

FOR PUBLIC INSPECTION

** PUBLIC DISCLOSURE COPY **

**Form
990-EZ**

Short Form

OMB No. 1545-1 150

Return of Organization Exempt From Income Tax

2015

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning		and ending	
B Check if applicable: <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return/ <input type="checkbox"/> Final return/ <input type="checkbox"/> terminated	C Name of organization Planned Parenthood Vermont Action Fund, Inc .		D Employer identification number 03-0326364
	Number and street (or P.O. box, if mail is not delivered to street address) 784 Hercules Drive, Suite 110		E Telephone number 802-448-9700
	City or town, state or province, country, and ZIP or foreign postal code Colchester, VT 05446		F Group Exemption Number
	G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) _____ I Website: > w.ppal.org		H Check <input type="checkbox"/> if the organization is required to attach Schedule B
J Tax-exempt status (check only one): <input type="checkbox"/> Form 990-EZ Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other (insert no.) _____ or 527 (Form 990, 990-EZ, or 990-PF).			

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

**13 ,
623**

Part	Revenue, expenses, and changes in Net Assets or Fund Balances (see the instructions for Part I)
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Check if the organization used Schedule O to respond to any question in this Part I

.....

Planned Parenthood Vermont Action

<p>EXPENSES</p>	1	Contributions, gifts, grants, and similar amounts received	1	13,
	2			110
	3			
	4	Program service revenue including government fees and contracts	2	
	b	Membership dues and assessments	3	
	c			
	6a	Investment income	4	13.
	b	Gross amount from sale of assets other than inventory		
		Less: cost or other basis and sales expenses		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5b	
	d	Gaming and fundraising events		
	b	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	c			
	8			
	9			
			of contributions	
		Gross income from fundraising events (not including \$	6c	
		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	tract ne 6c)	
		Less: direct expenses from gaming and fundraising events		
	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and			
	and			
	Gross sales of inventory, less returns and allowances	7b		
	Less: cost of goods sold			
	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	Schedule	8	500.
	Other revenue (describe in Schedule 0)	See	9	13,623.
	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			
	10 Grants and similar amounts paid (list in Schedule 0)	10		
	11			
	12 Benefits paid to or for members	11		
	13			
	14	12		1,342.
	15 Salaries, other compensation, and employee benefits	13		2,270.
	16 Professional fees and other payments to independent contractors	14		298.
	17			
	Occupancy, rent, utilities, and maintenance	15		
	Printing, publications, postage, and shipping	16		1,130.
	Other expenses (describe in Schedule 0)	17		5,044.
	Total expenses. Add lines 10 through 16			
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18		8,579.
	19			
	Net assets or fund balances at beginning of year (from line 27, column (A))	19		15,319
	20 (must agree with end-of-year figure reported on prior year's return)	20		
	Other changes in net assets or fund balances (explain in Schedule 0)	21		23,898

Planned Parenthood Vermont Action

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Net assets or fund balances at end of year. Combine lines 18 through 20

I-HA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2015)

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

	(A) Beginning of year	(B) End of year
	24,816.	31,585.
22 Cash, savings, and investments		
20 Land and buildings	500.	250.
24 Other assets (describe in Schedule O)See Schedule O.....	25,316.	31,835.
25 Total assets	9,997.	7,937.
26 Total liabilities (describe in Schedule O) See Schedule O.....	15,319.	23,898.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		

part Statement of Program Service Accomplishments (see the instructions for Part III)
 Check if the organization used Schedule O to respond to an question in this Part III Expenses
 (Required for section and organizations; optional for others.)

What is the organization's primary exempt purpose? See Schedule O
 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 See Schedule O

 28a 1,116

Planned Parenthood Vermont Action

Form 990-EZ 29 (2015)	(Grants \$) If this amount includes foreign grants: check here .		
30	(Grants \$) If this amount includes foreign grants, check here		
31	Other program services (describe in Schedule O) \$ (Grants \$) If this amount includes foreign grants: check here		
32	Total program service expenses add lines 28a through 31	32	1,116

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

Fund, Inc. 03-0326364 Pa

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

Check if the organization used Schedule O to respond to an 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
Benjamin Adler Trustee	2.00	0.	0.	0.
David Blittersdorf Trustee	2.00	0.	0.	0.
Marilyn Blackwell, Ph.D Vice Chair	2.00	0.	0.	0.
Melinda Moulton Chair	2.00	0.	0.	0.
Randall Reeves Perkins Secretary and Treasurer	2.00	0.	0.	0.
Meagan Gallagher CEO	2.00	0.	0.	0.
Heather Bushey CFO	2.00	0.	0.	0.
Steven Sinding Trustee	2.00	0.	0.	0.

Planned Parenthood Vermont Action

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Form 990-EZ (2015)

Form 990-EZ (2015)

Fund, Inc.

03-0326364

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 Sch. O to respond to any question in this Part V

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
- 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 x
- 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on Fines 2, 6a, and 7a, among others)? 35a x 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 N/ 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 x
- 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 x
- 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0 . 37b x
b Did the organization file Form 1120-POL for this year? 37b x
- 38 a 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 x b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A 39 Section 501 (c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a N/A b Gross receipts, included on line 9, for public use of club facilities 39b N/A
- 40 a Section 501 (c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A b Section 501 501(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 x 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 sections 4912, 4955, and 4958 o. d Section 501 (c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization o. 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 x
- 41 List the states with which a copy of this return is filed None
- 42 a The organization's books are in care of Heather Bushey Telephone no. > 802-448-9728 Located at > 784 Hercules Dr 1 ve, Sul te 110, Co c ester, VT
ZIP + 4 ▶ 05446 b At any time during the calendar year, did the organization have an interest in or a signature or other authority

c

Planned Parenthood Vermont Action

over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

	Yes	No
42b		X
42c		X

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).

At any time during the calendar year, did the organization maintain an office outside of the U.S.?

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

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

Amount of tax-exempt interest received or accrued during the tax year

43

N/A

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

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

Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

	Yes	No
44a		X
44b		X
44c		X
44d		
45a		X
45b		

44 a Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

b Did the organization receive any payments for indoor tanning services during the year?

c
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," I provide an explanation in Schedule O

45 a b Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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)

Form 990-EZ

Planned Parenthood Vermont Action

Form 990-2 (2015)

Fund, Inc .

03-0326364Pa

		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	43		X

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 Sch. C, Part II Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization? if "Yes," was the related organization a section 527 organization?	47		
49 a	49a		
49 b	49b		

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-2/10gg-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
N/A				

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." N/A

(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 ▶ 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 ▶ Heather Bushey Signature of officer Date 6/20/16

▶ Heather Bushey, CFO Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Barbara J. McGuan, CPA	Barbara J. McGuan, CPA	06/09/16		P00219457
	Firm's name ▶ Berry Dunn McNeil & Parker, LLC	Firm's address ▶ P.O. Box 1100 Portland, ME 04104-1100		Firm's EIN ▶ 01-0523282	Phone no. (207) 775-2387

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

er (ot er han officer) is based on all information of which preparer has any knowledge.

Form 990-EZ

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**** PUBLIC DISCLOSURE COPY ****

Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors
Attach to Form 990, Form 990-EZ, or Form 990-PF.
Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization Planned Parenthood Vermont Action Fund, Inc .	Employer identification number 03-0326364
--	---

Organization type (check one):

Filers of: Form 990 990-EZ Section: 501 (c)() (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

B (Form 990, or 990-PF) (2015)

Form 990-PF 501 (c)(3) exempt private foundation
 4947(a)(1) nonexempt charitable trust treated as a private foundation
 501 (c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501 (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501 (c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (I) Form 990, Part VIII, line 1 h, or (ii) Form 990-EZ, line 1 . Complete Parts I and II.

For an organization described in section 501 (c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1 ,000 exclusive/y for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts i, II, and III.

For an organization described in section 501 (c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1 ,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-2, or 990-PF).

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

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523451
 10-26-15

Schedule 990.EZ,

Page 2

Name of organization Planned Parenthood Vermont Action Fund , Inc .	Employer identification number 03-0326364
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		10 , 000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	

Name of organization Planned Parenthood Vermont Action Fund, Inc .	Employer identification number <div style="text-align: center; font-weight: bold; font-size: 1.2em;">03-0326364</div>
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

No.	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received


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Schedule 990-EZ,

Name of organization Planned Parenthood Vermont Action Fund , Inc .	Employer identification number 03-0326364
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Part	<input type="checkbox"/> exclusively religious, charitable, or educational organizations described in section 501(c)(3) or 501(c)(29), or <input type="checkbox"/> a 501(c)(6) organization	<input type="checkbox"/> a 501(c)(29) organization	<input type="checkbox"/> or	<input type="checkbox"/> a 501(c)(6) organization	<input type="checkbox"/> or
------	--	--	-----------------------------	---	-----------------------------

the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 less for the year. (Enter this info, once.)  \$ _____ Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

990, (2015)

OMB No. 1545-0047

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
information about Schedule C (Form 990 or 990-EZ) and its instructions is at www-irs.gov/form990.

2015

Open to Public
Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501 (c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501 (c) (other than section 501 (c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501 (c)(3) organizations that have filed Form 5768 (election under section 501 (h)): Complete Part II-A. Do not complete Part II-B.
- Section 501 (c)(3) organizations that have NOT filed Form 5768 (election under section 501 (h)): Complete Part II-B- Do not complete Part II-A. If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

Tax) (see separate instructions), then

- Section 501 c 4 5 or 6 or anizations: Com lete Part III.

Name of organization Planned Parenthood Vermont Action Fund, Inc .	Employer identification number 03-0326364
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a	om p ete I the organization IS exempt un er section 5 1 c or IS a section 52 organization.
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I Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures \$ _____
 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
 4a Was a correction made? Yes No
 b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
 exempt function activities \$ _____
 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
 line 17b \$ _____
 4 Did the filing organization file Form 1120-POL for this year? Yes No
 2 Political expenditures
 3 Volunteer hours

1
 2

line 17b

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. C 2015 LHA

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 10-05-15

Planned Parenthood Vermont Action

Part 1 Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 election under section 501(h).

A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)														
c	Total lobbying expenditures (add lines 1a and 1b)														
d	Other exempt purpose expenditures														
e	Total exempt purpose expenditures (add lines 1c and 1d)														
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)														
h	Subtract line 1g from line 1a. If zero or less, enter -0-														
i	Subtract line 1f from line 1c. If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														
		<input type="checkbox"/> Yes	<input type="checkbox"/> No												

B Check **4-Year Averaging Period Under section 501(h)**
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Planned Parenthood Vermont Action

Part I-B

Complete if the organization is exempt under section 501(c)(3) and has not filed Form 5768

(election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b			
c Paid staff or management (include compensation in expenses reported on lines 1c through 1 i)?			
d Media advertisements?			
.....			
f Mailings to members, legislators, or the public?			
g			
h Publications, or published or broadcast statements?			
j			
Grants to other organizations for lobbying purposes?			
b			
d Direct contact with legislators, their staffs, government officials, or a legislative body?			
.....			
Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
.....			
Other activities?			
.....			
Total. Add lines 1c through 1i			
Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
.....			
If "Yes, enter the amount of any tax incurred under section 4912			
.....			
If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 5010(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	X
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	X
3 Did the organization receive or carry over lobbying and political expenditures from the prior year?	3	X

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 or section

501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	10,731.
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	b	2b
	Carryover from last year	c	
	Total		3
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
		5	
5	Taxable amount of lobbying and political expenditures (see instructions)		

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

C 2015

532043
10-05-15

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.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization	Planned Parenthood Vermont Act Ion Fund, Inc.	Employer identification number	03- 0326364
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Form 990-EZ, Part I, Line 4, Other Investment Income :

Description of Property: Amount :

Interest Income 13 .

Form 990-EZ, Part I, Line 8, Other Revenue :

Description of Other Revenue : Amount :

Other Income 500 .

Form 990-EZ, Part I, Line 16, Other Expenses :

Description of Other Expenses : Amount :

Miscellaneous 386 .

Insurance 320 .

Administrative 220 .

Office Supplies 47 .

Repairs 157 .

Total to Form 990- line 16 1 , 130

Form 990-EZ, Part 11 , Line 24 , Other Assets :

Description Beg. of Year End of Year

Pledges Receivable 250 . 0 .

Deposits 250 . 250

- 250

Total to Form 990-EZ, line 24 500 . .

Form 990-EZ, Part II, Line 26 , Other Liabilities :

Description Beg. of Year End of Year

Supplemental Information to Form 990 or 990-EZ

2015

Open to Public
 Inspection

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-E and its instructions is at www.irs.gov/form990.

Name of the organization	Planned Parenthood Vermont Act Ion Fund , Inc .	Employer identification number	03-0326364
<u>Accounts Payable</u>		<u>120 .</u>	<u>160 .</u>
Unearned Revenue		8 , 905	7 , 685 .
Total to Form 990-EZ, line 26		9 , 997	7 , 937 .

Form 990-EZ, Part 111, Primary Exempt Purpose - The Organization's purpose is to encourage and protect informed individual choice regarding reproductive health care, to advocate public policies which guarantee the right to choice and full and non-discriminatory access to reproductive health care, and to foster and preserve a social and political climate favorable to the exercise of reproductive choice .

Form 990-EZ, Part 111, Line 28, Program Service Accomplishments :

Public education and advocacy, education and electoral

activities, including public campaigns, online outreach, grassroots organizing, and legislative advocacy. Planned

Parenthood Vermont Action Fund encourages and protects informed individual choices regarding reproductive health care, advocates for public policy which guarantees the right to choice, full and

nondiscriminatory access to reproductive health care, and fosters and preserves a social and political climate favorable to the exercise of reproductive choice.

Form 990-EZ, Part V, Information Regarding Personal Benefit Contracts : 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,

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.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

Planned Parenthood Vermont Act 1 on Fund, Inc .

Employer identification
number

03-0326364

or indirectly, on a personal benefit contract .

Form 8868
(Rev. January 2014)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.
Information about Form 8868 and its instructions is at www.irs.gov/form8868

OMB No. 1545M
709

For

04-01-15

- if you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-0, or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Onl submit ori inal no co ies needed .

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only All other corporations (including 7120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identi in number
Type or print	Name of exempt organization or other filer, see instructions. Planned Parenthood Vermont Action Fund, Inc .	Employer identification number (EIN) or 03-0326364
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 784 Hercules Drive, Suite 110	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Colchester, VT 05446	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (cor oration	07
Form 990-BL	02	Form 1041-A	08
Form 4720 individua	03	Form 4720 other than individual	09
Form 990-PF	04	Form 5227	10
Form 990-T sec. 401 a or 408 a trust	05	Form 6069	11
Form 990-T trust other than above	06	Form 8870	12

Heather Bushey

- The books are in the care of 128 Lakeside Avenue , Suite 301 Burlington, VT 05401 Telephone 802-448-9728 Fax No.

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) if this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINS of all members the extension is for.

1 request an automatic a-month (6 months for a corporation required to file Form 990•T) extension of time until August 15, 2016 , to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

calendar year 2015 or tax year beginning _____, and ending _____

2 if the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
Change in accountin period

	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.		0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	0.
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, but use EFTPS Electronic Federal Tax Payment System. See instructions.		0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.