

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form **990**

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

2013

Department of the Treasury  
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public  
Inspection

**A For the 2013 calendar year, or tax year beginning** 07/01, 2013, and ending 06/30, 2014

|                              |                                     |                     |   |  |   |
|------------------------------|-------------------------------------|---------------------|---|--|---|
| <b>B</b> Check if applicable | <input type="checkbox"/>            | Address change      | C Name of organization <b>PLANNED PARENTHOOD OF ALBUQUERQUE, INC.</b><br><b>F/K/A PLANNED PARENTHOOD OF NEW MEXICO, INC.</b>  |  | D Employer identification number<br><b>85-0197745</b>   |
|                              | <input checked="" type="checkbox"/> | Name change         | Doing Business As   |  | E Telephone number<br><b>(303) 321-7526</b>   |
|                              | <input type="checkbox"/>            | Initial return      | Number and street (or P O box if mail is not delivered to street address) Room/suite<br><b>7155 E. 38TH AVENUE</b>  |  | G Gross receipts \$   |
|                              | <input type="checkbox"/>            | Terminated          | City or town, state or province, country, and ZIP or foreign postal code<br><b>DENVER, CO 80207</b>   |  |   |
|                              | <input type="checkbox"/>            | Amended return      | F Name and address of principal officer <b>VICKI COWART</b><br><b>7155 E 38TH AVENUE DENVER, CO 80207</b>   |  | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
|                              | <input type="checkbox"/>            | Application pending |   |  | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No                      |
|                              |                                     |                     | 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 |  | If "No," attach a list (see instructions)   |
|                              |                                     |                     | J Website: ▶ N/A  |  | H(c) Group exemption number ▶   |
|                              |                                     |                     | 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 <b>1964</b> M State of legal domicile <b>NM</b>   |

**Part I Summary**

|                             |          |  |  |                   |
|-----------------------------|----------|--|--|-------------------|
|                             | 1        | Briefly describe the organization's mission or most significant activities <u>TO IMPROVE THE QUALITY OF LIFE BY PROVIDING AFFORDABLE AND ACCESSIBLE FAMILY PLANNING AND RELATED HEALTH SERVICES FOR WOMEN AND MEN OF AGES AND INCOME LEVELS.</u> |  |                   |
| Activities & Governance     | 2        | Check this box <input checked="" 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  | 1                 |
|                             | 5        | Total number of individuals employed in calendar year 2013 (Part V, line 2a)   | 5  | 0                 |
|                             | 6        | Total number of volunteers (estimate if necessary)   | 6  | 0                 |
|                             | 7a       | Total unrelated business revenue from Part VIII, column (C), line 12   | 7a   | 0                 |
|                             | 7b       | Net unrelated business taxable income from Form 990-T, line 34   | 7b   | 0                 |
| Revenue                     | 8        | Contributions and grants (Part VIII, line 1h)  | Prior Year<br>132,838.   | Current Year<br>0 |
|                             | 9        | Program service revenue (Part VIII, line 2g)   | 651,893.   | 0                 |
|                             | 10       | Investment income (Part VIII, column (A), lines 3, 4, and 7)   | 0  | 0                 |
|                             | 11       | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)   | 1,987.   | 0                 |
|                             | 12       | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)   | 786,718.   | 0                 |
|                             | Expenses | 13   | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0                 |
| 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)  | 323,393.   | 0                 |
| 16a                         |          | Professional fundraising fees (Part IX, column (A), line 11e)  | 0  | 0                 |
| b                           |          | Total fundraising expenses (Part IX, column (D), line 25) ▶  | 0  | 0                 |
| 17                          |          | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   | 284,322.   | 0                 |
| Net Assets or Fund Balances | 18       | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)   | 607,715.   | 0                 |
|                             | 19       | Revenue less expenses Subtract line 18 from line 12  | 179,003.   | 0                 |
|                             | 20       | Total assets (Part X, line 16)   | Beginning of Current Year<br>351,963.                            | End of Year<br>0  |
|                             | 21       | Total liabilities (Part X, line 26)  | 148,379.   | 0                 |
|                             | 22       | Net assets or fund balances Subtract line 21 from line 20  | 203,584.   | 0                 |

**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.

|                  |   |                          |
|------------------|---|--------------------------|
| <b>Sign Here</b> | Signature of officer<br>  | Date<br><b>4 Sept 14</b> |
|                  | Type or print name and title<br><b>Vicki Cowart President &amp; CEO</b> |                          |

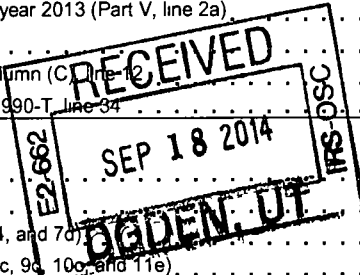
|  |   |                          |                              |   |                          |
|--|---|--------------------------|------------------------------|---|--------------------------|
| <b>Paid Preparer Use Only</b>                                      | Print/Type preparer's name<br><b>SHELLEY A OWENS, CPA</b> | Preparer's signature<br> | Date<br><b>9/2/14</b>        | Check <input type="checkbox"/> if self-employed | PTIN<br><b>P00517745</b> |
|  | Firm's name ▶ <b>GHP HORWATH, P.C.</b>                    |                          |                              | Firm's EIN ▶ <b>84-1156277</b>                  |                          |
| Firm's address ▶ <b>1670 BROADWAY, SUITE 3000 DENVER, CO 80202</b> |   |                          | Phone no <b>303-831-5000</b> |   |                          |

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2013)

SCANNED OCT 02 2014



**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

1 Briefly describe the organization's mission.

TO IMPROVE THE QUALITY OF LIFE BY PROVIDING AFFORDABLE AND ACCESSIBLE FAMILY PLANNING AND RELATED HEALTH SERVICES FOR WOMEN AND MEN OF ALL AGES AND INCOME LEVELS.

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

4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

4e Total program service expenses ▶

**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> (see instructions)? . . . . .   |     | 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 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <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  |
| 12 a 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  |
| 14 a 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 (see instructions)</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  |
| 20 a 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? . . . . .   |     |    |

**Part IV Checklist of Required Schedules (continued)**

|      |   | Yes | No |
|------|---|-----|----|
| 21   | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>   |     | X  |
| 22   | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>   |     | 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  |
| 24 a | 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? . . . . .   |     |    |
| 25 a | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I. . . . .</i>  |     | 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 payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II. . . . .</i>                                     |     | 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   |    |
| 35 a | 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   | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>  |     | 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? <b>Note.</b> 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

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions such as 'Enter the number reported in Box 3 of Form 1096', 'Did the organization comply with backup withholding rules', and 'Sponsoring organizations maintaining donor advised funds'.

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 [X]

Section A. Governing Body and Management

Table with 4 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?; b Each committee with authority to act on behalf of the governing body?; 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.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 4 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 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?; 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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; 15b Other officers or key employees of the organization; 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?; 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 NM,
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply: Own website, Another's website, Upon request, Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization LOUISE LARWIG 7155 E 38TH AVE DENVER, CO 80207 303-813-7611

**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)<br>Name and Title        | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) SARA BAACK<br>TRUSTEE    | 1.00<br>0  | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (2) CATHY GAILE<br>CHAIR     | 1.00<br>0  | X  |                       | X       |              |                              | 0      | 0  | 0   |   |
| (3) AMY STEADMAN<br>TRUSTEE  | 1.00<br>0  | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (4) BRAIN NICHOLS<br>TRUSTEE | 1.00<br>0  | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (5) ROBERT TYRE<br>TRUSTEE   | 1.00<br>0  | X  |                       |         |              |                              | 0      | 0  | 0   |   |
| (6)                          |  |  |                       |         |              |                              |        |  |   |   |
| (7)                          |  |  |                       |         |              |                              |        |  |   |   |
| (8)                          |  |  |                       |         |              |                              |        |  |   |   |
| (9)                          |  |  |                       |         |              |                              |        |  |   |   |
| (10)                         |  |  |                       |         |              |                              |        |  |   |   |
| (11)                         |  |  |                       |         |              |                              |        |  |   |   |
| (12)                         |  |  |                       |         |              |                              |        |  |   |   |
| (13)                         |  |  |                       |         |              |                              |        |  |   |   |
| (14)                         |  |  |                       |         |              |                              |        |  |   |   |





Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512-514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

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

Table with 4 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Compensation, Payroll taxes, and Total functional expenses.

**Part X Balance Sheet**

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

|  |   | (A)<br>Beginning of year | (B)<br>End of year |
|--|---|--------------------------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing  | 0                        | 1 0                |
|  | <b>2</b> Savings and temporary cash investments   | 0                        | 2 0                |
|  | <b>3</b> Pledges and grants receivable, net   | 0                        | 3 0                |
|  | <b>4</b> Accounts receivable, net   | 0                        | 4 0                |
|  | <b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees<br>Complete Part II of Schedule L  | 0                        | 5 0                |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L | 0                        | 6 0                |
|  | <b>7</b> Notes and loans receivable, net  | 0                        | 7 0                |
|  | <b>8</b> Inventories for sale or use  | 0                        | 8 0                |
|  | <b>9</b> Prepaid expenses and deferred charges  | 0                        | 9 0                |
|  | <b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  |                          |                    |
|  | <b>b</b> Less accumulated depreciation  | 10a<br>10b               | 10c                |
|  | <b>11</b> Investments - publicly traded securities  | 0                        | 11 0               |
|  | <b>12</b> Investments - other securities. See Part IV, line 11  | 0                        | 12 0               |
|  | <b>13</b> Investments - program-related See Part IV, line 11  | 0                        | 13 0               |
|  | <b>14</b> Intangible assets   | 0                        | 14 0               |
|  | <b>15</b> Other assets See Part IV, line 11   | 0                        | 15 0               |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)   | 351,963   | 16 0                     |                    |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses   | 0                        | 17 0               |
|  | <b>18</b> Grants payable  | 0                        | 18 0               |
|  | <b>19</b> Deferred revenue  | 0                        | 19 0               |
|  | <b>20</b> Tax-exempt bond liabilities   | 0                        | 20 0               |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D   | 0                        | 21 0               |
|  | <b>22</b> 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  | 0                        | 22 0               |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties  | 148,379                  | 23 0               |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties  | 0                        | 24 0               |
| <b>25</b> 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 | 0   | 25 0                     |                    |
| <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25  | 148,379   | 26 0                     |                    |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>   |                          |                    |
|  | <b>27</b> Unrestricted net assets   | 0                        | 27 0               |
|  | <b>28</b> Temporarily restricted net assets   | 203,584                  | 28 0               |
|  | <b>29</b> Permanently restricted net assets   | 0                        | 29 0               |
|  | <b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>  |                          |                    |
|  | <b>30</b> Capital stock or trust principal, or current funds  |                          | 30                 |
|  | <b>31</b> Paid-in or capital surplus, or land, building, or equipment fund  |                          | 31                 |
|  | <b>32</b> Retained earnings, endowment, accumulated income, or other funds  |                          | 32                 |
| <b>33</b> <b>Total net assets or fund balances</b>   | 203,584   | 33 0                     |                    |
| <b>34</b> <b>Total liabilities and net assets/fund balances</b>  | 351,963   | 34 0                     |                    |

**Part XI Reconciliation of Net Assets**

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

|    |   |    |           |
|----|---|----|-----------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12)   | 1  | 0         |
| 2  | Total expenses (must equal Part IX, column (A), line 25)  | 2  | 0         |
| 3  | Revenue less expenses. Subtract line 2 from line 1  | 3  | 0         |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  | 203,584.  |
| 5  | Net unrealized gains (losses) on investments  | 5  | 0         |
| 6  | Donated services and use of facilities  | 6  | 0         |
| 7  | Investment expenses   | 7  | 0         |
| 8  | Prior period adjustments  | 8  | 0         |
| 9  | Other changes in net assets or fund balances (explain in Schedule O)  | 9  | -203,584. |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 0         |

**Part XII Financial Statements and Reporting**

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

1 Accounting method used to prepare the Form 990  Cash  Accrual  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?  Yes  No  
 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  
 Separate basis  Consolidated basis  Both consolidated and separate basis

b Were the organization's financial statements audited by an independent accountant?  Yes  No  
 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis

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?  Yes  No  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  Yes  No

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

|    | Yes | No |
|----|-----|----|
| 1  |     |    |
| 2a |     | X  |
| 2b |     | X  |
| 2c |     |    |
| 3a |     | X  |
| 3b |     |    |

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2013**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization **PLANNED PARENTHOOD OF ALBUQUERQUE, INC.**

Employer identification number

F/K/A **PLANNED PARENTHOOD OF NEW MEXICO, INC.**

**85-0197745**

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I    b  Type II    c  Type III-Functionally integrated    d  Type III-Non-functionally integrated
  - e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
  - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
  - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
    - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 

|                 |     |    |
|-----------------|-----|----|
|                 | Yes | No |
| <b>11g(i)</b>   |     |    |
| <b>11g(ii)</b>  |     |    |
| <b>11g(iii)</b> |     |    |
    - (ii) A family member of a person described in (i) above? .....
    - (iii) A 35% controlled entity of a person described in (i) or (ii) above? .....
  - h Provide the following information about the supported organization(s)

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? |    | (v) Did you notify the organization in col (i) of your support? |    | (vi) Is the organization in col (i) organized in the U S ? |    | (vii) Amount of monetary support |
|------------------------------------|----------|---|--|----|---|----|--|----|----------------------------------|
|                                    |          |   | Yes  | No | Yes   | No | Yes  | No |                                  |
| (A)                                |          |   |  |    |   |    |  |    |                                  |
| (B)                                |          |   |  |    |   |    |  |    |                                  |
| (C)                                |          |   |  |    |   |    |  |    |                                  |
| (D)                                |          |   |  |    |   |    |  |    |                                  |
| (E)                                |          |   |  |    |   |    |  |    |                                  |
| <b>Total</b>                       |          |   |  |    |   |    |  |    |                                  |

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

Schedule A (Form 990 or 990-EZ) 2013

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") . . . . .   | 802,258  | 858,383  | 831,993  | 132,838  | 0        | 2,625,472 |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          | 0         |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          | 0         |
| 4 Total. Add lines 1 through 3. . . . .  | 802,258  | 858,383  | 831,993  | 132,838  |          | 2,625,472 |
| 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). . . . . |          |          |          |          |          | 0         |
| 6 Public support. Subtract line 5 from line 4  |          |          |          |          |          | 2,625,472 |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total                |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 . . . . .  | 802,258  | 858,383  | 831,993  | 132,838  |          | 2,625,472                |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .   | 8,599    | 7,558    | 6,429    |          |          | 22,586                   |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .   |          |          |          |          |          | 0                        |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . ATCH. 1 . . . . .   | 17,898   |          |          |          |          | 17,898                   |
| 11 Total support. Add lines 7 through 10 . . . . .   |          |          |          |          |          | 2,665,956                |
| 12 Gross receipts from related activities, etc (see instructions) . . . . .  |          |          |          |          | 12       | 9,535,444                |
| 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 2013 (line 6, column (f) divided by line 11, column (f)) . . . . .   | 14 | 98.48 %                             |
| 15 Public support percentage from 2012 Schedule A, Part II, line 14 . . . . .   | 15 | 92.43 %                             |
| 16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .  |    | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization . . . . .   |    | <input type="checkbox"/>            |
| 17a 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . .    |    | <input type="checkbox"/>            |
| b 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . |    | <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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")   |          |          |          |          |          |           |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . . |          |          |          |          |          |           |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .   |          |          |          |          |          |           |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .  |          |          |          |          |          |           |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .  |          |          |          |          |          |           |
| 6 Total. Add lines 1 through 5 . . . . .   |          |          |          |          |          |           |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .  |          |          |          |          |          |           |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .           |          |          |          |          |          |           |
| c Add lines 7a and 7b. . . . .   |          |          |          |          |          |           |
| 8 Public support (Subtract line 7c from line 6) . . . . .  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6. . . . .   |          |          |          |          |          |           |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .   |          |          |          |          |          |           |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .  |          |          |          |          |          |           |
| c Add lines 10a and 10b . . . . .  |          |          |          |          |          |           |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .   |          |          |          |          |          |           |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) . . . . .   |          |          |          |          |          |           |
| 13 Total support. (Add lines 9, 10c, 11, and 12) . . . . .   |          |          |          |          |          |           |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. . . . . ▶ <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |    |   |
|---|----|---|
| 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) . . . . . | 15 | % |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15 . . . . .                      | 16 | % |

**Section D. Computation of Investment Income Percentage**

|  |    |   |
|--|----|---|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) . . . . . | 17 | % |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17 . . . . .                        | 18 | % |

- 19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests - 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION   | 2009          | 2010 | 2011 | 2012 | 2013 | TOTAL         |
|---------------|---------------|------|------|------|------|---------------|
| OTHER INCOME  | 17,898        |      |      |      |      | 17,898        |
| <b>TOTALS</b> | <u>17,898</u> |      |      |      |      | <u>17,898</u> |







**Part III** **Supplemental Information.** Complete to provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

PART II, 2A

BRIAN NICHOLS AND ANN SMITH ARE TRUSTEES OF PLANNED PARENTHOOD OF THE  
ROCKY MOUNTAINS AFTER THE TRANSFER OF ASSETS.

**SCHEDULE O**  
(Form 990 or 990-EZ)

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization **PLANNED PARENTHOOD OF ALBUQUERQUE, INC.**  
F/K/A **PLANNED PARENTHOOD OF NEW MEXICO, INC.**

Employer identification number  
**85-0197745**

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

THE CONTROLLER REVIEWS THE FORM 990 AND THE PRESIDENT/CEO SIGNS IT. LEGAL  
COUNSEL ALSO REVIEWS THE 990 PRIOR TO FILING.

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

ALL STAFF AND BOARD MEMBERS REVIEW THE CONFLICT OF INTEREST POLICY  
ANNUALLY AND SIGN A DECLARATION THAT THEY WILL ADHERE TO IT. ACCORDINGLY,  
THE POLICY IS REVIEWED WITH BOARD MEMBERS ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19

THE DOCUMENTS ARE AVAILABLE AT ANOTHER'S WEBSITE AND UPON REQUEST.

FORM 990, PART XI, LINE 5

ON AUGUST 18, 2013, THE ORGANIZATION'S LAND AND BUILDINGS LOCATED AT 3625  
CENTRAL AVENUE AND 701 SAN MATEO WERE ACQUIRED BY PLANNED PARENTHOOD OF  
THE ROCKY MOUNTAINS. \$203,584 IS THE NET BOOK VALUE OF THE ASSETS AND  
LIABILITIES OF PLANNED PARENTHOOD OF NEW MEXICO THAT WERE TRANSFERRED.

PART III, LINE 3

IN 2013, THE ORGANIZATION WAS ACQUIRED BY PLANNED PARENTHOOD OF THE ROCKY  
MOUNTAINS. THERE WERE NO PROGRAM SERVICES PROVIDED BY THE ORGANIZATION  
AFTER THAT TIME.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

OMB No. 1545-0047

**2013**

Open to Public Inspection

Name of the organization

PLANNED PARENTHOOD OF ALBUQUERQUE, INC.

Employer identification number

85-0197745

E/K/A PLANNED PARENTHOOD OF NEW MEXICO, INC.

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

| (1) | (a)<br>Name, address, and EIN (if applicable) of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|-----|---|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (1) | -----   | -----                   | -----  | -----               | -----                     | -----                            |
| (2) | -----   | -----                   | -----  | -----               | -----                     | -----                            |
| (3) | -----   | -----                   | -----  | -----               | -----                     | -----                            |
| (4) | -----   | -----                   | -----  | -----               | -----                     | -----                            |
| (5) | -----   | -----                   | -----  | -----               | -----                     | -----                            |
| (6) | -----   | -----                   | -----  | -----               | -----                     | -----                            |

**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.

| (1) | (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |       |
|-----|---|-------------------------|--|----------------------------|---|----------------------------------|--|-------|
|     |   |                         |  |                            |   |                                  | Yes  | No    |
| (1) | PPNM ACTION FUND INC<br>719 SAN MATEO NE<br>ALBUQUERQUE, NM 87108<br>85-0283205                   | LOBBYING                | NM   | 501 (C) (4)                | N/A   |                                  |  | X     |
| (2) | PLAINED PARENTHOOD OF THE ROCKY MTNS, INC<br>7155 E 38TH AVENUE<br>DENVER, CO 80207<br>84-0404253 | HEALTH CARE             | CO   | 501 (C) (3)                | 7   | N/A                              |  | X     |
| (3) | -----   | -----                   | -----  | -----                      | -----   | -----                            | -----  | ----- |
| (4) | -----   | -----                   | -----  | -----                      | -----   | -----                            | -----  | ----- |
| (5) | -----   | -----                   | -----  | -----                      | -----   | -----                            | -----  | ----- |
| (6) | -----   | -----                   | -----  | -----                      | -----   | -----                            | -----  | ----- |
| (7) | -----   | -----                   | -----  | -----                      | -----   | -----                            | -----  | ----- |

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

Schedule R (Form 990) 2013

**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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Predominant income (related, unrelated, tax under sections 512-514) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |                                  |  |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (2) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (3) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (4) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (5) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (6) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |
| (7) -----   |                         |  |                                  |  |                              |                                    |                                      |    |  |                                     |    |                             |

**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)<br>Name, address, and EIN of related organization | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |    |
|---|-------------------------|--|----------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|----|
|   |                         |  |                                  |  |                              |                                    |                             | Yes  | No |
| (1) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (2) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (3) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (4) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (5) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (6) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |
| (7) -----   |                         |  |                                  |  |                              |                                    |                             |  |    |

**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

|          |   | Yes | No          |
|----------|---|-----|-------------|
| <b>1</b> | During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? |     |             |
| <b>a</b> | Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity  |     | <b>1a</b> X |
| <b>b</b> | Gift, grant, or capital contribution to related organization(s)   |     | <b>1b</b> X |
| <b>c</b> | Gift, grant, or capital contribution from related organization(s)   |     | <b>1c</b> X |
| <b>d</b> | Loans or loan guarantees to or for related organization(s)  |     | <b>1d</b> X |
| <b>e</b> | Loans or loan guarantees by related organization(s)   |     | <b>1e</b> X |
| <b>f</b> | Dividends from related organization(s)  |     | <b>1f</b>   |
| <b>g</b> | Sale of assets to related organization(s)   |     | <b>1g</b> X |
| <b>h</b> | Purchase of assets from related organization(s)   |     | <b>1h</b> X |
| <b>i</b> | Exchange of assets with related organization(s)   |     | <b>1i</b> X |
| <b>j</b> | Lease of facilities, equipment, or other assets to related organization(s)  |     | <b>1j</b> X |
| <b>k</b> | Lease of facilities, equipment, or other assets from related organization(s)  |     | <b>1k</b> X |
| <b>l</b> | Performance of services or membership or fundraising solicitations for related organization(s)  |     | <b>1l</b> X |
| <b>m</b> | Performance of services or membership or fundraising solicitations by related organization(s)   |     | <b>1m</b> X |
| <b>n</b> | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   |     | <b>1n</b> X |
| <b>o</b> | Sharing of paid employees with related organization(s)  |     | <b>1o</b> X |
| <b>p</b> | Reimbursement paid to related organization(s) for expenses  |     | <b>1p</b> X |
| <b>q</b> | Reimbursement paid by related organization(s) for expenses  |     | <b>1q</b> X |
| <b>r</b> | Other transfer of cash or property to related organization(s)   |     | <b>1r</b> X |
| <b>s</b> | Other transfer of cash or property from related organization(s)   |     | <b>1s</b> X |

|            |   | (a)<br>Name of related organization | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|------------|---|-------------------------------------|-------------------------------|------------------------|--|
| <b>(1)</b> | PPNM ACTION FUND, INC.                    |                                     | M, N                          |                        |  |
| <b>(2)</b> | PLANNED PARENTHOOD OF THE ROCKY MNTS, INC |                                     | R                             | 203,584.               | COST   |
| <b>(3)</b> |   |                                     |                               |                        |  |
| <b>(4)</b> |   |                                     |                               |                        |  |
| <b>(5)</b> |   |                                     |                               |                        |  |
| <b>(6)</b> |   |                                     |                               |                        |  |

**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)<br>Name, address, and EIN of entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Predominant income (related unrelated excluded from tax under section 512-514) | (e)<br>Are all partners section 501(c)(3) organizations? |    | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |    | (k)<br>Percentage ownership |
|---|-------------------------|--|---|--|----|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|----|-----------------------------|
|   |                         |  |   | Yes  | No |                              |                                    | Yes                                  | No |  | Yes                                 | No |                             |
| (1) -----                               |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (2) -----                               |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (3) -----                               |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (4) -----                               |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (5) -----                               |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (6) -----                               |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (7) -----                               |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (8) -----                               |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (9) -----                               |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (10) -----                              |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (11) -----                              |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (12) -----                              |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (13) -----                              |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (14) -----                              |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (15) -----                              |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |
| (16) -----                              |                         |  |   |  |    |                              |                                    |                                      |    |  |                                     |    |                             |



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**Part VII** **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

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FEDERAL FOOTNOTES

IN SEPTEMBER 2013 THE ORGANIZATION TRANSFERRED THEIR REMAINING ASSETS INTO ANOTHER ORGANIZATION. AN EXTENSION WAS FILED FOR A SHORT YEAR ENDING SEPTEMBER 30, 2013. ONCE ALL THE DATA WAS GATHERED TO PREPARE THE FORM 990 IT WAS DETERMINED THAT THE ORGANIZATION MUST STAY OPEN FOR LIABILITY PURPOSES UNDER A NEW ENTITY NAME OF PLANNED PARENTHOOD OF ABUQUERQUE, INC. THE TAXPAYER DID NOT FILE A TAX RETURN FOR A TAX YEAR ENDING SEPTEMBER 30, 2013. THE ORGANIZATION STILL EXISTED AND NEEDED TO FILE ON THEIR FULL REPORTING YEAR ENDING JUNE 30, 2014.

THE ORGANIZATION WILL CONTINUE TO REPORT ON THE JUNE 30, 2014 YEAR END UNTIL IT HAS BEEN DETERMINED THAT THE ANY REMAINING LIABILITY OF THE MERGED ENTITY HAS DISSIPATED. PLEASE ADJUST YOUR RECORDS TO REFLECT THE 2013 FORM 990 FOR THE ORGANIZATION WILL HAVE A JUNE 30, 2014 YEAR END.

PLANNED PARENTHOOD OF NEW MEXICO, INC.

\_\_\_\_\_  
Authorizing Resolution  
\_\_\_\_\_

WHEREAS, the Board of Directors of Planned Parenthood of New Mexico, Inc. ("PPNM") has negotiated and fully considered the Asset Purchase Agreement by and between Planned Parenthood of New Mexico, Inc. and Planned Parenthood of the Rocky Mountains, Inc., effective September 1, 2012 (the "Agreement"); and

WHEREAS, based upon its reasonable investigations and inquiries, the Board of Directors has determined that the Agreement will serve the best interests and exempt purposes of PPNM, and that the terms and conditions of the Agreement are both fair and reasonable; and


WHEREAS, the Board of Directors intends that, in accordance with the Agreement, PPNM shall, on and after the Effective Date of the Agreement, become and be operated as an ancillary organization of PPRM; and

WHEREAS, the Board of Directors has adopted this Resolution in order to fully comply with all standards and obligations imposed by Planned Parenthood Federation of America, Inc. ("PPFA") with respect to ancillary organizations;

NOW THEREFORE, the Board of Directors, acting with full authority to do so, approves the Agreement and authorizes the execution of all such documents, and the accomplishment of all such tasks, as may be required to complete the transactions contemplated therein.

Moreover, in order to comply with PPFA standards, the Board of Directors expressly directs, approves, and hereby adopts such amendments to the PPNM Bylaws as are necessary to provide that a majority of the directors of PPNM shall be persons who are then serving as trustees of PPRM, and that the directors of PPNM shall be nominated and appointed, and may at any time be removed, by PPRM.

Done this 28<sup>th</sup> day of August, 2012.

  
\_\_\_\_\_  
Brian K. Nichols  
Chair of the Board of Directors

8.28.12  
\_\_\_\_\_  
Date

ASSET TRANSFER AGREEMENT by and between  
PLANNED PARENTHOOD OF NEW MEXICO, INC. and  
PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS, INC.

**EXHIBIT ELEVEN:**  
**PPRM Board of Trustees Resolution of Approval**

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*Referenced in Section 15.2.1*

**ROCKY MOUNTAIN PLANNED PARENTHOOD, INC.,  
d/b/a PLANNED PARENTHOOD OF THE ROCKY MOUNTAINS, INC.**

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Authorizing Resolution

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WHEREAS, the Board of Trustees of Rocky Mountain Planned Parenthood, Inc., d/b/a Planned Parenthood of the Rocky Mountains, Inc. ("PPRM") duly authorized its New Mexico Task Force to take all steps necessary to negotiate and enter into an agreement through which PPRM would acquire substantially all of the assets of Planned Parenthood of New Mexico, Inc. ("PPNM"); and

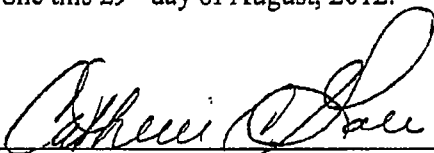
WHEREAS, the New Mexico Task Force has negotiated, fully considered, and approved the Asset Purchase Agreement by and between Planned Parenthood of New Mexico, Inc. and Planned Parenthood of the Rocky Mountains, Inc., effective September 1, 2012 (the "Agreement"); and

WHEREAS, based upon its reasonable investigations and inquiries, the New Mexico Task Force has determined that the Agreement will serve the best interests and exempt purposes of PPRM and that the terms and conditions of the Agreement are both fair and reasonable;

NOW THEREFORE, the New Mexico Task Force, acting with full, delegated authority of the Board of Trustees, approves the Agreement and authorizes the execution of all such documents, and the accomplishment of all such tasks, as may be required to complete the transactions contemplated therein.

Moreover, in order to comply with requirements established and imposed by Planned Parenthood Federation of America, Inc. ("PPFA"), the New Mexico Task Force directs, approves, and adopts such changes to the Bylaws of PPRM as are necessary for PPNM to become and to operate, commencing upon the Effective Date of the Agreement, as an ancillary organization of PPRM, including the addition of Bylaws provisions that require a majority of the directors of PPNM to be trustees of PPRM and that authorize the trustees of PPRM to appoint, as well as to remove, directors of PPNM.

Done this 29<sup>th</sup> day of August, 2012.

  
Catherine C. Gale  
Chair of the Board of Trustees

8/29/12  
Date