

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: PLANNED PARENTHOOD OF GREATER TEXAS ACTION FUND
Number and street (or P O box, if mail is not delivered to street address): 7424 GREENVILLE AVENUE
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: DALLAS, TX 75231

D Employer identification number: 76-2918374
E Telephone number: (214) 363-2004
F Group Exemption Number

G Accounting Method: Cash, Accrual, Other (specify)

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: N/A

J Tax-exempt status (check only one): 501(c)(3), 501(c)(4), 4947(a)(1), 527

K Form of organization: Corporation, Trust, Association, Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$36,150

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes sub-rows for detailed calculations like 5a-5c, 6a-6d, 7a-7c.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	42,112	22 41,237
23 Land and buildings		23
24 Other assets (describe in Schedule O)	20,500	24
25 Total assets	62,612	25 41,237
26 Total liabilities (describe in Schedule O)	52,545	26 23,421
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	10,067	27 17,816

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?
The Planned Parenthood of Greater Texas Action Fund engages in educational and electoral activities to protect and promote access to reproductive healthcare, including funds for family planning programs, comprehensive sex education for young people, and the preservation of safe and legal abortion

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 Educational events related to health care and family planning (Grants \$ 28,401)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	28,401

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
ALEX ALBRIGHT Chair	1 00	0		
Marianne DeJong CFO	0	0		
James Aldrete Director	1 00	0		
David Gail Director	1 00	0		
BONNIE MILLS Director	1 00	0		
BARBARA O'NEAL Director	1 00	0		
Ken Lambrecht President & CEO	0	0		
Loren Jacobson Director	1 00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2014) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, and organizational structure. Includes checkboxes for 'Yes' and 'No' and input fields for amounts and dates.

	Yes	No
46		No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47		
48		
49a		
49b		

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A Yes No

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

Sign Here *****
 Signature of officer
 Ken Lambrecht President & CEO
 Type or print name and title
 2015-11-13
 Date

Paid Preparer Use Only
 Print/Type preparer's name Amy Michie
 Preparer's signature
 Date
 Check if self-employed PTIN P00956657
 Firm's name ▶ Sutton Frost Cary LLP Firm's EIN ▶
 Firm's address ▶ 600 Six Flags Dr Suite 600
 Arlington, TX 76011 Phone no (817) 649-8083

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

2014

**Open to Public
Inspection**

Name of the organization
PLANNED PARENTHOOD OF GREATER
TEXAS ACTION FUND

Employer identification number

76-2918374

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1005	Travel \$2137
Other Assets 1006	Pledges and Grants Receivable - Beginning \$20500 Pledges and Grants Receivable - Ending \$0
Total Liabilities 1001	Accounts Payable and Accrued Expenses - Beginning \$22057 Accounts Payable and Accrued Expenses - Ending \$23173
Total Liabilities 1002	Grants Payable - Beginning \$0 Grants Payable - Ending \$248
Total Liabilities 1	DUE TO AFFILIATE - Beginning \$30488 DUE TO AFFILIATE - Ending \$0