

FOR PUBLIC INSPECTION

** PUBLIC DISCLOSURE COPY **

Form
990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-1150

2017

Open to Public
Inspection

A For the 2017 calendar year, or tax year beginning

and ending

<input type="checkbox"/> ec applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> A l i c a t i o n e n d i n g	C Name of organization Planned Parenthood Vermont Action Fund, Inc .		D Employer identification number 03-0326364	
	um er an street (or P.O. box, if mail is not de were to streeta ress) 784 Hercules Drive, Suite 110		Room/suite e	E Te ephone number 802-448-9700
	ity or town, state or province, country, and ZIP or foreign posta co e Colchester, VT 05446		F Group Exemption Number	
	G Accounting Method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual ()ther (specify) _____ I Website: > v.ppa . org		H Check > not required to (Form 990, if the anization is attach edule B 990-EZ, or -PF).	
J Tax-exempt status (check only one) — <input type="checkbox"/> 501 <input type="checkbox"/> 501 (c) (no.) <input type="checkbox"/> 527				
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other				

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

50 , 955

Part I revenue, xpenses, an ages In et Assets or un a nces (see the instructions for Part I)

1			50 , 935
2	Contributions, gifts, grants, and similar amounts received	2	
3			
4	Program service revenue including government fees and contracts	3	
5a			
b	Membership dues and assessments	4	
c			
6	Investment income		
a	See. 5b		
b	Gross amount from sale of assets other than inventory		
c	Less: cost or other basis and sales expenses		
d	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events		

Planned Parenthood Vermont Action

		b Gross income from gaming (attach Schedule G if greater than \$15,000)		of contributions			
		c					
8				6b			
9							
				tract re 6c)			
		Gross income from fundraising events (not including \$					
		from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		7b			
		Less: direct expenses from gaming and fundraising events					
		Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and					
		Gross sales of inventory, less returns and allowances					
		Less: cost of goods sold					
		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) Other revenue (describe in Schedule O)				8	
		Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8				9	50 , 955
Expenses			Grants and similar amounts paid (list in Schedule (I))		10		
					11		
			Benefits paid to or for members		12		8 , 212
	10		Salaries, other compensation, and employee benefits		13		7 , 022
	11		Professional fees and other payments to independent contractors		14		909 .
	12		Occupancy, rent, utilities, and maintenance		15		6 .
	13		Printing, publications, postage, and shipping				5 , 289
	14		Other expenses (describe in Schedule O)		16		21 , 438
	15		Total expenses. Add lines 10 through 16		17		
	16				18		29 , 517
Net Assets	18		Excess or (deficit) for the year (Subtract line 17 from line 9)		19		24 , 670
	19		Net assets or fund balances at beginning of year (from line 27, column (A))		20		52 .
	20		Other changes in net assets or fund balances (explain in Schedule O)		21		54 , 239
	21		Net assets or fund balances at end of year. Combine lines 18 through 20				

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

Planned Parenthood Vermont Action

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2017)

732171

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 II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	30,601.	62,785.
23 Land and buildings		
24 Other assets (describe in Schedule O) See Schedule O	250.	307.
25 Total assets	30,851.	63,092.
26 Total liabilities (describe in Schedule O)	6,181.	8,853.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	24,670.	54,239.

part 111 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
501(c)(3) 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

		10,780
29 (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 31a 32 10,780 part IV List of Officers, Directors, Trustees, and Key Employees (list each if not compensated - see the instructions for Part IV)

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
Marilyn Blackwell, Ph.D. Secretary	0.50	0.	0.	0.

Planned Parenthood Vermont Action

Melinda Mouton	0 . 50	0.	0.	0.
Chair				
Randall Reeves Perkins	0 . 50	0.	0.	0 .
Trustee				
Meagan Gallagher	2 . 00	286 .	18 .	0.
CEO				
Heather Bushey	2 . 00	0.	0.	0 .
CFO				
Steven Sinding	0 . 50	0.	0.	0.
Vice Chair				
Felicia Kornbluh	0 . 50	0.		0.
Trustee				
Kesha Ram	0 . 50	0.		0 .
Trustee				

Form 990-EZ (2017) Fund, Inc. 03-0326364 Page 1
 732172 11-22-17 Form 990-EZ (2017)
 Form 990-EZ (2017) 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 x
- 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 lines 2, 6a, and 1a, 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 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
- 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a 0.
- b Did the organization file Form 1120-POL for this year? 37b x
- 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 40 a
- Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

Planned Parenthood Vermont Action

section 4911 N/A ; section 4912 N/A ; section 4955 N/A b Section 501 (c)(3), 501(c)(4), and 501(c)(29) organizations.

Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40b 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, Colchester, VT

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

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 the United States?

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

b At any time during the calendar year, did the organization have an interest in or a signature or other authority

c

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

44 a Form 990-EZ

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

c

d

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

45 If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If "No, " provide an

a b explanation in Schedule O

Did the organization have a controlled entity within the meaning of section

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)

	Yes	No
42b		X
42c		X

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

Form 990-EZ (2017)

Planned Parenthood Vermont Action

Form 990-EZ (2017)

Fund, Inc.

03-0326364

Page 4

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

	Yes	No
46		X

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

All section 501 (c)(3) organizations must answer questions 4749b and 52, and complete the tables for lines 50 and 51 .

Check if the or anization used Schedule O to res ond to an uestion in this Part VI

	Yes	No
47		
48		

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)(A)(ii)? If "Yes," complete Schedule E

48Did the organization make any transfers to an exempt non-charitable related organization?

49 aIf "Yes," was the related organization a section 527 organization?

47		
48		
49a		
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-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

fTotal 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 Date 6/21/2018

Paid Preparer Use Only

Print/Type preparer's name Barbara J. McGuan, CPA	Preparer's signature Barbara J. McGuan, CPA	Date 06/21/18	Check <input type="checkbox"/> if self-employed	PTIN P00219457
Firm's name ▶ Berry Dunn McNeil & Parker, LLC			Firm's EIN ▶ 01-0523282	
Firm's address ▶ P.O. Box 1100 Portland, ME 04104-1100			Phone no. (207) 775-2387	

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

Form 990-EZ (2017)

732174

**** 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.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

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

Organization type (check one):

Filers of:

Section:

Form 990 or 990-2

501 4) (enter number) organization

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

527 political organization

723451 11-01-17

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

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 VII, 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 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) (2017)

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

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

No.	(b) Name, address, and ZIP +4	(c) Total contributions	(d) Type of contribution
1		\$ 8,134.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 31,770.	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.)
No.	(b) Name, address, and ZIP + 4	Total contributions	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
		\$	<div style="text-align: right;"> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> </div> Person Payroll Noncash (Complete 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.)

or

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

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

(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div></div> <div></div> <div></div> <div></div>	\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div></div> <div></div> <div></div> <div></div>	\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	Date received
	<div></div> <div></div> <div></div> <div></div>	\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div></div> <div></div> <div></div> <div></div>	\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div></div> <div></div> <div></div> <div></div>	\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div></div> <div></div> <div></div> <div></div>	\$	

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

or

Name of organization

Planned Parenthood Vermont Action
Fund, Inc •

Employer identification number

03-0326364

a


c uswey re lglous, c an a e, e c., con u lons o organza lons escri e ln sec lon

, or

a o a more

an

or

the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations eumpieing iii, ethiet Qije kokai oi exclusively religious, charitable, etc., contributions ot „Oijü or less tor the year. (Enter this info. once.)  \$ Use du lioate co ies of Part III if additional s ace is needed.

(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	(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

- 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 ☐ \$
- ing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 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?
- 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	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2017 LHA

Planned Parenthood Vermont Action

Schedule C (Form 990 or 2017 Fund, Inc •

03—0326364 Page 2

Part I 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 list in Part IV each affiliated member's name, address, EIN, (and group 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)															
1c Total lobbying expenditures (add lines 1a and 1b)															
1d Other exempt purpose expenditures															
1e Total exempt purpose expenditures (add lines 1c and 1d)															
1f 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</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1 but not over \$1</td> <td>\$175,000 plus of the excess over</td> </tr> <tr> <td>Over \$1 but not over</td> <td>\$225,000 plus 5% of the excess over</td> </tr> <tr> <td>Over</td> <td></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	\$100,000 plus 15% of the excess over \$500,000.	Over \$1 but not over \$1	\$175,000 plus of the excess over	Over \$1 but not over	\$225,000 plus 5% of the excess over	Over			
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	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1 but not over \$1	\$175,000 plus of the excess over														
Over \$1 but not over	\$225,000 plus 5% of the excess over														
Over															
1g Grassroots nontaxable amount (enter 25% of line 1f)															
1h Subtract line 1g from line 1a. If zero or less, enter -0-															
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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
Lobbying nontaxable amount					

b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobb in ex enditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobb in ex enditures					

Schedule C (Form 990 or 990-EZ) 2017

Planned Parenthood Vermont Action

Schedule C (Form 990 or

2017 Fund, Inc •

03-0326364 Page3

Part I 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 I a detailed description of the lobbying activity.				(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 1i)?			
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e	Media advertisements?			
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Part III-A Complete if the organization is exempt under section 501 (c)(4), section 501

or section

501

		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 agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	X

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	2b
	from last year 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 11-8, line 1. Also, complete this part for any additional information.

C

2017

OMB No. 1545-0047

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.
Go to www.irs.gov/Form990 for the latest information.

2017

Open to Public
Inspection

Name of the organization	Planned Parenthood Vermont Act 1 on 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 :
<u>Interest Income</u>	<u>20.</u>

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

Description of Other Expenses :	Amount :
<u>Miscellaneous</u>	<u>2,</u>
<u>Insurance</u>	<u>126</u>
<u>Administrative</u>	<u>320.</u>
<u>Office Supplies</u>	<u>969.</u>
<u>Events</u>	<u>489.</u>
<u>Travel</u>	<u>1,</u>
<u>Total to Form 990-EZ,</u>	<u>376</u>
	<u>5,</u>
<u>line 16</u>	<u>289</u>

Form 990 EZ, Part I, Line 20, Changes in Net Assets:

Changes in Net Assets or Fund Balances :	Amount :
<u>Prior Period Adjustment</u>	<u>52.</u>

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

Description	Beg. of Year	End of Year
<u>Deposits</u>	<u>250 .</u>	<u>250</u>
		÷
<u>Accounts Receivable</u>	<u>0 .</u>	<u>57 .</u>
		307
Total to Form 990-EZ, line	250 .	.
Total to Form 990-EZ, line 24		

Form 990-EZ, Part 11, Line 26 , Other Liabilities:

Description	Beg. of Year	End of Year
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.	0	(2017)

732211 09-07-17

Name of the organization	Planned Parenthood Vermont Action Fund , Inc .		Employer identification number
			03-0326364
Due to Affiliate	4,441.	6,219.	
Accounts Payable	1,740	1,	
Unearned Revenue	0.	571	
Total to Form 990-EZ, line 26	6,181		

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 III, 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,

or indirectly, on a personal benefit contract .

732212 09-07-17

O

(2017)

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-fi/e for Charities and Non-Profits.

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

Ali 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	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)

**0
1**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T corporation	07

Application for Automatic Extension of Time To File a Exempt Organization Return

File a separate application for each return.

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

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

- 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, 2 018 , to file the exempt organization return

for the organization named above. The extension is for the organization's return for:

► ☒ calendar year 2017 or

► tax year beginning _____ , and _____ ending

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

☐ 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.		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 an prior year over a ment allowed as a credit.	3b	0 .
c	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, b usin EFTPS Electronic Federal Tax Pa ment S tem . 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.