

Extended to November 15, 2017

Form **990**Department of the Treasury
Internal Revenue Service**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 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016Open to Public
Inspection**A** For the 2016 calendar year, or tax year beginning **AUG 30, 2016** and ending **DEC 31, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Planned Parenthood Vermont Action Fund Independent Expenditure PAC		D Employer identification number 81-3700425
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 784 Hercules Drive, Suite 110		E Telephone number 802-598-4182
	City or town, state or province, country, and ZIP or foreign postal code Colchester, VT 05446		G Gross receipts \$ 460,550.
	F Name and address of principal officer: Meagan Gallagher same as C above		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
	I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input checked="" type="checkbox"/> 527		H(c) Group exemption number ▶
J Website: ▶ N/A			
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶ Fund L Year of formation: 2016 M State of legal domicile: VT			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: The PAC exists to influence or attempt to influence the selection, nomination, election, or		
	2 Check this box <input 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	6
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	19
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		460,550.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		460,550.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)		0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		460,508.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		460,508.
19 Revenue less expenses. Subtract line 18 from line 12		42.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)		4,438.
	22 Net assets or fund balances. Subtract line 21 from line 20		4,396.

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.

Sign Here	Signature of officer	Date			
	Heather Bushey, CFO	7/3/17			
Paid	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Preparer Use Only	Firm's name	Firm's EIN	Phone no.		
	Berry Dunn McNeil & Parker, LLC	01-0523282	(207) 775-2387		
	Firm's address				
	P.O. Box 1100				
	Portland, ME 04104-1100				

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

Part III Statement of Program Service Accomplishments

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

X

1 Briefly describe the organization's mission:

To encourage and protect informed individual choice regarding

reproductive health care. To advocate public policies which guarantee

the right, as well as, full and nondiscriminatory access, to such

care. To foster and preserve a social and political climate favorable

2 Did the organization undertake any significant program services during the year which were not listed on the

No

prior Form 990 or 990-EZ?

Yes X 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 X 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 \$)

Assisted in the election of candidates who support pro-women's health policies.

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 |

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Part IV Checklist of Required Schedules

- 1** Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?
If "Yes," complete Schedule A ~~~~~
- 2** Is the organization required to complete Schedule B, Schedule of Contributors? ~~~~~
- 3** Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I ~~~~~
- 4** **Section 501(c)(3) organizations.** 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 ~~~~~
- 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? If "Yes," complete Schedule C, Part III ~~~~~
- 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? If "Yes," complete Schedule D, Part I
- 7** Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II ~~~~~ **8** Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III ~~~~~

	Yes	No
1		X
2	X	
3	X	
4		
5		X
6		X
7		X
8		X

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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>	9		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>	10		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>	11a		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>	11b		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>	11c		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>	11d	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>	11e	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>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		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>	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14a		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>	14b		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>	15		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>	16		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</i>	17		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>	18		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>	19		X

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Part IV Checklist of Required Schedules (continued)			Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		X

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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> ~~~~~	23	X	
24a	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> ~~~~~	24a		X
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? ~~~~~	24b		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? ~~~~~	24c		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ~~~~~	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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> ~~~~~	25a		
25b	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> ~~~~~	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> ~~~~~	26		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> ~~~~~	27		X
28a	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):	28a		X
28b	a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> ~~~~~ b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> ~~~~~	28b		X
28c	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> ~~~~~	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> ~~~~~	29		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> ~~~~~	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> ~~~~~	31		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> ~~~~~	32		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> ~~~~~	33		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> ~~~~~	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? ~~~~~ 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> ~~~~~	35a		X
35b		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> ~~~~~	36		
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> ~~~~~	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	X	

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5 Statements Regarding Other IRS Filings and Tax Compliance**Part V**

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

		Yes	No
Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable ~~~~~ Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ~~~~~ Did the organization comply with backup withholding rules for reportable payments to vendors and r (gambling) winnings to prize winners?			
1a	3		
1b	0		
Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return ~~~~~ If at least one is reported on line 2a, did the organization file all required federal employment tax return?			
2a	0	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instruction 990-T for this year? If "No," to line 3b, provide an explanation in Schedule			
Did the organization have unrelated business gross income of \$1,000 or more during the year? ~ If "Yes," has it filed a Form			
2b			
At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other financial			
3a			X
If "Yes," enter the name of the foreign country: 9			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			
3b			
Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans			
4a			X
If "Yes," to line 5a or 5b, did the organization file Form 8886-T? ~~~~~ Does the organization have annual gross receipts that are normally greater than \$100,000, and did t any contributions that were not tax deductible as charitable contributions? ~~~~~ If "Yes," did the organization include with every solicitation an express statement that such contribu			
5a			X
were not tax deductible? ~~~~~			
5b			X
Organizations that may receive deductible contributions under section 170(c).			
Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			
1a b c	If "Yes," did the organization notify the donor of the value of the goods or services provided? ~~~ Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w to file Form 8282?		X
2a b	If "Yes," indicate the number of Forms 8282 filed during the year ~~~~~		
Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
3a b	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		
4a b	If the organization received a contribution of qualified intellectual property, did the organization file F		
7d	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine sponsoring organization have excess business holdings at any time during the year? ~~~~~ Sponsoring organizations maintaining donor advised funds.		
7a			X
7b			
7c			X
7d			
7e			X
7f			X
7g			
7h			
8	Gross income from members or shareholders ~~~~~ Section 501(c)(12) organizations. Enter:		
9	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) ~~~~~		
10	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.		
11	Is the organization licensed to issue qualified health plans in more than one state? ~~~~~ Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans ~~~~~ Enter the amount of reserves on hand ~~~~~		
12a b			
13a b			
14a b	Did the organization receive any payments for indoor tanning services during the tax year?		

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If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

10b			
11a			
11b			
1041?		12	
12b		a	
~~~~~			
		<b>13</b>	
		<b>a</b>	
<b>13b</b>			
<b>13c</b>			
~~~~~		<b>14</b>	
		a	X
		14	
		b	

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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

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year ~~~~~ If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
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 the organization, or with an officer, director, trustee, or key employee? ~~~~~		X
3 Did the organization delegate control over management duties customarily performed by or under the direction 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?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders? ~~~~~		X
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 governing documents of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? ~~~~~		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year? ~~~~~		X

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a The governing body? ~~~~~ b Each committee with authentic governing body? ~~~~~

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the or mailing address? If "Yes," provide the names and addresses in Schedule O

8a	X	
8b	X	
9		X

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

10a		Yes	No
b			X
11a			
b			
12a			
b c		X	
13	Did the organization have local chapters, branches, or affiliates? ~~~~~		
14	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? ~~~~~		X
15	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		
a	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
b	Did the organization have a written conflict of interest policy? If "No," go to line 13 ~~~~~		
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ~~~~~		X
16a	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done ~~~~~	X	
b	Did the organization have a written whistleblower policy? ~~~~~ Did the organization have a written document retention and destruction policy? ~~~~~		
	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?		X
	The organization's CEO, Executive Director, or top management official ~~~~~ Other officers or key employees of the organization ~~~~~		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ~~~~~		X
	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

9 None

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.

X Own website X Another's website X 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, address, and telephone number of the person who possesses the organization's books and records: |

Heather Bushey - 802-448-9728

784 Hercules Drive, Suite 110, Colchester, VT 05446

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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. ☐

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[illegible]

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2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0	

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Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	460,550.					
	g Noncash contributions included in lines 1a-1f: \$							
	h Total. Add lines 1a-1f				460,550.			
Program Service Revenue	Business Code							
	2 a							
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)							
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	(i) Real	(ii) Personal					
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less: cost or other basis and sales expenses						
		c Gain or (loss)						
		d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
		b Less: direct expenses	b					
		c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a						
		b Less: direct expenses	b					
		c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a						
		b Less: cost of goods sold	b					
		c Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11 a								
	b							
	c							
	d All other revenue							
e Total. Add lines 11a-11d				13				
12 Total revenue. See instructions.				460,550.				

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

☐

Form 990 (2016)

Fund Independent Expenditure PAC

81-3700425 Page

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management	15,229.			
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	40,776.			
12 Advertising and promotion	319,592.			
13 Office expenses	80,340.			
14 Information technology				
15 Royalties				
16 Occupancy	1,574.			
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Miscellaneous	2,997.			
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	460,508.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year	(B) End of year
Assets	1 Cash - non-interest-bearing ~~~~~ 1 3,123.		
	2 Savings and temporary cash investments ~~~~~ 2 3 Pledges and grants receivable, net ~~~~~		
	3		
	4 Accounts receivable, net ~~~~~ 4 1,065.		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L ~~~~~		5
	6 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 instr). Complete Part II of Sch L ~~~		6
	7 Notes and loans receivable, net ~~~~~ 7 8 Inventories for sale or use ~~~~~ 8		
	9 Prepaid expenses and deferred charges ~~~~~		9
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D ~~~ 10a		
	b Less: accumulated depreciation ~~~~~ 10b		10c
	11 Investments - publicly traded securities ~~~~~ 11 12 Investments - other securities. See Part IV, line 11 ~~~~~		13
	12 13 Investments - program-related. See Part IV, line 11 ~~~~~		
	14 Intangible assets ~~~~~ 14		
	15 Other assets. See Part IV, line 11 ~~~~~ 0. 15 250.		
Liabilities	16 Total assets. Add lines 1 through 15 (must equal line 34) 0. 16 4,438. 17 Accounts payable and accrued expenses ~~~~~ 17 40.		
	18 Grants payable ~~~~~ 18 19 Deferred revenue ~~~~~ 19 20 Tax-exempt bond liabilities ~~~~~ 20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D ~~~ 21		
	22 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 ~~~~~		22
	23 Secured mortgages and notes payable to unrelated third parties ~~~~~ 23		
	24 Unsecured notes and loans payable to unrelated third parties ~~~~~ 24		
	25 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 4,356. 26 Total liabilities. Add lines 17 through 25 0. 26 4,396.		
	27 Unrestricted net assets ~~~~~ 27 28 Temporarily restricted net assets ~~~~~ 28		
Net Assets or Fund Balances	29 Permanently restricted net assets ~~~~~ 29		
	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds ~~~~~ 0. 30 0. 31 Paid-in or capital surplus, or land, building, or equipment fund ~~~~~ 0. 31 0. 32 Retained earnings, endowment, accumulated income, or other funds ~~~~~ 0. 32 42. 33 Total net assets or fund balances ~~~~~ 0. 33 42.		

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12

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	460,550.				
2	Total expenses (must equal Part IX, column (A), line 25)	2	460,508.				
3	Revenue less expenses. Subtract line 2 from line 1	3	42. 4	Net assets or fund balances at beginning of			
	year (must equal Part X, line 33, column (A))	4	0.				
5	Net unrealized gains (losses) on investments	5 6	Donated services and				
	use of facilities	6 7	Investment expenses				
		7 8	Prior period adjustments				
		8					
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	42.				

Part XII Financial Statements and Reporting

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

		Yes	No
Accounting method used to prepare the Form 990: Cash <input checked="" type="checkbox"/> Accrual Other			
1	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	2a	<input checked="" type="checkbox"/>
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? ~~~~~ 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	2b	<input checked="" type="checkbox"/>
b	Were the organization's financial statements audited by an independent accountant? ~~~~~ 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 <input checked="" type="checkbox"/> Consolidated basis Both consolidated and separate basis	2c	<input checked="" type="checkbox"/>
3a b	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? ~~~~~ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
	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? ~~~~~	3a	<input checked="" type="checkbox"/>
	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	3b	

Planned Parenthood Vermont Action

Fund Independent Expenditure PAC

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Form 990 (2016)

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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

2016**Name of the organization**Planned Parenthood Vermont Action
Fund Independent Expenditure PAC**Employer identification number**

81-3700425

Organization type(check one):**Filers of:****Section:**

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☒ 527 political organization

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(c)(7), (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 1h, 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 *exclusively* 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Part I

Name of organization Planned Parenthood Vermont Action Fund Independent Expenditure PAC	Employer identification number 81-3700425
--	---

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	Donna & Jake Carpenter 51 W Shaw Hill Road Stowe, VT 05672	\$ 10,000.	Person <input checked="" type="checkbox"/> X Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Democratic Governors Association 1401 K St, NW Washington, DC 20005	\$ 375,000.	Person <input checked="" type="checkbox"/> X Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Planned Parenthood Action Fund 434 West 33rd Street New York, NY 10001	\$ 50,000.	Person <input checked="" type="checkbox"/> X Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Ms. Elizabeth Steele 4209 Harbor Road Shelburne, VT 05482	\$ 10,000.	Person <input checked="" type="checkbox"/> X 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 Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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3

Name of organization Planned Parenthood Vermont Action Fund Independent Expenditure PAC	Employer identification number 81-3700425
--	---

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

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

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

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Name of organization Planned Parenthood Vermont Action Fund Independent Expenditure PAC	Employer identification number 81-3700425
---	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for

4

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 or 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
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	

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.

OMB No. 1545-0047

2016

**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) organizations: Complete Part III.

Name of organization **Planned Parenthood Vermont Action**

Fund Independent Expenditure PAC

Employer identification number

81-3700425

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political campaign activity expenditures **\$ 440,666.** **3** Volunteer hours for political campaign activities
132.

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 **\$**

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? **Yes No**

4a Was a correction made? **b** If "Yes," describe in Part IV. **Yes No**

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 **\$ 0.**

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities **\$ 0.**

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b **\$**

2 Enter the amount of any excise tax incurred by organization managers under section 4955 **\$**

4 Did the filing organization file **Form 1120-POL** for this year? **Yes No**

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. Schedule C (Form 990 or 990-EZ) 2016 LHA

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Planned Parenthood Vermont Action

Schedule C (Form 990 or 990-EZ) 2016 Fund Independent Expenditure PAC

81-3700425

2

Part II-A 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) ~~~~~			
1b 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.			
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?		Yes	No

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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a 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					

Schedule C (Form 990 or 990-EZ) 2016

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Planned Parenthood Vermont Action

Schedule C (Form 990 or 990-EZ) 2016 Fund Independent Expenditure PAC

3

Part II-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	(a) (b) of the lobbying activity.		Amount
	Yes	No	
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 Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ~~~~~ c Media advertisements? ~~~~~ d Mailings to members, legislators, or the public? ~~~~~ e Publications, or published or broadcast statements? ~~~~~ f Grants to other organizations for lobbying purposes? ~~~~~ g Direct contact with legislators, their staffs, government officials, or a legislative body? ~~~~~ h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? ~~~~~ i Other activities? ~~~~~ j Total. Add lines 1c through 1i ~~~~~			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? ~~~~~ b If "Yes," enter the amount of any tax incurred under section 4912 ~~~~~ c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 ~~~~~ d 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 501(c)(6).

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), 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	
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 ~~~~~	2a	
b	Carryover from last year ~~~~~	2b	
c	Total ~~~~~	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues ~~~~~	3	
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	Taxable amount of lobbying and political expenditures (see instructions)	5	

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.

Part I-A, Line 1:

Supported women's health champions for various elected offices through

paid advertising and direct mail.

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**| Complete if the organization answered "Yes" on Form 990, Part IV, line 6,
7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

| Attach to Form 990.

| Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016Open to Public
Inspection

Name of the organization Planned Parenthood Vermont Action

Fund Independent Expenditure PAC

Employer identification number

81-3700425

Part I**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the
organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year ~~~~~		
2 Aggregate value of contributions to (during year) ~~~~		
3 Aggregate value of grants from (during year) ~~~~~		
4 Aggregate value at end of year ~~~~~		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ~~~~~	Yes	No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ~~~~~	Yes	No

Part II**Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)

Preservation of a historically important land area

Protection of natural habitat

Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a
conservation easement on the last day of the tax year.

a Total number of conservation easements ~~~~~ b Total acreage restricted by

conservation easements ~~~~~ c Number of conservation easements on a certified historic

structure included in (a) ~~~~~ d Number of conservation easements included in (c) acquired after 8/17/06, and

not on a historic structure

listed in the National Register ~~~~~

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization
during the tax year |

4 Number of states where property subject to conservation easement is located |

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of
violations, and enforcement of the conservation easements it holds? ~~~~~

Yes

No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
|7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
| \$8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)
and section 170(h)(4)(B)(ii)? ~~~~~

Yes

No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable,
the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.**Part III****Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Planned Parenthood Vermont Action

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1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ~~~~~ | \$ _____

(ii) Assets included in Form 990, Part X ~~~~~ | \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ~~~~~ ▶ \$ _____

b Assets included in Form 990, Part X ~~~~~ ▶ \$ _____

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

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2

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a Public exhibition **d** Loan or exchange programs

b Scholarly research **e** Other

c Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes

No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included

on Form 990, Part X? ~~~~~ Yes

No b If "Yes," explain the arrangement in Part XIII and complete

the following table:

c Beginning balance ~~~~~ **d** Additions during the year

~~~~~ **e** Distributions during the year

~~~~~ **f** Ending balance ~~~~~

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ~~~~~ Yes

No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

| | Amount |
|-----------|--------|
| 1c | |
| 1d | |
| 1e | |
| 1f | |

Planned Parenthood Vermont Action

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Part V

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance ~~~~~ | | | | | |
| b Contributions ~~~~~ | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships ~~~~~ | | | | | |
| e Other expenditures for facilities and programs ~~~~~ | | | | | |
| f Administrative expenses ~~~~~ | | | | | |
| g End of year balance ~~~~~ | | | | | |

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:**a** Board designated or quasi-endowment | _____%**b** Permanent endowment | _____%**c** Temporarily restricted endowment | _____%**Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i)unrelated organizations ~~~~~

(ii) related organizations ~~~~~ **b** If "Yes" on line 3a(ii), are the relatedorganizations listed as required on Schedule R? ~~~~~ **4** Describe in Part XIII the intended uses of the organization's endowment funds.

| | Yes | No |
|---------------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land ~~~~~ b Buildings ~~~~~ | | | | |
| ~~~~~ c Leasehold improvements ~~~~~ | | | | |
| ~~~~~ d Equipment ~~~~~ e Other | | | | |
| | | | | |
| | | | | |
| | | | | |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) | | | | 0. |

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3

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|--|----------------|---|
| (1) Financial derivatives ~~~~~ | | |
| (2) Closely-held equity interests ~~~~~ | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |

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| | | |
|---|--|--|
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) Deposits | 250. |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | 250. |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value | |
|---------------------------------|----------------|--|
| (1) Federal income taxes | | |
| (2) Due to Affiliates | 4,356. | |

Planned Parenthood Vermont Action

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| | |
|---|--------|
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 4,356. |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under EIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

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4 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|--|--|--|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| | a Net unrealized gains (losses) on investments | 2a b Donated services and use of facilities | |
| | | 2b c Recoveries of prior year grants | |
| | | 2c d Other (Describe in Part XIII.) | |
| | | 2d | |
| | e Add lines 2a through 2d | 2e 3 | Subtract line 2e from line 1 |
| | | 3 | |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| | a Investment expenses not included on Form 990, Part VIII, line 7b | 4a b Other (Describe in Part XIII.) | |
| | | 4b c Add lines 4a and 4b | 4c 5 |
| | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | 5 | |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | |
|----------|---|--|--|
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| | a Donated services and use of facilities | b Prior year adjustments | 2a |
| | | c Other losses | d |
| | Other (Describe in Part XIII.) | e Add lines 2a through 2d | 2b |
| | | 3 | Subtract line 2e from line 1 |
| | | 2c | |
| | | 2d | |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| | a Investment expenses not included on Form 990, Part VIII, line 7b | | 2e |
| | | c Add lines 4a and 4b | 3 |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | |
| | | 4a | |
| | | 4b | |
| | | 4c | |
| | | 5 | |

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
| Complete if the organization answered "Yes" on Form 990, Part IV, line 23. | Attach to Form 990.
| Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

| | | |
|--------------------------|---|--|
| Name of the organization | Planned Parenthood Vermont Action
Fund Independent Expenditure PAC | Employer identification number
81-3700425 |
|--------------------------|---|--|

Part I Questions Regarding Compensation

| | Yes | No |
|--|-----------|----|
| 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. | | |
| First-class or charter travel | | |
| Travel for companions | | |
| Tax indemnification and gross-up payments | | |
| Discretionary spending account | | |
| Housing allowance or residence for personal use | | |
| Payments for business use of personal residence | | |
| Health or social club dues or initiation fees | | |
| Personal services (such as, maid, chauffeur, chef) | | |
| b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain ~~~~~ | 1b | |
| 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? ~~~~~ | 2 | |
| 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. | | |
| <input checked="" type="checkbox"/> Compensation committee | | |
| <input checked="" type="checkbox"/> Written employment contract | | |
| <input type="checkbox"/> Independent compensation consultant | | |
| <input checked="" type="checkbox"/> Compensation survey or study | | |
| <input type="checkbox"/> Form 990 of other organizations | | |
| <input checked="" type="checkbox"/> Approval by the board or compensation committee | | |
| 4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: | 4a | X |
| a Receive a severance payment or change-of-control payment? ~~~~~ | 4b | X |
| b Participate in, or receive payment from, a supplemental nonqualified retirement plan? ~~~~~ | 4c | X |
| c Participate in, or receive payment from, an equity-based compensation arrangement? ~~~~~ | | |
| If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. | | |
| Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. | | |
| 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: | 5a | |
| a The organization? ~~~~~ | 5b | |
| b Any related organization? ~~~~~ | | |
| If "Yes" on line 5a or 5b, describe in Part III. | | |
| 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: | 6a | |
| a The organization? ~~~~~ | 6b | |
| b Any related organization? ~~~~~ | | |
| If "Yes" on line 6a or 6b, describe in Part III. | | |
| 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments | | |

not described on lines 5 and 6? If "Yes," describe in Part III~~~~~

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III ~~~~~ **9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | | |
|---|--|--|
| 7 | | |
| | | |
| 8 | | |
| | | |
| 9 | | |

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Schedule J (Form 990) 2016

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Planned Parenthood Vermont Action

Schedule J (Form 990) 2016

Fund Independent Expenditure PAC

| | |
|----------------|---|
| Part II | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. |
|----------------|---|

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

Schedule J (Form 990) 2016

| | |
|-----------------|---------------------------------|
| Part III | Supplemental Information |
|-----------------|---------------------------------|

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J, Part II

Meagan Gallagher, CEO, and Heather Bushey, CFO, are compensated by

Planned Parenthood of Northern New England, Inc., a related

organization.

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Schedule J (Form 990) 2016

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

2016

Open to Public
Inspection

| | | |
|--------------------------|---|--|
| Name of the organization | Planned Parenthood Vermont Action
Fund Independent Expenditure PAC | Employer identification number
81-3700425 |
|--------------------------|---|--|

Form 990, Part I, Line 1, Description of Organization Mission:

appointment of individuals to any state or local public office.

Form 990, Part III, Line 1, Description of Organization Mission:

to the exercise of reproductive choice.

Form 990, Part VI, Section B, line 11b:

The Form 990 is reviewed in detail by the Controller and Chief Financial

Officer prior to the return being filed. In addition, the Form 990 is

shared electronically through a secure portal with the governing body prior to the return being filed.

Form 990, Part VI, Section C, Line 19:

The Organization does not make its governing documents, conflict of

interest policy, or its financial statements available to the public.

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

Schedule O (Form 990 or 990-EZ) (2016)

Part I

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.

| Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public
Inspection

| | | |
|--------------------------|---|--|
| Name of the organization | Planned Parenthood Vermont Action
Fund Independent Expenditure PAC | Employer identification number
81-3700425 |
|--------------------------|---|--|

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

| (a)
Name, address, and EIN (if applicable) of
disregarded entity | (b)
Primary activity | (c)
Legal domicile (state or foreign
country) | (d)
Total income | (e)
End-of-year assets | (f)
Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|----------------------------------|
| | | | | | |
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Planned Parenthood Vermont Action
Fund Independent Expenditure PAC

81-3700425

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.

| (a)
Name, address, and EIN of
related organization | (b)
Primary activity | (c)
Legal domicile (state or
foreign country) | (d)
Exempt Code
section | (e)
Public charity
status (if section
501(c)(3)) | (f)
Direct controlling entity | (g)
Section 512(b)(13)
controlled entity? | |
|--|---|---|-------------------------------|---|--|---|----|
| | | | | | | Yes | No |
| Planned Parenthood Vermont Action Fund, Inc.
- 03-0326364, 784 Hercules Drive, Suite 110,
Colchester, VT 05446 | Social Welfare regarding
reproductive healthcare and
education. | Vermont | 501(c)(4) | | Planned
Parenthood of
Northern New | | X |
| Planned Parenthood of Northern New England,
Inc. - 03-0222941, 784 Hercules Drive, Suite
110, Colchester, VT 05446 | Social Welfare regarding
reproductive healthcare and
education. | Vermont | 501(c)(3) | Line 7 | N/A | | X |
| Planned Parenthood New Hampshire Action Fund
PAC - 84-1703533, 784 Hercules Drive, Suite
110, Colchester, VT 05446 | Social Welfare regarding
reproductive healthcare and
education. | New Hampshire | 527 | | Planned
Parenthood of
Northern New | | X |
| Planned Parenthood Maine Action Fund, Inc. -
46-5689688, 784 Hercules Drive, Suite 110,
Colchester, VT 05446 | Social Welfare regarding
reproductive healthcare and
education. | Maine | 501(c)(4) | | Planned
Parenthood of
Northern New | | X |

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2016 See Part VII for Continuations

632161 09-06-16 LHA
Schedule R (Form 990)

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Part III Continuation of Identification of Related Tax-Exempt Organizations

| (a)
Name, address, and EIN of
related organization | (b)
Primary activity | (c)
Legal domicile (state or
foreign country) | (d)
Exempt Code
section | (e)
Public charity
status (if section
501(c)(3)) | (f)
Direct controlling entity | (g)
Section 512(b)(13)
controlled
organization? | |
|--|---|---|-------------------------------|---|--|--|----|
| | | | | | | Yes | No |
| Planned Parenthood Maine Action Fund PAC -
84-1703535, 784 Hercules Drive, Suite 110,
Colchester, VT 05446 | Social Welfare regarding
reproductive healthcare and
education. | Maine | 527 | | Planned
Parenthood of
Northern New | | X |
| Planned Parenthood New Hampshire Votes -
81-3990297, 784 Hercules Drive, Suite 110,
Colchester, VT 05446 | Social Welfare regarding
reproductive healthcare and
education. | New Hampshire | 527 | | Planned
Parenthood of
Northern New | | X |

Planned Parenthood Vermont Action

Fund Independent Expenditure PAC

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| | | | | | | | |
|--|---|---------------|-----------|--|--|--|---|
| Planned Parenthood New Hampshire Action Fund | Social Welfare regarding
reproductive healthcare and
education. | New Hampshire | 501(c)(4) | | Planned
Parenthood of
Northern New | | X |
| - 46-5554692, 784 Hercules Drive, Suite 110, | | | | | | | |
| Colchester, VT 05446 | | | | | | | |
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Page 2[illegible]

[illegible]

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Page 3

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 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?

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)
Name of related organization | (b)
Transaction type
(a-s) | (c)
Amount involved | (d)
Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

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[illegible]

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Part II, Identification of Related Tax-Exempt Organizations:

Name of Related Organization:

Planned Parenthood Vermont Action Fund, Inc.

Direct Controlling Entity: Planned Parenthood of Northern New England,

Inc.

Name of Related Organization:

Planned Parenthood New Hampshire Action Fund PAC

Direct Controlling Entity: Planned Parenthood of Northern New England,

Inc.

Name of Related Organization:

Planned Parenthood Maine Action Fund, Inc.

Direct Controlling Entity: Planned Parenthood of Northern New England,

Inc.

Name of Related Organization:

Planned Parenthood Maine Action Fund PAC

Direct Controlling Entity: Planned Parenthood of Northern New England,

Inc.

Name of Related Organization:

Planned Parenthood New Hampshire Votes

Direct Controlling Entity: Planned Parenthood of Northern New England,

Inc.

Name of Related Organization:

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Schedule R (Form 990) 2016

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11450629 757052 07605.AI-10 2016.04000 Planned Parenthood Vermont 07605_61 Planned Parenthood Vermont Action

Schedule R (Form 990) 2016

Fund Independent Expenditure PAC

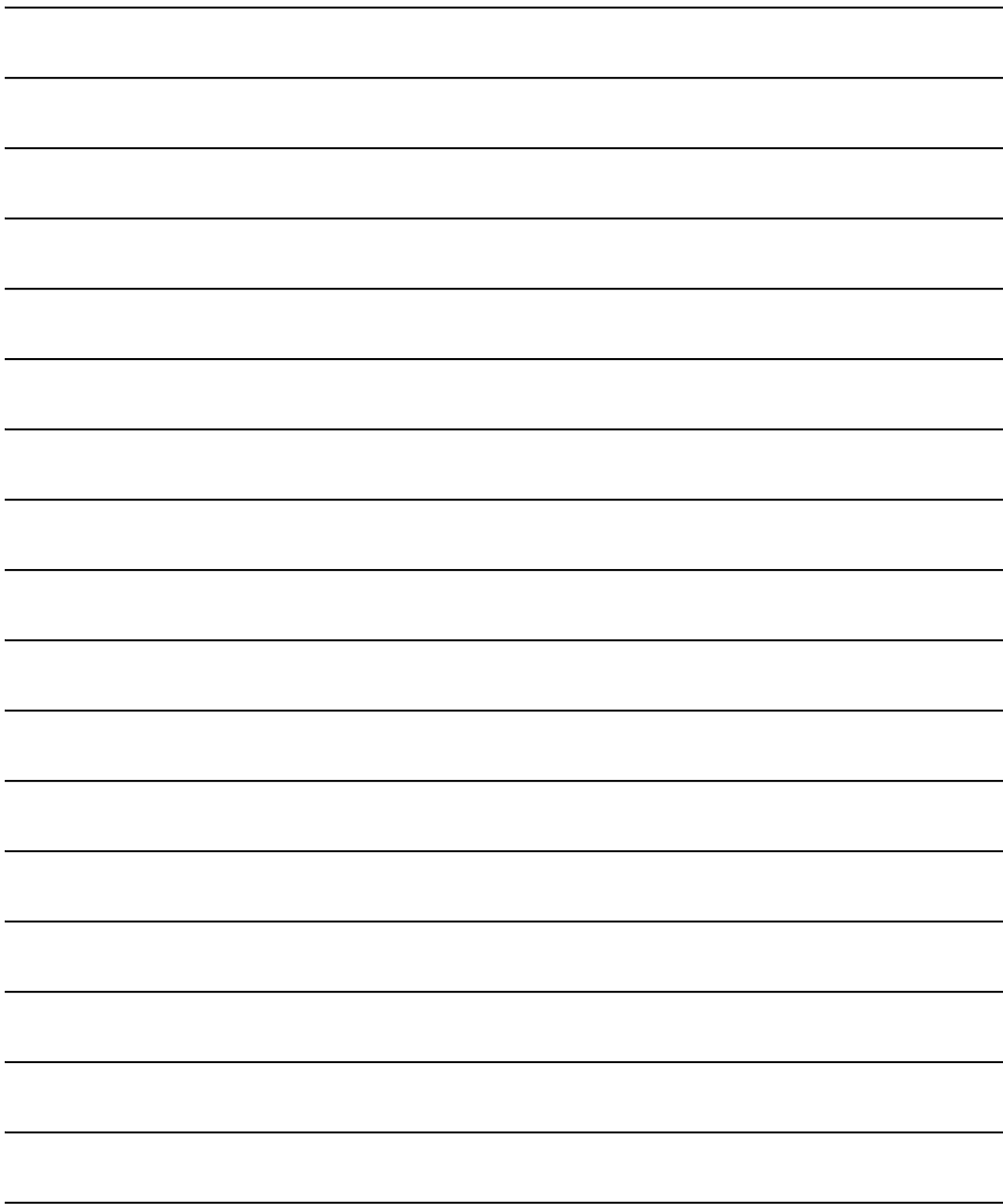
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Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Planned Parenthood New Hampshire Action Fund Direct Controlling Entity: Planned Parenthood of Northern New England,

Inc.



11450629 757052 07605.AI-10 2016.04000 Planned Parenthood Vermont 07605_61

Form **8868**

(Rev. January 2017)

Department of the Treasury
Internal Revenue Service**Application for Automatic Extension of Time To File an
Exempt Organization Return**

| File a separate application for each return.

OMB No. 1545-1709

| Information about Form 8868 and its instructions is at www.irs.gov/form8868.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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, click on Charities & Non-Profits, and click on *e-file for Charities and Non-Profits*.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | Enter filer's identifying number |
|--|--|---|
| Type or print

File by the due date for filing your return. See instructions. | Name of exempt organization or other filer, see instructions.
Planned Parenthood Vermont Action
Fund Independent Expenditure PAC | Employer identification number (EIN) or

81-3700425 |
| | 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 (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 4720 (individual) | 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 | 784 Hercules Drive, Suite 110 - Colchester, VT 05446

Telephone No. | 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 I request an automatic 6-month extension of time until November 15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

| calendar year or
| ☒ tax year beginning AUG 30, 2016, and ending DEC 31, 2016.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☒ Initial return ☐ Final return ☐ Change in accounting period

| | | |
|---|-----------|-------|
| 3a 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. | 3a | \$ 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, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | \$ 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.

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2017)