251.

AMENDED FORM 990:

THE FORM 990 IS BEING AMENDED TO CORRECT CERTAIN DETAILS IN THE FORM THAT WERE IDENTIFIED AFTER IT WAS FILED. THE FOLLOWING ARE CHANGED COMPARED TO THE ORIGINAL FILING:

1. FORM 990, PART VII, SECTION A - THE TITLE OF THE PRESIDENT IS MODIFIED TO CLARIFY THAT SHE IS ALSO A VOTING DIRECTOR.
2. SCHEDULE B - THE AMOUNT DONATED BY A MAJOR CONTRIBUTOR IS CORRECTED.
3. SCHEDULE J, PART I, LINE 4B - A DESCRIPTION OF THE ORGANIZATION'S 457(F) PLAN IS ADDED.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization **PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA** Employer identification number **41-0948382**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PLANNED PARENTHOOD NORTH DAKOTA LLC - 41-0948382, 671 VANDALIA STREET, ST PAUL, MN 55114	BUSINESS OPERATIONS	MINNESOTA	0.	0.	PLANNED PARENTHOOD MN, ND, SD
PLANNED PARENTHOOD SOUTH DAKOTA LLC - 82-1994032, 671 VANDALIA STREET, ST PAUL, MN 55114	BUSINESS OPERATIONS	MINNESOTA	0.	0.	PLANNED PARENTHOOD MN, ND, SD

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 NORTH CENTRAL STATES - 83-0614523, 671 VANDALIA STREET, SAINT PAUL, MN 55114	MANAGEMENT AND STAFFING SERVICES	MINNESOTA	501(C)(3)	LINE 12C, III-FI	N/A		X
PLANNED PARENTHOOD MN, ND, SD ACTION FUND - 41-1709702, 671 VANDALIA STREET, SAINT PAUL, MN 55114	ADVOCACY	MINNESOTA	501(C)(4)		PLANNED PARENTHOOD NORTH CENTRAL STATES		X
PLANNED PARENTHOOD MINNESOTA, NORTH DAKOTA, SOUTH DAKOTA FUND - 47-3878626, 671 VANDALIA STREET, SAINT PAUL, MN 55114	RAISE AND HOLD FUNDS FOR PLANNED PARENTHOOD MN, ND, SD	MINNESOTA	501(C)(3)	LINE 12A, I	PLANNED PARENTHOOD NORTH CENTRAL STATES		X
PLANNED PARENTHOOD OF MINNESOTA POLITICAL ACTION FUND - 35-2174473, 671 VANDALIA STREET, SAINT PAUL, MN 55114	FURTHER PPMNS ACTION FUND'S POSITIONS ON POLITICAL AND PUBLIC	MINNESOTA	527		PPMNS ACTION FUND		X

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

Schedule R (Form 990) 2018

SEE PART VII FOR CONTINUATIONS

PLANNED PARENTHOOD MINNESOTA, NORTH
 DAKOTA, SOUTH DAKOTA

Schedule R (Form 990)

41-0948382

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
PLANNED PARENTHOOD HEALTHY FAMILIES HEALTHY WOMEN PAC - 61-1570620, 1444 10TH AVENUE S, FARGO, ND 58103	FURTHER PPMNS ACTION FUND'S POSITIONS ON POLITICAL AND PUBLIC	NORTH DAKOTA	527		PPMNS ACTION FUND		X
PLANNED PARENTHOOD MINNESOTA PAC - 81-3846443, 671 VANDALIA STREET, SAINT PAUL, MN 55114	FURTHER PPMNS ACTION FUND'S POSITIONS ON POLITICAL AND PUBLIC	MINNESOTA	527		PPMNS ACTION FUND		X
PLANNED PARENTHOOD OF THE HEARTLAND, INC. - 42-0727488, 818 5TH AVENUE, SUITE 200, DES MOINES, IA 50309	PATIENT SERVICES	IOWA	501(C)(3)	LINE 7	PLANNED PARENTHOOD NORTH CENTRAL STATES		X
PLANNED PARENTHOOD OF THE HEARTLAND FOUNDATION - 42-1240096, 818 5TH AVENUE, SUITE 200, DES MOINES, IA 50309	SUPPORT PLANNED PARENTHOOD OF THE HEARTLAND	IOWA	501(C)(3)	LINE 12A, I	PLANNED PARENTHOOD NORTH CENTRAL STATES		X
PLANNED PARENTHOOD VOTERS OF IOWA - 42-1357011, 818 5TH AVENUE, SUITE 200, DES MOINES, IA 50309	EDUCATE SUPPORTERS ON LEGISLATIVE ISSUES	IOWA	501(C)(4)		PLANNED PARENTHOOD NORTH CENTRAL STATES		X
PLANNED PARENTHOOD VOTERS OF IOWA PAC - 42-1471296, 818 5TH AVENUE, SUITE 200, DES MOINES, IA 50309	ENGAGE IN POLITICAL SUPPORT OF PRIVACY RIGHTS AND REPRODUCTIVE HEALTH	IOWA	527		PLANNED PARENTHOOD VOTERS OF IOWA		X
PLANNED PARENTHOOD VOTERS OF NEBRASKA - 47-0762497, PO BOX 4557, DES MOINES, IA 50305	EDUCATE SUPPORTERS ON LEGISLATIVE ISSUES	NEBRASKA	501(C)(4)		PLANNED PARENTHOOD NORTH CENTRAL STATES		X

PLANNED PARENTHOOD MINNESOTA, NORTH

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

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

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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	318,445.	CASH
(2) PLANNED PARENTHOOD MN, ND, SD ACTION FUND	L	90,125.	CASH
(3)			
(4)			
(5)			
(6)			

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

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

PLANNED PARENTHOOD OF MINNESOTA POLITICAL ACTION FUND

PRIMARY ACTIVITY: FURTHER PPMNS ACTION FUND'S POSITIONS ON POLITICAL AND
PUBLIC POLICY ISSUES

NAME OF RELATED ORGANIZATION:

PLANNED PARENTHOOD HEALTHY FAMILIES HEALTHY WOMEN PAC

PRIMARY ACTIVITY: FURTHER PPMNS ACTION FUND'S POSITIONS ON POLITICAL AND
PUBLIC POLICY ISSUES

NAME OF RELATED ORGANIZATION:

PLANNED PARENTHOOD MINNESOTA PAC

PRIMARY ACTIVITY: FURTHER PPMNS ACTION FUND'S POSITIONS ON POLITICAL AND
PUBLIC POLICY ISSUES