

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 07-01-2014, and ending 06-30-2015

B Check if applicable

- Address change
Name change
Initial return
Final return/terminated
Amended return
Application pending

C Name of organization: Planned Parenthood Illinois Action
Number and street (or P O box, if mail is not delivered to street address): 18 South Michigan Avenue 6th Floor
City or town, state or province, country, and ZIP or foreign postal code: Chicago, IL 60603

D Employer identification number

37-1021751

E Telephone number

(312) 592-6800

F Group Exemption Number

G Accounting Method: Cash [] Accrual [x] Other (specify) []

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

I Website: www.pplaction.org

J Tax-exempt status (check only one): 501(c)(3) [x] 501(c)(4) [] (insert no) [] 4947(a)(1) [] 527 []

K Form of organization: Corporation [x] 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: \$73,924

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 [x]

Table with 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Total revenue is 73,924 and total expenses is 81,805.

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	57,627	22	51,449
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	0	24	12,826
25 Total assets	57,627	25	64,275
26 Total liabilities (describe in Schedule O)	3,285	26	17,814
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	54,342	27	46,461

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

What is the organization's primary exempt purpose?

Planned Parenthood Illinois Action (PIIA) is formed exclusively for the promotion of social welfare within the meaning of 501(c)(4) of the Internal Revenue Code of 1986, and its purposes shall be -To encourage and protect informed individual choice regarding reproductive health care,-To advocate public policies which guarantee the right to choice and full and nondiscriminatory access to reproductive health care, and-To foster and preserve a social and political climate favorable to the exercise of reproductive choice

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

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

28 Illinois Action's purpose is to promote social welfare and to encourage and protect informed individual choice regarding reproductive health care and to advocate public policies, which guarantee the right, as well as full nondiscriminatory access, to such care, and to foster and preserve a social and political climate favorable to the exercise of reproductive choice (Grants \$ 0)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	81,805
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	81,805

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
Laura Tucker Chair	1 00	0	0	0
Judy Erwin Vice Chair	1 00	0	0	0
Richard W Owens Treasurer	1 00	0	0	0
Bonnie Rothman Secretary	1 00	0	0	0
Donna Miller Chair	1 00	0	0	0
Bernadette Chopra Vice Chair	1 00	0	0	0
Michael Bauer Director	1 00	0	0	0
Alison Chiaro Director	1 00	0	0	0
Bernadette Chopra Director	1 00	0	0	0
Fay Clayton Director	1 00	0	0	0
Rev Randall Doubet-King Director	1 00	0	0	0
Deborah Franczek Director	1 00	0	0	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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 33 through 41 regarding organizational activities, financials, and reporting.

42a The organization's books are in care of Andrea T Peoples Telephone no (312) 592-6866 Located at 18 South Michigan Avenue 6th Floor Chicago, IL ZIP +4 606033206

Table with columns for question number, question text, and Yes/No columns. Rows include questions 42b and 42c regarding foreign financial accounts and offices.

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 43

Table with columns for question number, question text, and Yes/No columns. Rows include questions 44a through 45b regarding donor advised funds, hospital facilities, and controlled entities.

Yes 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 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"

Table with 5 columns: (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

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"

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation

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

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 (Laura Tucker Chair) and Date (2016-05-16)

Paid Preparer Use Only: Print/Type preparer's name (Zack Fortsch), Preparer's signature, Date, Check self-employed, PTIN (P00052725), Firm's name (RSM US LLP), Firm's EIN (42-0714325), Firm's address (1 S WACKER DRIVE STE 800, CHICAGO, IL 60606), Phone no (312) 634-3400

May the IRS discuss this return with the preparer shown above? See instructions

TY 2014 Transfers Personal Benefits Contracts Declaration

Name: Planned Parenthood Illinois Action

EIN: 37-1021751

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

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 Illinois Action

Employer identification number

37-1021751

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part I, Line 16 - Other Expenses	
Form 990-EZ, Part II, Line 24 - Other Assets	Description Inventory Beg of Year Amount 0 End of Year Amount 12,826
Form 990-EZ, Part II, Line 26 - Other Liabilities	Description Due to Affiliate Beg of Year Amount 3,285 End of Year Amount 9,044 Description Accounts Payable & Accrued Liabilities Beg of Year Amount 0 End of Year Amount 8,770