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DLN: 93492317015005

OMB No 1545-1150

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)

▶ 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.

Open to Public

		the Treasury lue Service				Ι	nspection
A F	or the	e 2014 calendar	year, or tax year beginning 01-01-2014 , and ending 12-31-2	2014			
B (Check if	f applicable	C Name of organization		D Employe	r ide	ntification numbe
\sqsubseteq_{ℓ}	ddress	change	PLANNED PARENTHOOD OF GREATER TEXAS ACTION FUND		76-29183	274	
\square	lame cl	hange	Number and street (or P O box, if mail is not delivered to street address) Room/su	ite	E Telephone		ber
I	nıtıal re	eturn	7424 GREENVILLE AVENUE		·		
┌╒					(2	214) 3	63-2004
	n/termi		City or town, state or province, country, and ZIP or foreign postal code DALLAS, TX 75231		F Group Exe Number	emptic	n
<u>'</u>	mende	ed return	DIEBO, IN 19291		Nullibei		
ı A	Applicati	ion pending					
G A	ccoun	iting Method 「	Cash	required	If the of to attach S	ched	
ΙW	ebsite	e: 🕨 N/A		(1 01111)	. 0, , , , 0	, 0. 2	,,,
			lly one) - 501(c)(3)				
K Fo	orm of	organization	Corporation Trust Association Other				
LA	dd Iine	es 5b, 6c, and 7	b to line 9 to determine gross receipts If gross receipts are \$200,000	or more, or i	f total asse	ts (P	art II, column
(B)	below)) are \$500,000	or more, file Form 990 instead of Form 990-EZ		► \$36,	,150	
P	art I	Revenue,	Expenses, and Changes in Net Assets or Fund Balance	s (see the in	structions f	for Pa	art I)
		Check If the	organization used Schedule O to respond to any question in this Part I	·			
	1	Contributions,	gifts, grants, and similar amounts received			1	36,150
	2	Program servi	ce revenue including government fees and contracts		[2	
	3		ues and assessments		F	3	
		•			· · ·	-+	
	4	Investment in			· · ·	4	
	5a	Gross amount	from sale of assets other than inventory	5a			
9	ь	Less costor	other basis and sales expenses	5b	0		
Revenue	С	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
ő.	6	Gaming and fu	ndraising events		Ī		
_	a	-	from gaming (attach Schedule G if greater than \$15,000)	1			
	a	G1033 IIICOIIIC	In our garming (account Schedule Sin greater than \$15,000)	6a			
	ь		from fundraising events (not including \$of contribution	5			
			ng events reported on line 1) (attach Schedule G if the	1			
		sum of such g	ross income and contributions exceeds \$15,000)	6b	0		
	С	Less directe	xpenses from gaming and fundraising events	6с	0		
	d	Net income or	(loss) from gaming and fundraising events (add lines 6a and 6b and su	btract line 6 c)	6d	
	7a	Gross sales of	finventory, less returns and allowances	7a			
	ь	Less cost of		7b	0		
		•		76			
	С		(loss) from sales of inventory (Subtract line 7b from line 7a)		· · ·	7 c	
	8		(describe in Schedule O)		· ·	8	
	9	Total revenue	. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		•	9	36,150
	10	Grants and sir	nılar amounts paıd (lıst ın Schedule O)			10	
	11	Benefits paid t	o or for members			11	
	12		r compensation, and employee benefits		F	12	
o.		•	ees and other payments to independent contractors		-	\rightarrow	25,787
Š	13					13	23,787
Expenses	14		ent, utilities, and maintenance		· ·	14	
Ж	15		cations, postage, and shipping		· ·	15	477
	16	O ther expense	es (describe in Schedule O)		· ·	16	2,137
	17	Total expense	s. Add lines 10 through 16	<u> </u>	<u> </u>	17	28,401
90	18	Excess or (de	ficit) for the year (Subtract line 17 from line 9)			18	7,749
SSets	19	Net assets or	fund balances at beginning of year (from line 27, column (A)) (must agi	ee with	<u> </u>	\neg	
4			gure reported on prior year's return)			19	10,067
Net A					-	-	10,007
_	20	_	s in net assets or fund balances (explain in Schedule O)		·	20	
	21	Net assets or	fund balances at end of year Combine lines 18 through 20		•	21	17,816

Form 990-EZ (2014) Part II Balance Sheets (see the	Instructions for Dart III				Page 2
Check if the organization use		any question in this Pa	rt II	<u></u>	স
		(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 0)		20,500	24	
25 Total assets			62,612	25	41,237
26 Total liabilities (describe in Schedule	20)		52,545	26	23,421
27 Net assets or fund balances (line 27	of column (B) must agree w	th line 21)	10,067	27	17,816
Part III Statement of Program	-		· —	/D.	Expenses equired for section 501
Check if the organization use What is the organization's primary exemp	· · · · · · · · · · · · · · · · · · ·	any question in this Pa	rt III . J		(3) and 501(c)(4)
The Planned Parenthood of Greater Texas protect and promote access to reproduct comprehensive sex education for young p	s Action Fund engages in ed ve healthcare, including fun eople, and the preservation	ds for family planning p of safe and legal aborti	rograms, on		anizations, optional for ers)
Describe the organization's program servi measured by expenses In a clear and co- benefited, and other relevant information	ncise manner, describe the				
28 Educational events related to health confidence (Grants \$ 28,401) If the confidence of the confiden	are and family planning nis amount includes foreign	grants, check here .	▶┌	28a	
23					
(Grants \$) If the	nis amount includes foreign	grants, check here .	▶┌	29a	
(Grants \$) If the structure of the stru	nis amount includes foreign chedule O)	grants, check here .	· · ▶ ┌	30a	
	nis amount includes foreign	grants, check here .	▶ ┌	31a	
22 Total program service expenses (add li Part IV List of Officers, Directors, Tr Check if the organization use (a) Name and title	ustees, and Key Employees		mpensated — see the ins		
(2)	hours per week devoted to position	compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	contributions t employee benefit p and deferred compensation	o lans,	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			
		1			

	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	<u>v</u>		<u>l</u>
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		Νo
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		Νo
C	Was the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization subject to section $6033(e)$ notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		Νo
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨			
b	Did the organization file Form 1120-POL for this year?	37b		Νo
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Νo
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 - , section 4912 - , section 4955 - , section 4955		1	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		Νo
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of ► MARIANNE DEJONG Telephone no	<u>(21</u>	4)363-	-2004
	Located at F 7424 GREENVILLE AVENUE DALLAS, TX ZIP + 4	<u>75</u>	5231	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority	ſ	Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	1 es	No
	If "Yes," enter the name of the foreign country 🕨			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
С	At any time during the calendar year, did the organization maintain an office outside the U S $^{\circ}$	42c		No
	If "Yes," enter the name of the foreign country 🕨			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. •	Г —
		Ī	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		Νo
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
С	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
_	explanation in Schedule O	44d		No
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

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

orm 990-EZ (2	2014)							Page 4
							Yes	No
	rganization engage, directly es for public office? If "Yes,"				or in opposition to	l l		
	ection 501(c)(3) orga					· 46		No
	ll section 501(c)(3) orga		questions 47-49b a	and 52, a	and complete the	e tables	s for li	nes 50
	nd 51 heck if the organization used	d Schedule O to respond t	o any question in this	Part VI				Г
	The street of th					· · · ·	Yes	No
				ee		_		
	rganization engage in lobbyii complete Schedule C , Part I		tion 501(h) election i		uring the tax year	. 47		
48 Is the org	janization a school as descr	ıbed ın section 170(b)(1)((A)(II)? If "Yes," comp	olete Sche	edule E .	. 48		
	rganization make any transfe					49a		
	was the related organization					49b		
						•		
	this table for the organizati s) who each received more							
(a) Name an	nd title of each employee	(b) A verage hours per week	(c) Reportable compensation	, , ,	Health benefits, ontributions to	1 ' '		amouni ensatior
		devoted to position	(Forms W-2/1099-	- emplo	yee benefit plans,		ii comp	Elisacioi
			MISC)		and deferred ompensation			
IONE								
•	this table for the organizati		•	ntractors v	who each received	more th	an \$10	0,000
(a	a) Name and business addre	ess of each independent co	ontractor	(b)	Type of service	(c) (Compen	sation
IONE								
	ımber of other ındependent o	_						
	organization complete Sche ted Schedule A	edule A? NOTE. All Section	n 501(c)(3) organızatı • • • • •	ions must	attach a	. 🕨	┌ Ye	s 「No
	of perjury, I declare that I hav pelief, it is true, correct, and co							
	*****				2015 11 12			
Sign 🛚 🗗 🖥	Signature of officer				2015-11-13 Date			
	Ken Lambrecht President & CEO							
<u> [F '</u>	Print/Type preparer's name	Preparer's signature	e Da	ate	Check If PTIN			
Paid	Amy Michie Firm's name ► Sutton Frost	Cary IIP			self-employed P009	56657		
Preparer		,						
Jse Only	Firm's address • 600 Six Flags				Phone no (817) 649-	8083		
4 II IDC I	Arlington, TX					. V	,	No.

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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93492317015005

OMB No 1545-0047

2014

Open to Public Inspection

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.

Name of the organization PLANNED PARENTHOOD OF GREATER	Employer identification number
TEXAS ACTION FUND	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