See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y
Form 990 (2006)
### Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for sections 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. *(See the instructions.)*

<table>
<thead>
<tr>
<th></th>
<th>(A) Total</th>
<th>(B) Program Services</th>
<th>(C) Management and General</th>
<th>(D) Fundraising</th>
</tr>
</thead>
<tbody>
<tr>
<td>22a</td>
<td>Grants paid from donor advised funds (attach Schedule) (cash $______ noncash $______)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22b</td>
<td>Other grants and allocations (attach schedule) (cash $369,197 noncash $______)</td>
<td>369,197</td>
<td>369,197</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Specific assistance to individuals (attach schedule)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Benefits paid to or for members (attach schedule)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25a</td>
<td>Compensation of current officers, directors, key employees etc Listed in Part V-A (attach schedule)</td>
<td>1,196,336</td>
<td>545,316</td>
<td>627,887</td>
</tr>
<tr>
<td>25b</td>
<td>Compensation of former officers, directors, key employees etc Listed in Part V-B (attach schedule)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25c</td>
<td>Compensation and other distributions not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Salaries and wages of employees not included on lines 25a, b and c</td>
<td>7,960,842</td>
<td>6,142,161</td>
<td>1,138,313</td>
</tr>
<tr>
<td>27</td>
<td>Pension plan contributions not included on lines 25a, b and c</td>
<td>197,175</td>
<td>140,891</td>
<td>40,734</td>
</tr>
<tr>
<td>28</td>
<td>Employee benefits not included on lines 25a-27</td>
<td>1,179,256</td>
<td>842,634</td>
<td>243,618</td>
</tr>
<tr>
<td>29</td>
<td>Payroll taxes</td>
<td>620,532</td>
<td>443,400</td>
<td>128,193</td>
</tr>
<tr>
<td>30</td>
<td>Professional fundraising fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Accounting fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Legal fees</td>
<td>141,029</td>
<td>105,685</td>
<td>22,741</td>
</tr>
<tr>
<td>33</td>
<td>Supplies</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>34</td>
<td>Telephone</td>
<td>156,059</td>
<td>99,352</td>
<td>50,530</td>
</tr>
<tr>
<td>35</td>
<td>Postage and shipping</td>
<td>872,043</td>
<td>461,763</td>
<td>274,145</td>
</tr>
<tr>
<td>36</td>
<td>Occupancy</td>
<td>1,514,801</td>
<td>1,438,443</td>
<td>54,352</td>
</tr>
<tr>
<td>37</td>
<td>Equipment rental and maintenance</td>
<td>463,042</td>
<td>158,564</td>
<td>293,817</td>
</tr>
<tr>
<td>38</td>
<td>Printing and publications</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>39</td>
<td>Travel</td>
<td>490,059</td>
<td>373,291</td>
<td>82,665</td>
</tr>
<tr>
<td>40</td>
<td>Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>41</td>
<td>Interest</td>
<td>141,938</td>
<td>7,301</td>
<td>131,184</td>
</tr>
<tr>
<td>42</td>
<td>Depreciation, depletion, etc (attach schedule)</td>
<td>364,223</td>
<td>72,415</td>
<td>289,557</td>
</tr>
<tr>
<td>43</td>
<td>Other expenses not covered above (itemize)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Consultants</td>
<td>1,070,702</td>
<td>794,496</td>
<td>184,415</td>
</tr>
<tr>
<td>b</td>
<td>Clinical Supplies</td>
<td>2,539,829</td>
<td>2,552,016</td>
<td>-12,187</td>
</tr>
<tr>
<td>c</td>
<td>MISCELLANEOUS</td>
<td>-267,372</td>
<td>23,607</td>
<td>-290,979</td>
</tr>
<tr>
<td>d</td>
<td>OTHER STAFF EXPENSES</td>
<td>133,233</td>
<td>33,068</td>
<td>97,370</td>
</tr>
<tr>
<td>e</td>
<td>Insurance</td>
<td>190,838</td>
<td>179,422</td>
<td>11,416</td>
</tr>
<tr>
<td>f</td>
<td>MIS Expenses</td>
<td>977,679</td>
<td>606,046</td>
<td>360,230</td>
</tr>
<tr>
<td>g</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>43g</td>
<td>Total functional expenses. Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)</td>
<td>20,311,441</td>
<td>15,389,068</td>
<td>3,728,001</td>
</tr>
</tbody>
</table>

### Joint Costs

**Check ☐ if you are following SOP 98-2**

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☐ No

If "Yes," enter (i) the aggregate amount of these joint costs $__________, (ii) the amount allocated to Program services $__________, (iii) the amount allocated to Management and general $__________, and (iv) the amount allocated to Fundraising $__________
is the program's primary exempt purpose? TO PROVIDE AND PROMOTE HIGH QUALITY "REDUCTION AND RELIEF OF PAIN" (Section 501(c)(3) and (4) nonprofit, exempt charitable trusts must also enter the amount of grants and allocations to others.)

- Education & Training - 23,849 teens and parents received medically accurate sexuality education - Reach One/Teach One (ROTO) peer education programs were held in Duluth and Minneapolis. 14 participants received over 30 hours of training on reproductive and sexual health topics, which they then shared with their peers through formal contacts. Several ROTO participants went on to join our Teen Council program - Continued Teen Council in Rochester, Duluth, and the Twin Cities. Teen Council is a youth development program designed to prevent teen pregnancy and the spread of sexually transmitted infections through medical counseling, peer education, and service learning. Teen Council builds on the work of Reach One/Teach One, by incorporating peer education, career skills training, sustained peer education, and community service components into a broader after-school youth development program. The 05-06 program year ended in May with 33 Teen Council members attending 7,000 of their peers through presentations and events. The 05-06 program year began in September with 32 Teen Council members - Continued our partnership with La Escuelita, a Minneapolis-based after-school program, to offer the Juventud Viva program to 32 Latino youth. "Juventud Viva" is a culturally relevant program for Latino youth, conducted in Spanish and English, which educates participants on reproductive health and encourages them to pursue careers in the health care field. Planned Parenthood and La Escuelita staff/farm youth to conduct outreach sessions where they bring topics related to sexuality that are identified by the youth as important to them. Responding to needs identified by La Escuelita, Live It! a culturally relevant program for junior high aged Latino youth, launched in 2006. Live It! provides culturally appropriate teen health and wellness education. Loba Qe Onda, a culturally relevant curriculum-based sexuality and peer education program for Latino youth to 7 participants. Through these programming, we provide resources and opportunities to our communities, and in turn continue to grow and develop as an organization.

(c) Public Affairs - Planned Parenthood Minnesota, North Dakota, South Dakota's public affairs work is focused on education and awareness of the importance of affordable health care and preventing unintended pregnancy and sexually transmitted infections. Through our advocacy work, we strive to create opportunities for people throughout our region to participate in the democratic process by learning about issues, writing letters to the editor, making phone calls to their legislators and support their beliefs. Through our direct and grassroots lobbying, we work to educate policymakers on the importance of public policy that supports comprehensive reproductive health planning services, medically accurate sexuality education and health programs for reproductive health care for all women and men. In 2006, PPMS's accomplishments included Organizing and Mobilizing-Minnesota: Signed up 8,231 new Minnesota members to the Planned Parenthood Action Network (PPAN) and 28,800 new Planned Parenthood supporters with email addresses. Added 32,000 new Planned Parenthood supporters with email addresses. Recruited 3,782 new Planned Parenthood volunteers. South Dakota: signed up 1,655 new South Dakota PPAN members with email addresses, for a total of 5,258 members in 2006. South Dakota: 1,655 new South Dakota PPAN members with email addresses, for a total of 5,258 members in 2006. Planned Parenthood volunteers. South Dakota: signed up 1,655 new South Dakota PPAN members with email addresses, for a total of 5,258 members in 2006. Planned Parenthood volunteers. North Dakota: 1,655 new South Dakota PPAN members with email addresses, for a total of 5,258 members in 2006. North Dakota: 1,655 new South Dakota PPAN members with email addresses, for a total of 5,258 members in 2006.

Total of Program Service Expenses (should equal line 44, column (B), Program services) 15,393,068
### Part IV Balance Sheets (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

<table>
<thead>
<tr>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assets</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Cash</strong></td>
<td></td>
</tr>
<tr>
<td>45 Cash—non-interest-bearing</td>
<td>2,601,763</td>
</tr>
<tr>
<td>46 Savings and temporary cash investments</td>
<td>448,330</td>
</tr>
<tr>
<td><strong>Accounts receivable</strong></td>
<td>2,389,295</td>
</tr>
<tr>
<td>47a Accounts receivable</td>
<td></td>
</tr>
<tr>
<td>b Less allowance for doubtful accounts</td>
<td>316,144</td>
</tr>
<tr>
<td><strong>Other notes and loans receivable</strong></td>
<td>5,850</td>
</tr>
<tr>
<td>51a Other notes and loans receivable (attach schedule)</td>
<td></td>
</tr>
<tr>
<td>b Less allowance for doubtful accounts</td>
<td>372,698</td>
</tr>
<tr>
<td><strong>Inventories for sale or use</strong></td>
<td>528,203</td>
</tr>
<tr>
<td>52 Inventories for sale or use</td>
<td></td>
</tr>
<tr>
<td><strong>Prepaid expenses and deferred charges</strong></td>
<td>266,035</td>
</tr>
<tr>
<td>53 Prepaid expenses and deferred charges</td>
<td></td>
</tr>
<tr>
<td><strong>Investments—publicly-traded securities</strong></td>
<td>10,726,074</td>
</tr>
<tr>
<td>54a Investments—publicly-traded securities</td>
<td></td>
</tr>
<tr>
<td>b Investments—other securities (attach schedule)</td>
<td>2,520,025</td>
</tr>
<tr>
<td><strong>Land, buildings, and equipment basis</strong></td>
<td>6,435,110</td>
</tr>
<tr>
<td>56 Investments—other (attach schedule)</td>
<td></td>
</tr>
<tr>
<td><strong>Accumulated depreciation</strong></td>
<td></td>
</tr>
<tr>
<td>57a Land, buildings, and equipment basis</td>
<td>3,825,905</td>
</tr>
<tr>
<td>b Less accumulated depreciation (attach schedule)</td>
<td>2,520,025</td>
</tr>
<tr>
<td><strong>Other assets, including program-related investments</strong></td>
<td>354,323</td>
</tr>
<tr>
<td>58 Other assets, including program-related investments</td>
<td></td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>18,736,108</td>
</tr>
</tbody>
</table>

### Liabilities

<table>
<thead>
<tr>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Accounts payable and accrued expenses</strong></td>
<td>1,663,448</td>
</tr>
<tr>
<td>60 Accounts payable</td>
<td>61</td>
</tr>
<tr>
<td><strong>Deferred revenue</strong></td>
<td>222,231</td>
</tr>
<tr>
<td>62 Deferred revenue</td>
<td>62</td>
</tr>
<tr>
<td><strong>Loans from officers, directors, trustees, and key employees</strong></td>
<td>88,495</td>
</tr>
<tr>
<td>63 Loans from officers, directors, trustees, and key employees (attach schedule)</td>
<td>88,495</td>
</tr>
<tr>
<td><strong>Other liabilities</strong></td>
<td>145,594</td>
</tr>
<tr>
<td>65 Other liabilities (describe)</td>
<td>145,594</td>
</tr>
</tbody>
</table>

### Net Assets of Fund Balances

<table>
<thead>
<tr>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Total liabilities</strong></td>
<td>1,897,535</td>
</tr>
</tbody>
</table>

**Organizations that follow SFAS 117, check here ✔ and complete lines 67 through 69 and lines 73 and 74:**

| 67 Unrestricted | 8,230,244 | 8,524,189 |
| 68 Temporarily restricted | 576,124 | 623,448 |
| 69 Permanently restricted | 8,032,205 | 8,189,957 |

**Organizations that do not follow SFAS 117, check here ✔ and complete lines 70 through 74:**

| 70 Capital stock, trust principal, or current funds | 70 |         |
| 71 Paid-in or capital surplus, or land, building, and equipment fund | 71 |         |
| 72 Retained earnings, endowment, accumulated income, or other funds | 72 |         |
| **Total net assets or fund balances** | 16,838,573 | 17,337,594 |

| 73 Total net assets or fund balances (Column A) must equal line 19 and column (B) must equal line 21 | 16,838,573 | 17,337,594 |

| 74 Total liabilities and net assets / fund balances Add lines 66 and 73 | 18,736,108 | 20,317,034 |
Part IV-A  Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>21,157,357</td>
</tr>
<tr>
<td>b</td>
<td>Amounts included on line a but not on Part I, line 12</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Net unrealized gains on investments</td>
<td>b1</td>
</tr>
<tr>
<td>2</td>
<td>Donated services and use of facilities</td>
<td>b2</td>
</tr>
<tr>
<td>3</td>
<td>Recoveries of prior year grants</td>
<td>b3</td>
</tr>
<tr>
<td>4</td>
<td>Other (specify)</td>
<td>b4</td>
</tr>
<tr>
<td></td>
<td>Add lines b1 through b4</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td>2,750,482</td>
</tr>
<tr>
<td>c</td>
<td>Subtract line b from line a</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Amounts included on Part I, line 12, but not on line a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Investment expenses not included on Part I, line 6b</td>
<td>d1</td>
</tr>
<tr>
<td>2</td>
<td>Other (specify)</td>
<td>d2</td>
</tr>
<tr>
<td></td>
<td>Add lines d1 and d2</td>
<td>d</td>
</tr>
<tr>
<td>e</td>
<td>Total revenue (Part I, line 12) Add lines c and d</td>
<td>e</td>
</tr>
</tbody>
</table>

Part IV-B  Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

<table>
<thead>
<tr>
<th></th>
<th>Description</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>Total expenses and losses per audited financial statements</td>
<td>21,795,494</td>
</tr>
<tr>
<td>b</td>
<td>Amounts included on line a but not on Part I, line 17</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Donated services and use of facilities</td>
<td>b1</td>
</tr>
<tr>
<td>2</td>
<td>Prior year adjustments reported on Part I, line 20</td>
<td>b2</td>
</tr>
<tr>
<td>3</td>
<td>Losses reported on Part I, line 20</td>
<td>b3</td>
</tr>
<tr>
<td>4</td>
<td>Other (specify)</td>
<td>b4</td>
</tr>
<tr>
<td></td>
<td>Add lines b1 through b4</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td>1,716,128</td>
</tr>
<tr>
<td>c</td>
<td>Subtract line b from line a</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Amounts included on Part I, line 17, but not on line a</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Investment expenses not included on Part I, line 6b</td>
<td>d1</td>
</tr>
<tr>
<td>2</td>
<td>Other (specify)</td>
<td>d2</td>
</tr>
<tr>
<td></td>
<td>Add lines d1 and d2</td>
<td>d</td>
</tr>
<tr>
<td>e</td>
<td>Total expenses (Part I, line 17) Add lines c and d</td>
<td>e</td>
</tr>
</tbody>
</table>

Part V-A  Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

<table>
<thead>
<tr>
<th>(A) Name and address</th>
<th>(B) Title and average hours per week devoted to position</th>
<th>(C) Compensation (If not paid, enter -0-)</th>
<th>(D) Contributions to employee benefit plans &amp; deferred compensation plans</th>
<th>(E) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>See Additional Data Table</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part V-A  Current Officers, Directors, Trustees, and Key Employees (continued)

<table>
<thead>
<tr>
<th>75a</th>
<th>Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings.</th>
</tr>
</thead>
</table>

**b**  Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If “Yes,” attach a statement that identifies the individuals and explains the relationship(s).

| 75b | No |

**c**  Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of “related organization.”

If “Yes,” attach a statement that includes the information described in the instructions.

| 75c | Yes |

**d**  Does the organization have a written conflict of interest policy?

| 75d | No |

### Part V-B  Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

<table>
<thead>
<tr>
<th>(A) Name and address</th>
<th>(B) Loans and Advances</th>
<th>(C) Compensation (If not paid enter 0-)</th>
<th>(D) Contributions to employee benefit plans and deferred compensation plans</th>
<th>(E) Expense account and other allowances</th>
</tr>
</thead>
</table>

### Part VI  Other Information (See the instructions.)

<table>
<thead>
<tr>
<th>76</th>
<th>Did the organization make a change in its activities or methods of conducting activities? If “Yes,” attach a detailed statement of each change.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>77</th>
<th>Were any changes made in the organizing or governing documents but not reported to the IRS?</th>
</tr>
</thead>
</table>

If “Yes,” attach a conformed copy of the changes.

<table>
<thead>
<tr>
<th>78a</th>
<th>Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?</th>
</tr>
</thead>
</table>

**b**  If “Yes,” has it filed a tax return on Form 990-T for this year?

| 78b | Yes |

| 79 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? If “Yes,” attach a statement. |

| 79 | No |

| 80a | Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization? |

| 80a | Yes |

**b**  If “Yes,” enter the name of the organization and check whether it is exempt or nonexempt.

| 81a | Enter direct or indirect political expenditures (See line 81 instructions) |

| 81a | 

| 81b | No |

---

See Additional Data Table.
Part VI

Other Information (continued)

82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? Yes [ ] No [ ]

82b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) Yes [ ]

83a Did the organization comply with the public inspection requirements for returns and exemption applications? Yes [ ]

83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? Yes [ ]

84a Did the organization solicit any contributions or gifts that were not tax deductible? Yes [ ]

84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Yes [ ]

85 501(c)(4), (5), or (6) organizations. A Were substantially all dues nondeductible by members? Yes [ ]

85b Did the organization make only in-house lobbying expenditures of $2,000 or less? Yes [ ]

If "Yes," was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed the prior year.

c Dues assessments, and similar amounts from members Yes [ ]

d Section 162(e) lobbying and political expenditures Yes [ ]

e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices Yes [ ]

85f Taxable amount of lobbying and political expenditures (line 85d less 85e) Yes [ ]

g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? Yes [ ]

h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? Yes [ ]

86 501(c)(7) orgs. Enter a initiation fees and capital contributions included on line 12 Yes [ ]

86b Gross receipts, included on line 12, for public use of club facilities Yes [ ]

87 501(c)(12) orgs. Enter a Gross income from members or shareholders Yes [ ]

87b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) Yes [ ]

88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-3? If "Yes," complete Part IX. Yes [ ]

88b At any time during the year, did the organization directly or indirectly own a controlled entity within the meaning of section 512(b)(13)? If yes complete Part XI. Yes [ ]

89a 501(c)(3) organizations Enter - Amount of tax imposed on the organization during the year under section 4911. Yes [ ]

89b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction. Yes [ ]

c Enter - Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. Yes [ ]

89d Enter - Amount of tax on line 89c, above, reimbursed by the organization. Yes [ ]

e All organizations. At any time during the tax year was the organization a party to a prohibited tax shelter transaction? Yes [ ]

90a List the states with which a copy of this return is filed. Yes [ ]

90b Number of employees employed in the pay period that includes March 12, 2006. Yes [ ]

91a The books are in care of THE ORGANIZATION. Yes [ ]

91b Telephone number (651) 696-5657. Yes [ ]

92 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) in any country. Yes [ ]

93a If "Yes," enter the name of the foreign country .

See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Yes [ ]
Part VI  Other Information (continued)

At any time during the calendar year, did the organization maintain an office outside of the United States? 

- Yes
- No

If "Yes," enter the name of the foreign country ▶

Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ▶

and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

Part VII  Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Unrelated business income

<table>
<thead>
<tr>
<th>(A) Business code</th>
<th>(B) Amount</th>
<th>(C) Exclusion code</th>
<th>(D) Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(E) Related or exempt function income

<table>
<thead>
<tr>
<th>(A) Business code</th>
<th>(B) Amount</th>
<th>(C) Exclusion code</th>
<th>(D) Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

93  Program service revenue

a  PATIENT SVC FEES

b  PUBLICATIONS

c  speaker fees

d  other

e  Medicare/Medicaid payments

g  Fees and contracts from government agencies

94  Membership dues and assessments

95  Interest on savings and temporary cash investments

96  Dividends and interest from securities

97  Net rental income or (loss) from real estate

a  debt-financed property

b  non debt-financed property

98  Net rental income or (loss) from personal property

99  Other investment income

100  Gain or (loss) from sales of assets other than inventory

101  Net income or (loss) from special events

102  Gross profit or (loss) from sales of inventory

103  Other revenue

b  
c  
d  
e  

104  Subtotal (add columns (B), (D), and (E))

105  Total (add line 104, columns (B), (D), and (E)) ▶

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII  Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. 

Fees received from patients and third party reimbursement for medical services provided by the clinics

The sales of publications to educate the public for the Ob-Gyn Nurses Practitioner Training Program

Fees associated with presentations affecting community health issues

Fees from miscellaneous health related services rendered to the public

Part IX  Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

<table>
<thead>
<tr>
<th>(A) Name, address, and EIN of corporation, partnership, or disregarded entity</th>
<th>(B) Percentage of ownership interest</th>
<th>(C) Nature of activities</th>
<th>(D) Total income</th>
<th>(E) End-of-year assets</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Part X  Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

NOTE: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).
### Part XI: Information Regarding Transfers To and From Controlled Entities

**Complete only if the organization is a controlling organization as defined in section 512(b)(13)**

#### 106
Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity:

<table>
<thead>
<tr>
<th>(A) Name and address of each controlled entity</th>
<th>(B) Employer Identification Number</th>
<th>(C) Description of transfer</th>
<th>(D) Amount of transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Totals</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 107
Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity:

<table>
<thead>
<tr>
<th>(A) Name and address of each controlled entity</th>
<th>(B) Employer Identification Number</th>
<th>(C) Description of transfer</th>
<th>(D) Amount of transfer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Totals</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 108
Did the organization have a binding written contract in effect on August 17, 2006 covering the interests, rents, royalties and annuities described in question 107 above?

**Please Sign Here**

- 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.

**Signature of officer**

<table>
<thead>
<tr>
<th>Signature of officer</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>sarah stoesz, president/ceo</td>
<td>2007-11-09</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type or print name and title</th>
<th></th>
</tr>
</thead>
</table>

**Paid Preparer's Use Only**

- Firm's name (or yours if self-employed), address, and ZIP + 4
- Preparer's SSN or PTIN (See Gen Inst W)
- EIN
- Phone no (612) 376-4500

- Preparer's signature
- Date
- Check if self-employed

**LARSON ALLEN LLP**

220 SOUTH SIXTH STREET SUITE 300
MINNEAPOLIS, MN  55402
## Part I  Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 2 of the instructions. List each one. If there are none, enter "None.")

<table>
<thead>
<tr>
<th>(a) Name and address of each employee paid more than $50,000</th>
<th>(b) Title and average hours per week devoted to position</th>
<th>(c) Compensation</th>
<th>(d) Contributions to employee benefit plans &amp; deferred compensation</th>
<th>(e) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>Susan Bruce</td>
<td>Dir of Bus Develop 40 00</td>
<td>113,808</td>
<td>7,583</td>
<td>0</td>
</tr>
<tr>
<td>1965 FORD PARKWAY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST PAUL, MN 55116</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Claudette Jones</td>
<td>Dir of Tech and Fac 40 00</td>
<td>97,763</td>
<td>2,199</td>
<td>0</td>
</tr>
<tr>
<td>1965 FORD PARKWAY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST PAUL, MN 55116</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>David Bertrand</td>
<td>Dir of Clinical Prog 40 00</td>
<td>89,178</td>
<td>4,461</td>
<td>0</td>
</tr>
<tr>
<td>1965 FORD PARKWAY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST PAUL, MN 55116</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>dorthy walden-woodworth</td>
<td>dir of clinical prog 40 00</td>
<td>88,229</td>
<td>3,755</td>
<td>0</td>
</tr>
<tr>
<td>1965 FORD PARKWAY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST PAUL, MN 55116</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>monica murdo</td>
<td>dir of human resourc 40 00</td>
<td>87,158</td>
<td>8,285</td>
<td>0</td>
</tr>
<tr>
<td>1965 FORD PARKWAY</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST PAUL, MN 55116</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total number of other employees paid over $50,000</td>
<td></td>
<td></td>
<td></td>
<td>36</td>
</tr>
</tbody>
</table>

## Part II-A  Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $50,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orbit Systems Inc</td>
<td>IT System Support</td>
<td>933,167</td>
</tr>
<tr>
<td>860 Blue Gentian Rd</td>
<td>Eagan, MN 55121</td>
<td></td>
</tr>
<tr>
<td>Quest Diagnostics</td>
<td>Lab Testing</td>
<td>692,566</td>
</tr>
<tr>
<td>PO Box 12989</td>
<td>Chicago, IL 60693</td>
<td></td>
</tr>
<tr>
<td>Sandra Nelson Advertising</td>
<td>Promotions</td>
<td>194,483</td>
</tr>
<tr>
<td>126 N 3rd St 500</td>
<td>Minneapolis, MN 55401</td>
<td></td>
</tr>
<tr>
<td>new edition</td>
<td>construction</td>
<td>160,137</td>
</tr>
<tr>
<td>1301 fairmount avenue</td>
<td>st paul, MN 55105</td>
<td></td>
</tr>
<tr>
<td>Precision Communications Inc</td>
<td>Grassroots Lobbying Support</td>
<td>142,283</td>
</tr>
<tr>
<td>8601 Georgia Ave 806</td>
<td>Silver Spring, MD 20910</td>
<td></td>
</tr>
<tr>
<td>Total number of others receiving over $50,000 for professional services</td>
<td></td>
<td>33</td>
</tr>
</tbody>
</table>

## Part II-B  Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None". See page 2 for instructions.)

<table>
<thead>
<tr>
<th>(a) Name and address of each independent contractor paid more than $50,000</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>building maintenance management in</td>
<td>maintenance</td>
<td>120,431</td>
</tr>
<tr>
<td>1724 douglas drive north suite 100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>golden valley, MN 55422</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vance International</td>
<td>Security Services</td>
<td>67,696</td>
</tr>
<tr>
<td>4033 Collections Center Dr</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60693</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CJ Udohmah</td>
<td>Janitorial</td>
<td>58,500</td>
</tr>
<tr>
<td>4724 233rd Court NW</td>
<td></td>
<td></td>
</tr>
<tr>
<td>St Francis, MN 55070</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total number of other contractors receiving over $50,000 for other services |  |  |
### Part III Statements About Activities (See page 2 of the instructions.)

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. During the year, has the organization attempted to influence national, state, or local legislation, include any attempt to influence public opinion on a legislative matter or referendum? If &quot;Yes,&quot; enter the total expenses paid or incurred in connection with the lobbying activities $6,025. (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking &quot;Yes&quot; must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is &quot;Yes,&quot; attach a detailed statement explaining the transactions.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Sale, exchange, or leasing property?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>b. Lending of money or other extension of credit?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>c. Furnishing of goods, services, or facilities?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>d. Payment of compensation (or payment or reimbursement of expenses if more than $1,000)?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>e. Transfer of any part of its income or assets?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>3a. Did the organization make grants for scholarships, fellowships, student loans, etc.? (If &quot;Yes,&quot; attach an explanation of how the organization determines that recipients qualify to receive payments.)</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>b. Did the organization have a section 403(b) annuity plan for its employees?</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>c. Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or structures? If &quot;Yes&quot; attach a detailed statement.</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>d. Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>4a. Did the organization maintain any donor advised funds? If &quot;Yes,&quot; complete lines 4b through 4g. If &quot;No,&quot; complete lines 4f and 4g</td>
<td>Yes</td>
<td></td>
</tr>
<tr>
<td>b. Did the organization make any taxable distributions under section 4966?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Did the organization make a distribution to a donor, donor advisor, or related person?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Enter the total number of donor advised funds owned at the end of the tax year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only ONE applicable box)

5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V)
7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
8 ☐ A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state

10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the Support Schedule in Part IV-A)

11a ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the Support Schedule in Part IV-A)

11b ☐ A community trust Section 170(b)(1)(A)(v) (Also complete the Support Schedule in Part IV-A)

12 ☐ 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 charitable, etc., 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) (Also complete the Support Schedule in Part IV-A)

13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization

☐ Type I ☐ Type II ☐ Type III - Functionally Integrated ☐ Type III - Other

Provide the following information about the supported organizations. (see page 7 of the instructions.)

<table>
<thead>
<tr>
<th>(a) Name(s) of supported organization(s)</th>
<th>(b) Employer identification number</th>
<th>(c) Type of organization (described in lines 5 through 12 above or IRC section)</th>
<th>(d) Is the supported organization listed in the supporting organization's governing documents?</th>
<th>(e) Amount of support?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total

14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions)
**Part IV-A Support Schedule**

(Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2005</th>
<th>(b) 2004</th>
<th>(c) 2003</th>
<th>(d) 2002</th>
<th>(e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 Gifts, grants, and contributions received (Do not include unrelated grants, See line 28.)</td>
<td>7,516,488</td>
<td>8,332,354</td>
<td>7,398,994</td>
<td>6,890,775</td>
<td>30,138,611</td>
</tr>
<tr>
<td>16 Membership fees received</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose</td>
<td>9,149,730</td>
<td>7,473,777</td>
<td>8,077,159</td>
<td>8,227,316</td>
<td>32,927,982</td>
</tr>
<tr>
<td>18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975</td>
<td>274,136</td>
<td>307,156</td>
<td>295,763</td>
<td>410,424</td>
<td>1,287,479</td>
</tr>
<tr>
<td>19 Net income from unrelated business activities not included in line 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>22 Other income Attach a schedule. Do not include gain (loss) from sale of capital assets</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>23 Total of lines 15 through 22</td>
<td>16,940,354</td>
<td>16,113,287</td>
<td>15,771,916</td>
<td>15,528,515</td>
<td>64,354,072</td>
</tr>
<tr>
<td>24 Line 23 minus line 17</td>
<td>7,790,624</td>
<td>8,639,510</td>
<td>7,694,757</td>
<td>7,301,199</td>
<td>31,426,090</td>
</tr>
<tr>
<td>25 Enter 1% of line 23</td>
<td>169,404</td>
<td>161,133</td>
<td>157,719</td>
<td>155,285</td>
<td></td>
</tr>
<tr>
<td>26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24</td>
<td>628,522</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts</td>
<td>26b</td>
<td>266,478</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Total support for section 509(a)(1) test Enter line 24, column (e)</td>
<td>26c</td>
<td>31,426,090</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Add Amounts from column (e) for lines 18, 19, 22</td>
<td>1,287,479</td>
<td>19</td>
<td>0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26d</td>
<td>1,553,957</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Public support (line 26c minus line 26d total)</td>
<td>26e</td>
<td>29,872,133</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Public support percentage (line 26e (numerator) divided by line 26c (denominator))</td>
<td>26f</td>
<td>9505.52%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a &quot;disqualified person,&quot; prepare a list for your records to show the name of, and total amounts received in each year from, each &quot;disqualified person.&quot; Do not file this list with your return. Enter the sum of such amounts for each year</td>
<td>2005</td>
<td>2004</td>
<td>2003</td>
<td>2002</td>
<td></td>
</tr>
<tr>
<td>b For any amount included in line 17 that was received from each person (other than &quot;disqualified persons&quot;), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) $5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Add Amounts from column (e) for lines 15, 16, 17, 20</td>
<td>26c</td>
<td>27d</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Add Line 27a total and line 27b total</td>
<td>27d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Public support (line 27c total minus line 27d total)</td>
<td>27e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Total support for section 509(a)(2) test Enter amount from line 23, column (e)</td>
<td>27f</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Public support percentage (line 27e (numerator) divided by line 27f (denominator))</td>
<td>27g</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))</td>
<td>27h</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

Yes No

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?
If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)

32 Does the organization maintain the following
   a Records indicating the racial composition of the student body, faculty, and administrative staff?
   b Records documenting that scholarships and other financial assistance are awarded on racially nondiscriminatory basis?
   c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
   d Copies of all material used by the organization or on its behalf to solicit contributions?
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)

33 Does the organization discriminate by race in any way with respect to
   a Students' rights or privileges?
   b Admissions policies?
   c Employment of faculty or administrative staff?
   d Scholarships or other financial assistance?
   e Educational policies?
   f Use of facilities?
   g Athletic programs?
   h Other extracurricular activities?
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)

34a Does the organization receive any financial aid or assistance from a governmental agency?

34b Has the organization's right to such aid ever been revoked or suspended?
If you answered "Yes" to either 34a or b, please explain using an attached statement

35 Does the organization certify that it has complied with the applicable requirements of sections 401 through 405 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation
**Part VI-A Lobbying Expenditures by Electing Public Charities**  
(See page 10 of the instructions.)  
(To be completed ONLY by an eligible organization that filed Form 5768)

Check ▶ a □ if the organization belongs to an affiliated group  
Check ▶ b □ if you checked "a" and "limited control" provisions apply

### Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

<table>
<thead>
<tr>
<th></th>
<th>(a) Affiliated group totals</th>
<th>(b) To be completed for all electing organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>36</td>
<td>Total lobbying expenditures to influence public opinion (grassroots lobbying)</td>
<td>3,859</td>
</tr>
<tr>
<td>37</td>
<td>Total lobbying expenditures to influence a legislative body (direct lobbying)</td>
<td>2,166</td>
</tr>
<tr>
<td>38</td>
<td>Total lobbying expenditures (add lines 36 and 37)</td>
<td>6,025</td>
</tr>
<tr>
<td>39</td>
<td>Other exempt purpose expenditures</td>
<td>19,111,044</td>
</tr>
<tr>
<td>40</td>
<td>Total exempt purpose expenditures (add lines 38 and 39)</td>
<td>19,117,069</td>
</tr>
</tbody>
</table>

Lobbying nontaxable amount Enter the amount from the following table—

<table>
<thead>
<tr>
<th>If the amount on line 40 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 40</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>

| 41 | Grassroots nontaxable amount (enter 25% of line 41) | 1,000,000 |
| 42 | Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36 | 250,000 |
| 43 | Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38 | 0 |

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720.

### 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below  
See the instructions for lines 45 through 50 on page 13 of the instructions)

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in) ▶</th>
<th>(a) 2006 (b) 2005 (c) 2004 (d) 2003 (e) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>45 Lobbying nontaxable amount</td>
<td>1,000,000 986,173 932,883 886,229 3,805,285</td>
</tr>
<tr>
<td>46 Lobbying ceiling amount (150% of line 45(e))</td>
<td></td>
</tr>
<tr>
<td>47 Total lobbying expenditures</td>
<td>6,025 199,454 77,232 126,736 409,447</td>
</tr>
<tr>
<td>48 Grassroots nontaxable amount</td>
<td>250,000 246,543 233,221 221,557 951,321</td>
</tr>
<tr>
<td>49 Grassroots ceiling amount (150% of line 48(e))</td>
<td></td>
</tr>
<tr>
<td>50 Grassroots lobbying expenditures</td>
<td>3,859 91,777 17,944 3,308 116,888</td>
</tr>
</tbody>
</table>

### Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A)  
(See page 13 of the instructions.)

During the year, did the organization attempt to influence 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 c through h.)
- 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 other means
- i Total lobbying expenditures (Add lines c through h.)

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities
# Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 13 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?  

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) Cash</td>
<td>51a(i)</td>
<td>No</td>
</tr>
<tr>
<td>(ii) Other assets</td>
<td>a(ii)</td>
<td>No</td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) Sales or exchanges of assets with a noncharitable exempt organization</td>
<td>b(i)</td>
<td>No</td>
</tr>
<tr>
<td>(iii) Purchases of assets from a noncharitable exempt organization</td>
<td>b(ii)</td>
<td>No</td>
</tr>
<tr>
<td>(iii) Rental of facilities, equipment, or other assets</td>
<td>b(iii)</td>
<td>No</td>
</tr>
<tr>
<td>(iv) Reimbursement arrangements</td>
<td>b(iv)</td>
<td>No</td>
</tr>
<tr>
<td>(v) Loans or loan guarantees</td>
<td>b(v)</td>
<td>No</td>
</tr>
<tr>
<td>(vi) Performance of services or membership or fundraising solicitations</td>
<td>b(vi)</td>
<td>No</td>
</tr>
<tr>
<td>c</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

b Other transactions

If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

<table>
<thead>
<tr>
<th>(a) Line no</th>
<th>(b) Amount involved</th>
<th>(c) Name of noncharitable exempt organization</th>
<th>(d) Description of transfers, transactions, and sharing arrangements</th>
</tr>
</thead>
<tbody>
<tr>
<td>51c</td>
<td>414,779</td>
<td>Planned Parenthood Minnesota Action Fund Inc</td>
<td>Shared services/facilities agreement -- the organization reimbursed $414,779 to Planned Parenthood Minnesota, North Dakota, South Dakota Action Fund under the agreement THE AMOUNT OF REIMBURSEMENT IS FAIR MARKET VALUE</td>
</tr>
</tbody>
</table>

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  

[ ] Yes  [ ] No  

b If "Yes," complete the following schedule.

<table>
<thead>
<tr>
<th>(a) Name of organization</th>
<th>(b) Type of organization</th>
<th>(c) Description of relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Planned Parenthood Minnesota North Dakota South Dakota Action Fund</td>
<td>501(c)(4)</td>
<td>The planned Parenthood Minnesota, North Dakota, South Dakota Action Fund is the subsidiary of the filing organization</td>
</tr>
</tbody>
</table>
# TY 2006 Cash Grants Paid Schedule

**Name:** PLANNED PARENTHOOD MINNESOTA North  
dakota SOUTH DAkota  
**EIN:** 41-0948382

<table>
<thead>
<tr>
<th>Class of Activity</th>
<th>Recipient's name</th>
<th>Address</th>
<th>Amount</th>
<th>Relationship</th>
</tr>
</thead>
</table>
| provision of patient services      | Otter Tail-Wadena Community Action council | po box 1  
new york mills, MN  
56567                                          | 43,600 | NONE         |
| provision of patient services      | SouthEastern MN Community Action Council | box 549  
rushford, MN  
55971                                          | 8,000  | NONE         |
| Provision of patient services      | SouthWestern Minnesota Opportunity Council | po box 787  
1106 3rd avenue  
worthington, MN  
56187                                          | 42,500 | NONE         |
| public education activities        | Planned Parenthood of MN nd sd Action Fnd | 1200 Lagoon Avenue  
Minneapolis, MN  
55408                                          | 275,097 | RELATED PARTY |
**TY 2006 Compensation Schedule**

**Name:** PLANNED PARENTHOOD MINNESOTA North
dakota SOUTH DAkota

**EIN:** 41-0948382

<table>
<thead>
<tr>
<th>Name</th>
<th>Related Organization</th>
<th>Relationship</th>
<th>Compensation Amount</th>
<th>Benefit Plan Contributions</th>
<th>Expense Account</th>
<th>Compensation Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>sarah stoesz</td>
<td>planned parenthood minnesota north dakota south dakota action fund</td>
<td>the related organization is a subsidiary of the filing organization</td>
<td>30,957</td>
<td>1,509</td>
<td>276</td>
<td>salary for services rendered to the organization</td>
</tr>
</tbody>
</table>
TY 2006 Depreciation and Depletion Schedule

**Name:** PLANNED PARENTHOOD MINNESOTA North
dakota SOUTH DAcota  
**EIN:** 41-0948382

<table>
<thead>
<tr>
<th>Asset</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>equipment</td>
<td>364,223</td>
</tr>
</tbody>
</table>
TY 2006 Gain/Loss from Sale of Public Securities Schedule

Name: PLANNED PARENTHOOD MINNESOTA North dakota SOUTH DAkota
EIN: 41-0948382

Gross Sales Price: 6,894,849
Basis: 6,163,353
Sales Expenses: 0
Total (net): 731,496
TY 2006 General Explanation Attachment

**Name:** PLANNED PARENTHOOD MINNESOTA North dakota SOUTH DAkota

**EIN:** 41-0948382

<table>
<thead>
<tr>
<th>Identifier</th>
<th>Return Reference</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXPLANATION OF DEPRECIATION METHOD</td>
<td>form 990 part ii Line 42</td>
<td>Depreciation is computed using the straight-line method over the estimated useful life of the asset Buildings AND IMPROVEMENTS are estimated to have a USEFUL LIFE BETWEEN 25 TO 30 YEARS FURNITURE AND EQUIPMENT are estimated to have a USEFUL LIFE BETWEEN 5 TO 10 YEARS</td>
</tr>
</tbody>
</table>
# TY 2006 Land etc. Schedule

**Name:** PLANNED PARENTHOOD MINNESOTA North
dakota SOUTH DAkota

**EIN:** 41-0948382

<table>
<thead>
<tr>
<th>Category/Item</th>
<th>Cost/Other Basis</th>
<th>Accumulated Depreciation</th>
<th>Book Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>land</td>
<td>29,000</td>
<td></td>
<td>29,000</td>
</tr>
<tr>
<td>furniture/equipment</td>
<td>2,251,684</td>
<td>1,382,083</td>
<td>869,601</td>
</tr>
<tr>
<td>building/improvements</td>
<td>4,145,588</td>
<td>2,443,822</td>
<td>1,701,766</td>
</tr>
<tr>
<td>construction in progress</td>
<td>8,838</td>
<td></td>
<td>8,838</td>
</tr>
</tbody>
</table>
TY 2006 Mortgages and Notes Payable Schedule

**Name:** PLANNED PARENTHOOD MINNESOTA North
dakota SOUTH DAkota  
**EIN:** 41-0948382  
**Total Mortgage Amount:** 0

<table>
<thead>
<tr>
<th>Item No.</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lender’s Name</strong></td>
<td>BEMIDJI MANAGEMENT COMPANY LLC</td>
</tr>
<tr>
<td><strong>Lender’s Title</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Relationship to Insider</strong></td>
<td>NONE</td>
</tr>
<tr>
<td><strong>Original Amount of Loan</strong></td>
<td>88495</td>
</tr>
<tr>
<td><strong>Balance Due</strong></td>
<td>74712</td>
</tr>
<tr>
<td><strong>Date of Note</strong></td>
<td>2004-11</td>
</tr>
<tr>
<td><strong>Maturity Date</strong></td>
<td>2011-12</td>
</tr>
<tr>
<td><strong>Repayment Terms</strong></td>
<td>$1530/MO BEG. 1/1/2006</td>
</tr>
<tr>
<td><strong>Interest Rate</strong></td>
<td>7.5000</td>
</tr>
<tr>
<td><strong>Security Provided by Borrower</strong></td>
<td>NONE</td>
</tr>
<tr>
<td><strong>Purpose of Loan</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Description of Lender Consideration</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Consideration FMV</strong></td>
<td></td>
</tr>
</tbody>
</table>
TY 2006 Other Assets Schedule

**Name:** PLANNED PARENTHOOD MINNESOTA North dakota SOUTH DAkota

**EIN:** 41-0948382

<table>
<thead>
<tr>
<th>Description</th>
<th>Beginning of Year Amount</th>
<th>End of Year Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accrued interest receivable</td>
<td>39,100</td>
<td>47,719</td>
</tr>
<tr>
<td>Charitable remainder trust receivab</td>
<td>173,546</td>
<td>171,495</td>
</tr>
<tr>
<td>other assets</td>
<td>141,677</td>
<td>140,598</td>
</tr>
</tbody>
</table>
TY 2006 Other Changes in Net Assets Schedule

**Name:** PLANNED PARENTOOD MINNESOTA North
dakota SOUTH DAkota

**EIN:** 41-0948382

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNREALIZED gain ON INVESTMENT</td>
<td>484,384</td>
</tr>
</tbody>
</table>
TY 2006 Other Expenses Included Schedule

**Name:** PLANNED PARENTHOOD MINNESOTA North dakota SOUTH DAkota

**EIN:** 41-0948382

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPECIAL EVENTS EXPENSES</td>
<td>134,793</td>
</tr>
<tr>
<td>action fund expenses included in the consolidated statements</td>
<td>1,016,754</td>
</tr>
</tbody>
</table>

TY 2006 Other Expenses
Not Included Schedule

**Name:**  PLANNED PARENTHOOD MINNESOTA North dakota SOUTH DAkota

**EIN:**  41-0948382

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>audit elimination entries</td>
<td>414,779</td>
</tr>
</tbody>
</table>
TY 2006 Other Liabilities Schedule

**Name:** PLANNED PARENTHOOD MINNESOTA North
dakota SOUTH DAkota

**EIN:** 41-0948382

<table>
<thead>
<tr>
<th>Description</th>
<th>Beginning of Year Amount</th>
<th>End of Year Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>capital lease</td>
<td>145,594</td>
<td>798,171</td>
</tr>
</tbody>
</table>
TY 2006 Other Revenues Included Schedule

**Name:** PLANNED PARENTHOOD MINNESOTA North dakota SOUTH DAkota

**EIN:** 41-0948382

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>SPECIAL EVENTS EXPENSES</td>
<td>134,793</td>
</tr>
<tr>
<td>action fund revenue included in the consolidated statements</td>
<td>1,043,224</td>
</tr>
<tr>
<td>investment returns designated for current operations</td>
<td>523,500</td>
</tr>
</tbody>
</table>
TY 2006 Other Revenues
Not Included Schedule

Name: PLANNED PARENTHOOD MINNESOTA North dakota SOUTH DAKota

EIN: 41-0948382

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>permanently restricted contributions</td>
<td>157,752</td>
</tr>
<tr>
<td>investment returns</td>
<td>1,529,376</td>
</tr>
<tr>
<td>audit elimination entries</td>
<td>414,779</td>
</tr>
</tbody>
</table>
TY 2006 Payments to Affiliates Schedule

**Name:** PLANNED PARENTHOOD MINNESOTA North dakota SOUTH DAKota

**EIN:** 41-0948382

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Amount</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>planned parenthood federation of america inc</td>
<td></td>
<td>182,704</td>
<td>required annual program support for national activities</td>
</tr>
</tbody>
</table>
## TY 2006 Special Events Schedule

**Name:** PLANNED PARENTHOOD MINNESOTA North dakota SOUTH DAKota

**EIN:** 41-0948382

<table>
<thead>
<tr>
<th>Event Name</th>
<th>Gross Receipts</th>
<th>Contributions</th>
<th>Gross Revenue</th>
<th>Direct Expense</th>
<th>Net Income (Loss)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CELEBRATION</td>
<td>358,375</td>
<td>0</td>
<td>358,375</td>
<td>124,133</td>
<td>234,242</td>
</tr>
<tr>
<td>WOMENfriends FOR PLANNED PARENTHOOD</td>
<td>11,462</td>
<td>0</td>
<td>11,462</td>
<td>8,053</td>
<td>3,409</td>
</tr>
<tr>
<td>Various House Parties</td>
<td>9,240</td>
<td>0</td>
<td>9,240</td>
<td>2,607</td>
<td>6,633</td>
</tr>
</tbody>
</table>
TY 2006 Scholarship Award Statement

Name:  PLANNED PARENTHOOD MINNESOTA North dakota SOUTH DAKota
EIN:   41-0948382

Statement: the purpose of the jesse smith noyes foundation loan fund is to support students through loans and scholarships.
Form 990, Part VI, Line 80b - If "Yes", enter the name of the organization and whether it is exempt or nonexempt:

<table>
<thead>
<tr>
<th>Name of the Organization</th>
<th>Exempt</th>
<th>Nonexempt</th>
</tr>
</thead>
<tbody>
<tr>
<td>planned parenthood of minnesota action fund</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>planned parenthood of south dakota action fund</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>(A) Name and address</td>
<td>(B) Title and average hours per week devoted to position</td>
<td>(C) Compensation (If not paid, enter -0-)</td>
</tr>
<tr>
<td>------------------------------</td>
<td>----------------------------------------------------------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>Dr Jon Pryor</td>
<td>director 300</td>
<td>0</td>
</tr>
<tr>
<td>1965 FORD PARKWAY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST PAUL, MN 55116</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Brad Randall</td>
<td>director 300</td>
<td>0</td>
</tr>
<tr>
<td>1965 FORD PARKWAY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST PAUL, MN 55116</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sharon Ryan</td>
<td>director 300</td>
<td>0</td>
</tr>
<tr>
<td>1965 FORD PARKWAY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST PAUL, MN 55116</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Johanna Simpson</td>
<td>director 300</td>
<td>0</td>
</tr>
<tr>
<td>1965 FORD PARKWAY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST PAUL, MN 55116</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eve Stubens Smith</td>
<td>director 300</td>
<td>0</td>
</tr>
<tr>
<td>1965 FORD PARKWAY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST PAUL, MN 55116</td>
<td></td>
<td></td>
</tr>
<tr>
<td>masami Suga</td>
<td>director 300</td>
<td>0</td>
</tr>
<tr>
<td>1965 FORD PARKWAY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST PAUL, MN 55116</td>
<td></td>
<td></td>
</tr>
<tr>
<td>rebecca Wallin</td>
<td>director 300</td>
<td>0</td>
</tr>
<tr>
<td>1965 FORD PARKWAY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ST PAUL, MN 55116</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(A) Name and address</td>
<td>(B) Title and average hours per week devoted to position</td>
<td>(C) Compensation (If not paid, enter -0-)</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>--------------------------------------------------------</td>
<td>-------------------------------------------</td>
</tr>
<tr>
<td>brikti Hiwet 165 FORD PARKWAY ST PAUL, MN 55116</td>
<td>Director 300</td>
<td>0</td>
</tr>
<tr>
<td>susanne hutcheson 165 FORD PARKWAY ST PAUL, MN 55116</td>
<td>Director 300</td>
<td>0</td>
</tr>
<tr>
<td>dr r Wynn Kearney 165 FORD PARKWAY ST PAUL, MN 55116</td>
<td>Director 300</td>
<td>0</td>
</tr>
<tr>
<td>susan kinder 165 FORD PARKWAY ST PAUL, MN 55116</td>
<td>Director 300</td>
<td>0</td>
</tr>
<tr>
<td>maureen Kucera-Walsh 165 FORD PARKWAY ST PAUL, MN 55116</td>
<td>Director 300</td>
<td>0</td>
</tr>
<tr>
<td>lee Lynch 165 FORD PARKWAY ST PAUL, MN 55116</td>
<td>Director 300</td>
<td>0</td>
</tr>
<tr>
<td>kris MacDonald 165 FORD PARKWAY ST PAUL, MN 55116</td>
<td>Director 300</td>
<td>0</td>
</tr>
<tr>
<td>jan Malcolm 165 FORD PARKWAY ST PAUL, MN 55116</td>
<td>Director 300</td>
<td>0</td>
</tr>
<tr>
<td>bonnie McGoon 165 FORD PARKWAY ST PAUL, MN 55116</td>
<td>Director 300</td>
<td>0</td>
</tr>
<tr>
<td>Peggye Mezile 165 FORD PARKWAY ST PAUL, MN 55116</td>
<td>Director 300</td>
<td>0</td>
</tr>
<tr>
<td>(A) Name and address</td>
<td>(B) Title and average hours per week devoted to position</td>
<td>(C) Compensation (If not paid, enter -0-)</td>
</tr>
<tr>
<td>----------------------</td>
<td>------------------------------------------------------</td>
<td>------------------------------------------</td>
</tr>
<tr>
<td>David Jones</td>
<td>Secretary 300</td>
<td>0</td>
</tr>
<tr>
<td>Babak Armajani</td>
<td>Director 300</td>
<td>0</td>
</tr>
<tr>
<td>Susan Brown</td>
<td>Director 300</td>
<td>0</td>
</tr>
<tr>
<td>Shirley Chase</td>
<td>Director 300</td>
<td>0</td>
</tr>
<tr>
<td>Susan Carlson</td>
<td>Director 300</td>
<td>0</td>
</tr>
<tr>
<td>Jackie Copeland-Carson</td>
<td>Director 300</td>
<td>0</td>
</tr>
<tr>
<td>Sarah Dodge</td>
<td>Director 300</td>
<td>0</td>
</tr>
<tr>
<td>Jill Field</td>
<td>Director 300</td>
<td>0</td>
</tr>
<tr>
<td>Keith Halleland</td>
<td>Director 300</td>
<td>0</td>
</tr>
<tr>
<td>Kaying Hang</td>
<td>Director 300</td>
<td>0</td>
</tr>
</tbody>
</table>
### Additional Data

**Software ID:**
**Software Version:**

**EIN:** 41-0948382  
**Name:** PLANNED PARENTHOOD MINNESOTA North Dakota SOUTH DAKOTA

#### Form 990, Part V-A - Current Officers, Directors, Trustees, and Key Employees:

<table>
<thead>
<tr>
<th>(A) Name and address</th>
<th>(B) Title and average hours per week devoted to position</th>
<th>(C) Compensation (If not paid, enter -0-)</th>
<th>(D) Contributions to employee benefit plans &amp; deferred compensation plans</th>
<th>(E) Expense account and other allowances</th>
</tr>
</thead>
<tbody>
<tr>
<td>SARAH STOESZ</td>
<td>PRESIDENT CEO 40 00</td>
<td>283,323</td>
<td>13,809</td>
<td>2,529</td>
</tr>
<tr>
<td>MARGARET FRIESE</td>
<td>CEO 1106 - 62806 40 00</td>
<td>80,046</td>
<td>6,478</td>
<td>0</td>
</tr>
<tr>
<td>dON BOYCHUK</td>
<td>CAO 11-130 CEO 131-123106 40 00</td>
<td>184,426</td>
<td>13,235</td>
<td>0</td>
</tr>
<tr>
<td>carol ball</td>
<td>medical director 31 70</td>
<td>231,631</td>
<td>8,408</td>
<td>0</td>
</tr>
<tr>
<td>nancy speer</td>
<td>vp of development 40 00</td>
<td>186,970</td>
<td>6,035</td>
<td>0</td>
</tr>
<tr>
<td>connie lewis</td>
<td>vp external affairs 40 00</td>
<td>63,229</td>
<td>1,531</td>
<td>0</td>
</tr>
<tr>
<td>melissa grant</td>
<td>vp clinical affairs 40 00</td>
<td>114,021</td>
<td>665</td>
<td>0</td>
</tr>
<tr>
<td>Peter Riley</td>
<td>Chair 3 00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Audrey Carr</td>
<td>Vice-CHAIR 3 00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Sandra Sponem</td>
<td>Treasurer 3 00</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>