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SCANNED JUL 8 0 2015

Extended to August 17, 2015

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treasury

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

Open to Public

A F	or the 2	014 calendar year, or tax year beginning MAY 1, 2014 and	endina	DEC 31, 2014	inspection
_			ending .		
R C	heck if pplicable	C Name of organization		D Employer identif	ication number
	⊓Address	Planned Parenthood New Hampshire			
<u> </u>	_ change	Action Fund, Inc.			
	Name change	Doing business as	46-5	554692	
X]initial _return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	er
	Final return/	128 Lakeside Avenue, Suite 301		802-	448-9700
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	304,071.
	Amended	Burlington, VT 05401		-	
₹	⊒retum]Applica- tion			H(a) Is this a group r	
LA	Litión pending	F Name and address of principal officer. Meagan Gallagher		for subordinates	·
		same as C above	1 [H(b) Are all subordinates i	
		pt status 501(c)(3)X 501(c)(4) ◀ (insert no.) 4947(a)(1)	or 52	7 If "No," attach a	list (see instructions)
		▶ www.ppafnh.org		H(c) Group exemption	
K F	orm of or	ganization: X Corporation Trust Association Other	L Yea	r of formation: 2014	M State of legal domicile; NH
Pa		ummary			
	1 Bri	efly describe the organization's mission or most significant activities. Repr	oduct	ive Health a	ind
Governance		ducation	•		
i.	_	eck this box I if the organization discontinued its operations or dispose	sed of mo	re than 25% of its net a	seets
ē		mber of voting members of the governing body (Part VI, line 1a)	000 01 1110	3	1 8
යි					8
e 5		mber of independent voting members of the governing body (Part VI, line 1b)		. 4	0
ě		tal number of individuals employed in calendar year 2014 (Part V, line 2a)		5	17
Activities &		tal number of volunteers (estimate if necessary)		6	
AG		tal unrelated business révenue from Part VIII, column (C), line 12		7 <u>a</u>	0.
11	ŀ	t unrelated business taxable income from Form 990-T, line 34		. 7b	0.
\		JUL 18 Property of the second	L	Prior Year	Current Year
<u>•</u>	8 \ Co	ntnbutions and grants (Part VIII, line 1h)	L		281,573.
Revenue	9 Pro	ográm service revenue (Part VIII, line 2g)	L		22,498.
96	10 Inv	restment income (Part VIII, column (A), lines 3, 4, and 7d)	Γ		0.
Œ	سيسسد الا	her revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.
		tal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			304,071.
		ants and similar amounts paid (Part IX, column (A), lines 1-3)			0.
		nefits paid to or for members (Part IX, column (A), line 4)			0.
		laries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		89,227.	
Expenses			⊢		05,227.
en en		ofessional fundraising fees (Part IX, column (A), line 11e) tal fundraising expenses (Part IX, column (D), line 25)	مه ⊢	·· -·- · , · · · ·	<u> </u>
x			30• -		200 247
		her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	-		209,247.
	18 To	tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	 _		298,474.
	19 Re	venue less expenses Subtract line 18 from line 12			5,597.
So.			E	Seginning of Current Year	End of Year
Net Assets o Fund Balance	20 To	tal assets (Part X, line 16)			42,966.
S₽	21 To	tal liabilities (Part X, line 26)			37,369.
콜등	22 Ne	et assets or fund balances Subtract line 21 from line 20			5,597.
	rt II	Signature Block		· ·	
Unde	er penaltie	s of perjury, I declare that I have examined this return, including accompanying schedule	s and state	ments, and to the best of m	ny knowledge and belief, it is
	•	and compl ete. Declaration of pr eparer (other than officer) is based on all information of wi			1
= 00,	00.1.004.0	Million / Sudvelo_	поп рторал	1 1/1/2	tic
C1	.	Signature of officer		Date	
Sign		Heather Bushey, CFO			
Her	e	Type or print name and title			
	P			Date Check] PTIN
		rint/Type preparer's name Preparer's signature		[000	
Paid	—	arbara J. McGuan, CPA Barbara J. McGu		07/01/15 sett-emplo	
-		rm's name Berry Dunn McNeil & Parker, LLC		Firm's EIN	01-0523282
Use	Only F	rm's address P.O. Box 1100			
		Portland, ME 04104-1100		Phone no. (2	107) 775-2387
May	the IRS	discuss this return with the preparer shown above? (see instructions)			X Yes No
4000	04 44 07 4	4 LHA For Panerwork Reduction Act Notice see the senarate Instruction	000		Form 990 (2014)

<u>Form</u>	990 (2014) Action Fund, Inc.	46-55	54692	Page 2
Par	t 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 reg			
	reproductive health care. To advocate public policies			tee
	the right, as well as, full and nondiscriminatory acces			
	care. To foster and preserve a social and political cl	imate	iavora	bre
2	Did the organization undertake any significant program services during the year which were not listed on			
	the prior Form 990 or 990-EZ?		L 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 No
	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		-	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ers, the total	expenses,	and
	revenue, if any, for each program service reported			400
4a	(Code) (Expenses \$ 292,281 · including grants of \$) (Rever			498.
	Public education and advocacy, education and electoral	activi	ties,	
	including public campaigns, online outreach, grassroots	organ	ızıng,	and
	legislative advocacy. Planned Parenthood New Hampshire	ACTIO	n Fund	.,
	Inc. encourages and protects informed individual choice			
	reproductive health care, advocates for public policy w			
	the right to choice, full and nondiscriminatory access			
	health care, and fosters and preserves a social and pol	itical	CIIMa	te
	favorable to the exercise of reproductive choice.			
				
4b	(Code) (Expenses \$) (Rever	nue \$,
	-		· · · · · · · · · · · · · · · · · · ·	
40	(Code) (Expenses \$ including grants of \$) (Rever	0		<u>`</u>
4c	(Code) (Expenses \$) (Rever	1U9 \$		—— <i>'</i>
		·		
			-	
		.		
	Other argument (Decembe in Schodule C.)		·	
4d	,		,	
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ▶ 292, 281.			
40	Total program service expenses ► 292, 281.		r 0	90 (2014)
43200: 11-07-			rorm 8	(2014)

Par	t 14 Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
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	3	X	
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	4		
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	5	X	
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	6		х
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	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
•	Schedule D, Part III	8		Х
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?			1
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			\Box
. •	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			1
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		Х
ь	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? If "Yes," complete Schedule D, Part VII	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? If "Yes," complete Schedule D, Part VIII	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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	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)? If "Yes," complete Schedule D, Part X	111		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	ļ	X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	1		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	L
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	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			v
	or more? If "Yes," complete Schedule F, Parts I and IV	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			v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	\vdash	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			x
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			x
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	\vdash	┢┸
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	\vdash	┢┸
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40	l	x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a	 	$\frac{\lambda}{X}$
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	 	
	11 165 to line 20a, dio the organization attach a copy of its addited initiaticial statements to this letting		990	(2014)

Form 990 (2014) Action Fund, Inc.
Part IV Checklist of Required Schedules (continued)

21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic operative government on Part IX, column (A), in 87 II ** 1/* 1/* 1/* 1/* 1/* 1/* 1/* 1/* 1/*				Yes	No
22 La dit the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and iff. 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 officient, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part I and iff. 24 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 assued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule II. "Yes", op to line 25a. 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization acts as in "on behalf of" issuer for bonds outstanding at any time during the year? 27 Did the organization acts as in "on behalf of" issuer for bonds outstanding at any time during the year? 28 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 in a prior year, and that the transaction has not been reported on any of the organizations prior Forme 900 or 990-E27 If "Yes," complete Schedule I, Part II 28 Did the organization export any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, developes, highest compensated employees, or disqualified persons? If "Yes," complete Schedule I, Part IV 29 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 59% controlled entity or family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV 29 Did the organization receive more than \$25,000 in	21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
Part IX, column (A), line 27 if "Yes," complete Schedule I, Parts I and Iff Did the organization answer "Yes" to Part VIII, 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? If "Yes," complete Schedule V "I "No.", go to Ima 25a 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 assued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule V "I "No.", go to Ima 25a Did the organization martian an escrow account other than a refunding secrow at any time during the year to defease any tax-exempt bonds? Did the organization amount and as an "on behalf of" issuer for bonds outstanding at any time during the year? Did the organization aware that the engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I Did the organization aware that the engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I Did the organization aware that the 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? If "Yes," complete Schedule I, Part II Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, directors, trustee, see yemployees, or disqualified persona? If "Yes," complete Schedule I, Part IV Did the organization provide a grant or other assistance to an officer, director, trustee, levy employees, or disqualified persona? If "Yes," complete Schedule I, Part IV Did the organization receive more than \$25,000 in non-cash contributions of the singular part of the part IV in a business transaction with one of the following parties (see Schedule II,		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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? If "Yes," complete Schedule L I I I I I I I I I I I I I I I I I I	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Dot 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 assued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K "I "No", go to the new 25b through 24d and complete Schedule K "I "No", go to the 25a 24d 24b 24b 24b 24b 24b 25b 24b 25b 24b 25b 25b 25b 25b 25b 25b 25b 25b 25b 25		Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J Dot 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 assued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K "I "No", go to the new 25b through 24d and complete Schedule K "I "No", go to the 25a 24d 24b 24b 24b 24b 24b 25b 24b 25b 24b 25b 25b 25b 25b 25b 25b 25b 25b 25b 25	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
Schedule J A 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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a Did the organization meant any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization meant an an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? did the organization and tas as no he half of "issuer for bonds outstanding at any time during the year? did the organization and tas as no help afform than a refunding escrow at any time during the year? 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 or any engage 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 spring 500 or 990-527 if "Yes," complete Schedule L, Part II Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officer, director, trustee, or dependent or any of these persons? If "Yes," complete Schedule L, Part IV Did the organization provide a grant or other assistance to an officer, director, trustee, or key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contributed entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV A neithy of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A neithy of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or key employee (or a family member thereof) was an office					
as at day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c 25a Soction 50 (Ic)(3), and 50 (Ic)(2) organizations. Did the organization are excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part If 25a 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" spring Forms 990 er 90 EZ? If "Yes," complete Schedule L, Part II 25b X 2 but the organization report any amount on Part X, line 5, 6, or 22 for recevables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part III D 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? If "Yes," complete Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 25a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 25a c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 25a D dit the organization n			23	Х	
as at day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No", go to line 25a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c 25a Soction 50 (Ic)(3), and 50 (Ic)(2) organizations. Did the organization are excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part If 25a 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" spring Forms 990 er 90 EZ? If "Yes," complete Schedule L, Part II 25b X 2 but the organization report any amount on Part X, line 5, 6, or 22 for recevables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part III D 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? If "Yes," complete Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 25a b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 25a c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 25a D dit the organization n	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
Schedule K If "Not", go to line 25a Did the organization invest any proceeds of tax exempt bonds beyond a temporary penod exception? Did the organization minest any proceeds of tax exempt bonds beyond a temporary penod exception? Did the organization invest any proceeds of tax exempt bonds beyond a temporary penod exception? Did the organization minest any account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization account as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d Did the organization avaire that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes, complete Schedule L, Part I is the organization has not been reported on any of the organization's prior Forms 990 or 990-EZ7 if "Yes," complete Schedule L, Part I is 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, indigent prior or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II is a furnity or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions of any time demands of the following parties (see Schedule L, Part IV instructions of any time demands of the following parties (see Schedule L, Part IV instructions of the very complete Schedule II in Part IV instructions of the organization receive or to frame of th		· · · · · · · · · · · · · · · · · · ·			
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contributions? If "Yes," complete Schedule M 30		· · · · · · · · · · · · · · · · · · ·			
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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? If "Yes," complete Schedule R, Part I 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Inne 1 35 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)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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? If "Yes," complete Schedule R, Part VI 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			30		Ιx
If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 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? If "Yes," complete Schedule R, Part VI 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	31		<u> </u>		
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Note. All Form 990 filers are required to complete Schedule O	38				
		·	38	X	<u>L</u> .
			Form	990	(2014)

Par	Check if Schedule O contains a response or note to any line in this Part V			
	Oneck is ochequie o contains a response or note to any line in this nart v		Voc	No
10	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0	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 1b	ö		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7		
С	(gambling) winnings to prize winners?	10		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		 	
20	filed for the calendar year ending with or within the year covered by this return 2a	ol		
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	<u> </u>	Х
ь	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	·		<u> </u>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	<u></u>	L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			i
	any contributions that were not tax deductible as charitable contributions?	6a	<u> </u>	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	. 6b	ļ	ļ
7	Organizations that may receive deductible contributions under section 170(c).			$ \mathbf{x} $
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payo			<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	.7b		├ ──
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required		İ	x
	to file Form 8282?	7c		
	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 contract?	7e	-	X
e f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		\vdash
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	_		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	4		
11	Section 501(c)(12) organizations. Enter			
а	•	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1	
	amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	├─	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	\dashv		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		\vdash
а	Is the organization licensed to issue qualified health plans in more than one state?	138	 	+
	Note. See the instructions for additional information the organization must report on Schedule O.			
Þ	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			
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b 13c	\dashv	1	
с 14а		14a	<u> </u>	X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	1	\Box
<u> </u>	n ind the control of any indicate about more believed.		n 990	(2014)

46-5554692 Page 6

Form 990 (2014) Action Fund, Inc. 46-5554692 Page
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			\mathbf{X}
Sec	tion 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	1		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1		
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		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?	7a		X
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:]
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	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?	10b	7.7	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	ļ,
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			 -
12a		12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		├─-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40-		
12	in Schedule O how this was done	12c		x
13	Did the organization have a written whistleblower policy?	13 14	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?			-
15	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?			İ
2	The organization's CEO, Executive Director, or top management official	15a		X
a h	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	.J.		 -
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a]
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			<u> </u>
_	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			!
	exempt status with respect to such arrangements?	16b	İ	ĺ '
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶NH			
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)	availat	ole	
-	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, an	d finan	cial	
-	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, CPA - 802-448-9728			
	128 Lakeside Avenue, Suite 301, Burlington, VT 05401			
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Form 990 (2014) 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

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 O 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

hours per week (list any hours for related organizations below line)	Estimated amount of other ompensation from the organization
hours per week list any hours for related organizations below line	other ompensation from the
Companies Comp	ompensation from the
(1) Tris Estabrook 2.00 X X 0. 0. (2) Matthew Houde 2.00 X X 0. 0. Vice Chair 4.00 X X 0. 0. (3) Lucy Karl, Esq. 2.00 X 0. 0. Treasurer 4.00 X X 0. 0. (4) Rashida Mohamed 2.00 X 0. 0. 0. Trustee 4.00 X 0. 0. 0. (5) Linda Patchett 2.00 X 0. 0. 0. (6) Leah Plunkett 2.00 X X 0. 0. Secretary 4.00 X X 0. 0. (7) Mary Rauh 2.00 X 0. 0. Trustee 4.00 X 0. 0.	from the
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Secretary	0.
(7) Mary Rauh Trustee 2.00 X 0. 0.	•
Trustee 4.00 X 0.	0.
	0.
(8) Benjamin Siracusa Hillman 2.00	<u> </u>
Trustee 4.00 X 0.	0.
(9) Meagan Gallagher 2.00	
	21,267
(10) Heather Bushey 2.00	
CFO 47.50 X 0. 133,737.	12,852
(11) Jennifer Frizzell 13.00	
VP of Public Policy 24.50 X 64,873. 50,591.	6,355

Form 990 (2014)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)											
(A) (B) (C) (D) (E) (F)											
Name and title	Average	Position						Reportable	Reportable	Estimate	ed
	hours per		(do not check more than one box, unless person is both an					compensation	compensation		
	week	offi	cer an	d a d	recto	euri\trus	tee)	from	from related	other	
	(list any	ğ						the	organizations	compensa	tion
	hours for	Į			l	ed ed		organization	(W-2/1099-MIS	C) from the	е
	related	ste o	aste		l	ensa		(W-2/1099-MISC)		organizat	
	organizations	置	ag a		oyee					and relate	
	below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizati	ons
	iiile)	를	IIS.	Ott	, Ke	울통	교				
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			<u> </u>		<u> </u>	<u> </u>					
					İ			1			
			L.,			L.			252 25		
1b Sub-total								84,706.	370,05		
c Total from continuation sheets to Part V	I, Section A						▶	0.		0.	0.
d Total (add lines 1b and 1c)							<u> </u>	84,706.	370,05	6. 40,4	<u>74.</u>
2 Total number of individuals (including but n	ot limited to th	nose	liste	d al	bove	e) wł	no re	eceived more than \$100	,000 of reportable	•	
compensation from the organization											0
										Yes	No
3 Did the organization list any former officer,	director, or tru	ıste	e, ke	y en	nplo	yee,	or	highest compensated ei	mployee on		
line 1a? If "Yes," complete Schedule J for s	uch individual					-				3	X
4 For any individual listed on line 1a, is the si	ım of reportab	le c	omp	ensa	atior	n and	tot	her compensation from	the organization		
and related organizations greater than \$15	•							•		4 X	
5 Did any person listed on line 1a receive or									dual for services		
rendered to the organization? If "Yes," com	•				•				add: 107 001 11000	5	X
Section B. Independent Contractors	<u> </u>										
Complete this table for your five highest co	mnensated in	den	ende	nt c	ont	racto	re t	that received more than	\$100,000 of com	nensation from	
the organization Report compensation for	•									Jonadion Hom	
(A)	trie Caleridar y	cai	Cildi	ig v	VILII	01 W	<u> </u>	(B)	year	(C)	
Name and business	address	N	INC	2				Description of s	ervices	Compensation	n
		111	<u> </u>	_			\dashv				
							\dashv				
							\dashv				
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							_				
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							\Box		<u> </u>		
							ſ		T		
2 Total number of independent contractors (ncluding but r	not li	mıte	d to	tho	se li	stec	d above) who received m	ore than		
\$100,000 of compensation from the organi	-					0					
										Form 990 (2014\

Pai	. •		Check if Schedule O cont		or note to any lin	e in this Part VIII		••	
1						(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		b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran	its, and	160,828.				
d dig		-	similar amounts not included abo Noncash contributions included in lines		120,745.	`001 E70			
9 C		h	Total. Add lines 1a-1f		D	281,573.			
	2	a	Consulting Serv	rices	Business Code 621990	22,498.	22,498.	· -	
ا څ	~	b			111111				
SE		C							
e ve		d							
Program Service Revenue		e							
۱ ۵			All other program service reve	enue	L	22 400		<u> </u>	
\dashv			Total. Add lines 2a-2f			22,498.			
	3		Investment income (including other similar amounts)	aiviaenas, inter	est, and				
	4		Income from investment of ta	x-exempt bond	proceeds				
	5		Royalties		DIOUGUGG				
			.,	(i) Real	(ii) Personal				
	6	а	Gross rents			y			
		b	Less rental expenses						
			Rental income or (loss)		<u> </u>				
			Net rental income or (loss)		. •				
	7	а	Gross amount from sales of	(i) Securities	(ıi) Other				
		h	assets other than inventory Less, cost or other basis						
		-	and sales expenses						
		С	Gain or (loss)						
		d	Net gain or (loss)						
venue	8	а	Gross income from fundraisin including \$	of					
Rev			contributions reported on line	1c) See					
Other			Part IV, line 18	a					
₹			Less direct expenses Net income or (loss) from fund		· L				
	9		Gross income from gaming a	•					
	Ū	_	Part IV, line 19	aa	.]				
		b	Less direct expenses	t					
		C	Net income or (loss) from gar	ning activities					
	10	а	Gross sales of inventory, less	returns					
			and allowances	a					
			Less cost of goods sold .		,				
		С	Net income or (loss) from sale		Business Code				
	11	2	Miscellaneous Revenu	אר ייי	Business Code			-	
	•	a b			<u> </u>				
		c							
		d	All other revenue						
		0	Total. Add lines 11a-11d						
प्रवसस्य	12		Total revenue. See instructions.		<u></u>	304,071.	22,498.	0.	0.
43200 11-07	- 14								Form 990 (2014)

Form 990 (2014) Action Fund, Inc.
Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	[X]
	Check if Schedule O contains a respon	(A)	(B)	(C) T	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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				
	ındıvıduals See Part IV, line 22		<u>-</u> .		····
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,	00 227	90 227		
_	trustees, and key employees	89,227.	89,227.		
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 8	Other salanes and wages Pension plan accruals and contributions (include			+	
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
''	Management	23,148.	22,232.	155.	761.
b	Legal	1,891.		1,891.	
c	Accounting			_,	
d	· · · · · · · · · · · · · · · · ·				_
е	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.)	30,089.	29,620.	469.	
12	Advertising and promotion	305.		305.	
13	Office expenses	84,271.	83,339.	469.	463.
14	Information technology				
15	Royalties		-12		
16	Occupancy	45,574.	45,202.	63.	309.
17	Travel	1,707.	1,587.	56.	64.
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	320.		320.	
23	Insurance	320.		320.	
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.)				
2	Miscellaneous	21,144.	20,696.	307.	141.
b	Dues & Subscriptions	798.	378.	60.	360.
c		<u> </u>			
d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	298,474.	292,281.	4,095.	2,098.
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 from if following SOP 98-2 (ASC 958-720)		<u> </u>		

Form 990 (2014)

Action Fund, Inc.

46-5554692 Page 11 Part X | Balance Sheet

				(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			1	42,866
2	2	Savings and temporary cash investments			2	
l a	3	Pledges and grants receivable, net	·		3	100
4	4	Accounts receivable, net			4	
5		Loans and other receivables from current and former officers,	directors.			,
		trustees, key employees, and highest compensated employee		,		,
		Part II of Schedule L		and the second section of the second second second section of the second section secti	5	and in a commence of the comment of
Ιe	6	Loans and other receivables from other disqualified persons (as defined under	, , , , , , , , , , , , , , , , , , ,		
		section 4958(f)(1)), persons described in section 4958(c)(3)(B)	1	* *** **		
		employers and sponsoring organizations of section 501(c)(9)	- 1	* *		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
İ		employees' beneficiary organizations (see instr) Complete Pa	-	our way or an exercisery was a series has because these and a selection of	6	and and an analysis and an ana
7		Notes and loans receivable, net			7	
Ι,	_	Inventories for sale or use	•		8	
وا		Prepaid expenses and deferred charges			9	
		Land, buildings, and equipment, cost or other		**	ٿ	1
"	Ja	basis Complete Part VI of Schedule D				
	ь	Less. accumulated depreciation 10b		udiana, malaka/sauramma ar askustisu mut ar nesettusu mi an an	10c	section day a serie a Xindametralist on about the we
۱.,		Investments - publicly traded securities	·		11	
11			·	•	12	
- 1		Investments - other securities See Part IV, line 11			13	
13		Investments - program-related See Part IV, line 11	٠			
14		Intangible assets			14	
15		Other assets See Part IV, line 11	٠	0.	15	42,966
16		Total assets. Add lines 1 through 15 (must equal line 34)		<u> </u>	16	22,166
17		Accounts payable and accrued expenses			17	22,100
18		Grants payable		 	18	6,790
19		Deferred revenue	.	 	19	0,730
20		Tax-exempt bond liabilities			20	
21		Escrow or custodial account liability Complete Part IV of School			21	
22		Loans and other payables to current and former officers, direct			ī	Market
		key employees, highest compensated employees, and disqua	lifted persons	" , " " " " " " " " " " " " " " " " " "	۱	
	_	Complete Part II of Schedule L			22	
23		Secured mortgages and notes payable to unrelated third part	ies		23	
24		Unsecured notes and loans payable to unrelated third parties			24	
25	5	Other liabilities (including federal income tax, payables to relate				
ļ		parties, and other liabilities not included on lines 17-24) Comp	olete Part X of	^		0.413
		Schedule D .		0.		8,413
26	<u> </u>	Total liabilities. Add lines 17 through 25	. 32	0.	26	37,369
		Organizations that follow SFAS 117 (ASC 958), check here	▶ LX and			
		complete lines 27 through 29, and lines 33 and 34.				F 6 07
27	7	Unrestricted net assets			27	5,597
28	В	Temporarily restricted net assets			28	
25	9	Permanently restricted net assets	ر بنا		29	
27 28 29 30 31		Organizations that do not follow SFAS 117 (ASC 958), che	ck here 🕨 📖 📗			1
		and complete lines 30 through 34.				
30	0	Capital stock or trust principal, or current funds			30	
3.	1	Paid-in or capital surplus, or land, building, or equipment fund			31	
32	2	Retained earnings, endowment, accumulated income, or other	r funds		32	
33	3	Total net assets or fund balances	[0.	33	5,597
	4	Total liabilities and net assets/fund balances		0.	34	42,966

Planned Parenthood New Hampshire Action Fund. Inc.

	1990 (2014) ACTION Fund, Inc.	46-5	554692	Page 12
Pa	rt 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		,071.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,474.
3	Revenue less expenses. Subtract line 2 from line 1	3	5	,597.
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	5	,597.
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>
				res No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			, - X-4
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	ن است	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	, , , , , , , , , , , , , , , , , , ,	je .
	separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis		1	أحسال التفأ
þ	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	' ':	
	consolidated basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis		, , ,	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,		لتكاب
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X
_	If the organization changed either its oversight process or selection process during the tax year, explain in Sch		1 1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit	1 1	
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	
			Form 9	90 (2014)

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

2014

Open to Public Inspection

If the organization answered "Yes," to 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," to 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," to 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 5	501(c)(4), (5), or (6) organiza	tions Complete Part III				
	ne of orga	anization Planned	Parenthood New	Hampshire		Empl	oyer identification number
		Action	Fund, Inc.				46-5554692
Pa	art I-A	Complete if the org	anization is exempt un	der section 501(c)	or is a section 5	527 o	rganization.
2		expenditures	ation's direct and indirect politi	cal campaign activities	ın Part IV	> \$	
De	art I-B	Complete if the ord	janization is exempt und	der section 501/c	1(3)		
_			incurred by the organization un		10).	▶ \$	
		•	incurred by organization manage		5	▶ \$	
		•	n 4955 tax, did it file Form 4720	•	_	•	Yes No
		orrection made?	,			• •	Yes No
		describe in Part IV		•			
Pa	art I-C	Complete if the org	janization is exempt un	der section 501(c)	, except section	501(
1	Enter th	e amount directly expended	d by the filing organization for se	ection 527 exempt fund	ction activities	▶\$	0.
2	Enter th	e amount of the filing organ	ization's funds contributed to o	ther organizations for s	section 527		_
	•	function activities				▶\$	0.
3		•	Add lines 1 and 2 Enter here	and on Form 1120-POL	-,	. .	
	line 17b	•			•	▶\$	
		filing organization file Form	•	740 (0) 507			Yes X No
	made pa	ayments For each organiza itions received that were pr	nployer identification number (E tion listed, enter the amount pa omptly and directly delivered to additional space is needed, pro	id from the filing organ a separate political org	ization's funds. Also e ganization, such as a s	nter th	e amount of political
		(a) Name	(b) Address	(c) EIN	(d) Amount paid if filing organization funds. If none, ent	ก'ร	(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) 2014

LHA 432041 10-21-14

Schedule C (Form 990 or 990-EZ) 2014 AC Part II-A Complete if the organ	tion Fundization is exe	d, Inc. empt under section	on 501(c)(3) and file	46- ed Form 5768(5554692 Page 2 election under
section 501(h)).					
A Check 🕨 📖 if the filing organization	belongs to an at	filiated group (and list (n Part IV each affiliated	group member's na	me, address, EIN,
expenses, and share o	f excess lobbying	g expenditures)			
B Check L if the filing organization	checked box A	and "Imited control" pr	ovisions apply.		
	n Lobbying Exp res" means amo	enditures ounts paid or incurred)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influen	ce public opinion	(grass roots lobbying)	i		
b Total lobbying expenditures to influen			` ` 		
c Total lobbying expenditures (add lines	_	, (, g ,			
d Other exempt purpose expenditures		•	· · ·		
e Total exempt purpose expenditures (a	dd lines 1c and 1	 Id)	• • •		
f Lobbying nontaxable amount Enter th		•	th columns	-	-
If the amount on line 1e, column (a) or (b		bbying nontaxable an			-
Not over \$500,000		f the amount on line 1e			
Over \$500,000 but not over \$1,000,00		000 plus 15% of the ex			
Over \$1,000,000 but not over \$1,000,00					
Over \$1,000,000 but not over \$1,000,		000 plus 10% of the exc 000 plus 5% of the exc			
			ess over \$1,500,000	-	
Over \$17,000,000	\$1,000	J,UUU		4	
a Conservate parteyable amount (anter	050/ of less 16				
g Grassroots nontaxable amount (enter	•	•	-		
h Subtract line 1g from line 1a If zero or	•		• •		
i Subtract line 1f from line 1c If zero or	· ·				<u> </u>
j If there is an amount other than zero o		r line 11, did the organiz	ation file Form 4/20		п, п.
reporting section 4911 tax for this yea					Yes No
(Some organizations that	made a section	veraging Period Unde 501(h) election do not rate instructions for li	have to complete all o	f the five columns	below.
	Lobbying Expe	enditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(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 Graceroate lobbying expanditures					

Schedule C (Form 990 or 990-EZ) 2014

46-5554692 Page 3

Schedule C (Form 990 or 990-EZ) 2014 Action Fund, Inc.

46-555469

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)).

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 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). Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization agree to carry over lobbying and political expenditures from the prior year? 1 Dues, assessments and similar amounts from members 2 Section 1501(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 2 Section 1502(e) onordeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2 Complete if the organization in 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 e	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 Madings 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 d if the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part IIII-A 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 2 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 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total A Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues d In notices were sent and the amount on line 2 exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to t	or each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(:	a)	(1	b)
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). 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 Did the organization make only in-house lobbying expenditures from the prior year? 3 Did the organization make only in-house lobbying expenditures from the prior year? 1 Dues, assessments and similar amounts from members 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 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 563(e)(1)(A) notices of nondeductible lobbying and political expenses for ondeductible lobbying and political expenditures (see instructions) 5 Carryover from last year 5 Totals 5 Reside amount of lobbying and politic	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? 1 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 if the 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). 1 Were substantially all (60% or more) dues received nondeductible by members? 1	f the lobbying activity.	Yes	No	Ame	ount
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SCHEDULE D

(Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" to 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 Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Planned Parenthood New Hampshire

Employer identification number

Action Fund, Inc. 46-5554692 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to 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) Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 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 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 Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2h Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 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)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 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 in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

a Revenue included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Schedule D (Form 990) 2014

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.

		Fund, Inc.					<u>54692</u>	
Par	t III Organizations Maintaining C	Collections of A	rt, Historical T	reasures, or Oth	<u>ner Si</u>	<u>milar Asse</u>	ts (continue	ed)
3	Using the organization's acquisition, access	ion, and other record	ds, check any of th	e following that are a	signific	ant use of its	collection it	ems
	(check all that apply)							
а	Public exhibition	d	Loan or ex	change programs				
b	Scholarly research	е	•					
C	Preservation for future generations							
4	Provide a description of the organization's c	ollections and explai	in how they further	the organization's ex	empt p	ourpose in Par	t XIII	
5	During the year, did the organization solicit of	or receive donations	of art, historical tre	easures, or other simil	ar asse	ets		
	to be sold to raise funds rather than to be m						Yes	No
Par	t IV Escrow and Custodial Arran		ete if the organizat	ion answered "Yes" to	o Form	990, Part IV, I	ıne 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.		_				
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribute	ons or other assets no	ot inclu	ded	, ,	
	on Form 990, Part X?					L	JYes ∣	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	illowing table.		_			
					L		Amount	
С	Beginning balance				Ľ	1c		 -
d	Additions during the year		•	•		1d		
9	Distributions during the year	•	•		_	1e		
Ţ	Ending balance					1f	T., 1	
	Did the organization include an amount on F				-		JYes l ∫	— No
Par	If "Yes," explain the arrangement in Part XIII t V Endowment Funds. Complete							
ı uı	t v Endownient i diids. Complete			(c) Two years back		ree years back	(e) Four ye	are back
10	Regunning of year belongs	(a) Current year	(b) Pnor year	(C) TWO years back	(0) 11	ilee years back	(e) Four ye	ais back
	Beginning of year balance Contributions	<u>-</u>			\vdash			
D	Net investment earnings, gains, and losses			 	 			
d	Grants or scholarships			<u> </u>	 			
	Other expenditures for facilities	·			†			
•	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, column	(a)) held as.	1			
а	Board designated or quasi-endowment	·	%	. "				
b	Permanent endowment	%						
С	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%						
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held	and administered for	the org	ganization		
	by						Ye	s No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	_
b	If "Yes" to 3a(ii), are the related organization	•					3b	
4	Describe in Part XIII the intended uses of the		owment funds					
Pai	t VI Land, Buildings, and Equipn					_		
	Complete if the organization answere		r r	7				
	Description of property	(a) Cost or o	, , ,	1 ' '	Accum		(d) Book v	alue
	Land	basis (investr	menty Dasi	s (other) d	eprecia	IIION		
	Land							
	Buildings	——		+			·	
	Leasehold improvements		<u> </u>					
d	Equipment							
	Other I. Add lines 1a through 1e (Column (d) must e	egual Form 990 Part	X column (B) line	10c)				0.
·	in the interest of the territory interest of	,,	,					- •

Planned Parenthood New Hampshire Action Fund. Inc.

Schedule D (Form 990) 2014 Action Fund, I	nc.		46	-5554692 Page
Part VII Investments - Other Securities.	000 Bart IV Irac	11h Con Form 000 F	and V. Ima 10	
Complete if the organization answered "Yes" to For (a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
(1) Financial dervatives	(b) Book Value	(O) Michiga of Vi	indution ocstorent	1-01-year market value
(2) Closely-held equity interests				
(3) Other	· · · -			
(A)		- 		
(B)				
(C)				
(D)				
(E)				
(F)				
(G)	 			
(H)		ļ	·	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.	000 B + 84 4	11 0 5 000 5		
Complete if the organization answered "Yes" to For	m 990, Part IV, line (b) Book value	(c) Method of v	art X, line 13	d-of-year market value
	(b) Book value	(c) Method of ve	idation Cost of en	3-Oi-year market value
(1)				
(3)				
(4)		1	· 	
(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" to For		11d See Form 990, F	art X, line 15	(h) Pook volue
· · · · · · · · · · · · · · · · · · ·	iption			(b) Book value
				
(3)				
(4)				
(5)				
(6)				-
(7)				
(7) (8)				
(8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15)				
(8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities.		-		
(8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" to For	rm 990, Part IV, line		▶ 990, Part X, line 25	
(8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 1. (a) Description of liability	rm 990, Part IV, line	11e or 11f See Form (b) Book value	990, Part X, line 25	
(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 1. (a) Description of liability (1) Federal income taxes	rm 990, Part IV, line	(b) Book value	▶ 990, Part X, line 25	
(8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" to For 1. (a) Description of liability (1) Federal income taxes (2) Due to Related Parties	rm 990, Part IV, line		▶ 990, Part X, line 25	
(8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 1. (a) Description of liability (1) Federal income taxes (2) Due to Related Parties (3)	rm 990, Part IV, line	(b) Book value	▶ 990, Part X, line 25	
(8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 1. (a) Description of liability (1) Federal income taxes (2) Due to Related Parties (3) (4)	rm 990, Part IV, line	(b) Book value	▶ 990, Part X, line 25	
(8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 1. (a) Description of liability (1) Federal income taxes (2) Due to Related Parties (3) (4) (5)	rm 990, Part IV, line	(b) Book value	990, Part X, line 25	
(8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 1. (a) Description of liability (1) Federal income taxes (2) Due to Related Parties (3) (4) (5) (6)	rm 990, Part IV, line	(b) Book value	990, Part X, line 25	
(8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 1. (a) Description of liability (1) Federal income taxes (2) Due to Related Parties (3) (4) (5) (6) (7)	rm 990, Part IV, line	(b) Book value	990, Part X, line 25	
(8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" to Form 1. (a) Description of liability (1) Federal income taxes (2) Due to Related Parties (3) (4) (5) (6) (7) (8)	rm 990, Part IV, line	(b) Book value	▶ 990, Part X, line 25	
(8) (9) Total. (Column (b) must equal Form 990, Part X, col (B) line 15) Part X Other Liabilities. Complete if the organization answered "Yes" to For 1. (a) Description of liability (1) Federal income taxes (2) Due to Related Parties (3) (4) (5) (6) (7)	rm 990, Part IV, line	(b) Book value	990, Part X, line 25	

Schedule D (Form 990) 2014

Planned Parenthood New Hampshire Action Fund, Inc.

Sche	dule D (Form 990) 2014 Action Fund, Inc.	_			46-	5554692	Page 4
Par		ement	s W	ith Revenue pe			
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1	12a		•			
1	Total revenue, gains, and other support per audited financial statements				11	304,	071.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	••				<u>-</u>	
а	Net unrealized gains (losses) on investments	1	2a				
b	Donated services and use of facilities	- : : ⊢	<u></u> 2b		\dashv \mid		
c	Recoveries of prior year grants	- : - ⊢	<u></u> 2c		\dashv 1		
đ	Other (Describe in Part XIII)	• –	<u>2d</u>		\dashv \mid		
e	Add lines 2a through 2d	۰. ۲			20		0.
3	Subtract line 2e from line 1	•		••	3	304.	071.
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	- 1	4a				
b	Other (Describe in Part XIII)	· -	4b	-	⊣		
c	Add lines 4a and 4b	<u> </u>	777				0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5	304,	
	t XII Reconciliation of Expenses per Audited Financial Stat	temen	ts V	Vith Expenses			<u> </u>
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1			Titil Experiess	JOI 11010		
1	Total expenses and losses per audited financial statements	124			11	298	474.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				 ' 	250,	3/3.
2		- 1	0-	1			
a	Donated services and use of facilities) -	2a		 `		
b	Prior year adjustments .	 	2b		⊣		
c	Other losses .	· –	2c	,			
d	Other (Describe in Part XIII)	. L	2d				0
в	Add lines 2a through 2d		•		2e	298,	474
3	Subtract line 2e from line 1				3	490,	4/4.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	- 1	_ 1	1	ľ		
a	Investment expenses not included on Form 990, Part VIII, line 7b		4a				
b	Other (Describe in Part XIII)	L	4b		×		^
С	Add lines 4a and 4b				4c	200	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIII Supplemental Information.)			5	298,	474.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, the 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any				line 4, Part	X, line 2, Part X	
_							
		 -					<u>-</u>
							<u></u>

SCHEDULE J (Form 990)

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

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

Part I

Planned Parenthood New Hampshire

Employer identification number 46-5554692

Action Fund, Inc. **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 in Form 990,	,,,		1
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items	^		
	First-class or charter travel Housing allowance or residence for personal use	7	. ~	
	Travel for companions Payments for business use of personal residence	i	١	,
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			- ;
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)	l .		
	, , , , , , , , , , , , , , , , , , , ,	1		
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,	<u> </u>		- 4
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		*i
		> . X . %		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	\$ 1 X S 80		
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to	1	` }	× ,4
	establish compensation of the CEO/Executive Director, but explain in Part III			
	X Compensation committee X Written employment contract) × (,
	Independent compensation consultant X Compensation survey or study	Ĺ	`*`* `	1.
	Form 990 of other organizations X Approval by the board or compensation committee	: 44.		
	The second of compensation committee	. "?" _"	·	}
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing		, , »	1 × 1/3
•	organization or a related organization.	>		**
а	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	\vdash	X
	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
•	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	*		
	The second of the state of the persons and provide the applicable amounts for each term in 1 at the	*	137	· .
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.	· ·		[~ >i
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		X
	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III	<u> </u>		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			1
	contingent on the net earnings of			
а	The organization?	6a		X
	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			!
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	<u> </u>		
-	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	-	X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in	⊢ٽ		
-	Regulations section 53 4958-6(c)?	9	- 1	,
	negulations section 33 4930-0(c)r	,		

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

Schedule J (Form 990) 2014

Action Fund, Inc.

Schedule J (Form 990) 2014

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

46-5554692

For each individual whose compensation must be reported in 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 are not 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

		(B) Breakdown of	W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(y)(a)	_
(1) Meagan Gallagher CEO	8	19,833.	10.000.	1.118.	0	4,521.	24,354.	0
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	€ €							
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	3 3							
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	(E)							
432112				2.5			Schedu	Schedule J (Form 990) 2014

Planned Parenthood New Hampshire Action Fund, Inc.

Schedule J (Form 990) 2014 Action Fund, Inc.

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

	Frizzell, VP	of Northern New									Schedule J (Form 990) 2014
Schedule J, Part II	Meagan Gallagher, CEO, Heather Bushey, CFO, and Jennifer Frizzell, VP	of Public Policy, are compensated by Planned Parenthood of Northern New	England, Inc., a related organization.								

SCHEDULE 0 (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.

OMB No 1545-0047 Open to Publicia Inspection

Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs gov/form990.

Planned Parenthood New Hampshire Emplo Action Fund, Inc.

Employer identification number 46-5554692

Form 990, Part III, Line 1, Description of Organization Mission:
to the exercise of reproductive choice.
Form 990, Part VI, Section B, line 11:
The Form 990 is reviewed in detail by the Chief Financial Officer prior to
the return being filed. In addition, a copy of the 990 is provided to the
Board for review at a board meeting prior to the filing of the return.
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.
Form 990, Part IX, Line 11g, Other Fees:
Other Fees:
Program service expenses 29,620.
Management and general expenses 469.
Fundraising expenses 0.
Total expenses 30,089.
Total Other Fees on Form 990, Part IX, line 11g, Col A 30,089.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

Attach to Form 990.

Open to Public Inspection 2014

OMB No 1545-0047

Pinformation about Schedule R (Form 990) and its instructions is at www ins gov/form990.

Planned Parenthood New Hampshire

Employer identification number 46-5554692

Action Fund, Inc. Name of the organization

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

Direct controlling End-of-year assets Total income Î Legal domicile (state or foreign country) Primary activity Name, address, and EiN (if applicable) of disregarded entity

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 Part II

יייי סואמיווקשווסון מחוויוא חיים ומע אכמו							
(a)	(q)	(c)	(g)	(0)	(J)	(6)	100
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 5 12(b)	(C) Y (3)
of related organization		foreign country)	section	status (if section	entity	entity?	٠
				501(c)(3))		Yes	ş
Planned Parenthood Vermont Action Fund, Inc. Social welfare regarding	Social welfare regarding				Planned		
- 03-0326364, 128 Lakeside Avenue, Suite	reproductive healthcare				Parenthood of		
301, Burlington, VT 05401	and education.	Vermont	501(c)(4)		Northern New		×
Planned Parenthood Vermont Action Fund PAC - Social welfare regarding	Social welfare regarding				Planned		
84-1703534, 128 Lakeside Avenue, Suite 301,	reproductive healthcare				Parenthood of		
Burlington, VT 05401	and education.	Vermont	527		Northern New		×
Planned Parenthood of Northern New England,	Social welfare regarding						
Inc 03-0222941, 128 Lakeside Avenue,	reproductive healthcare						
Suite 301, Burlington, VT 05401	and education.	Vermont	501(c)(3)	Line 7	N/A		×
Planned Parenthood New Hampshire Action Fund Social welfare regarding	Social welfare regarding				Planned		
PAC - 84-1703533, 128 Lakeside Avenue, Suite reproductive healthcare	reproductive healthcare				Parenthood of		
301, Burlington, VT 05401	and education.	New Hampshire	527		Northern New		×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	is for Form 990.				Schedule R (Form 990) 2014	orm 990	2014

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

See Part VII for Continuations

432161 08-14-14 LHA

46-5554692

Planned Parenthood New Hampshire Action Fund, Inc.

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations	xempt Organizations						
(e)	(q)	(e)	(D)	(e)	£ .	Section 5	(g) Section 512(b)(13)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling entity	controlled organization?	olled ation?
		((,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		501(c)(3))	•	Yes	Š
ושו	Social welfare regarding				Planned		
_	reproductive healthcare				Parenthood of		
Burlington, VT 05401	and education.	Maine	501(c)(4)		Northern New		×
Planned Parenthood Maine Action Fund PAC -	Social welfare regarding				Planned		
84-1703535, 128 Lakeside Avenue, Suite 301,	reproductive healthcare				Parenthood of		
Burlington, VT 05401	and education.	Maine	527		Northern New		×
	_						
	~						
	_						
	-						
	.						
	-						
432222 05-01-14		29					

Schedule R (Form 990) 2014 Action Fund, Inc.

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year Part III

Page 2

46-5554692

General or Percentage managing ownership Schedule R (Form 990) 2014 Yes No (i) Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. 3 Percentage ownership Yes No Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Share of end-of-year assets 9 Disproportionate Yes No allocations? Share of total income Share of end-of-year assets Type of entity (C corp, S corp, or trust) ê Share of total income (d)
(d)
(d)
(d)
(d)
(entry) Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign country) Ö (d) | Direct controlling entity Primary activity <u>e</u> (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization <u>e</u> 432162 08-14-14 Part IV

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

					ŀ	-1-
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	;		· · · · · · · · · · · · · · · · · · ·	L	Yes	2
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?	s with one or more re	lated organizations listed	ın Parts II-IV?		\downarrow	>
 a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity 		•	: .	.		4
b Gift, grant, or capital contribution to related organization(s)		:		P	_	×
c Gift. grant, or capital contribution from related organization(s)				10	X	
d Loans or loan quarantees to or for related organization(s)	•			19	_	×
		•	,	9	×	L
					L	L
f Dividends from related organization(s)				=	1	<u> </u> ×
		•		F		×
	•	•		-1:	<u> </u>	: >
h Purchase of assets from related organization(s)	•		•	<u>티</u> :	_	4
i Exchange of assets with related organization(s)				<u>=</u>	_	4
 Lease of facilities, equipment, or other assets to related organization(s) 			:	7	\bot	×
				`- ¶		-]
k Lease of facilities, equipment, or other assets from related organization(s)			•	¥		
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			-	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	ization(s)			±	×	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	. (s)uc		•	두	×	_
				\$	×	L
o Sharing of paid employees with related organization(s)		:		<u> </u>	╫	
Dojanki impantat and to related evention(e) for evention				+	7777	×
p remindrating paid to related organization (s) for expenses					<u> </u>	×
q Heimbursement paid by related organization(s) for expenses		•	:	= -		4
					1	1
				<u>+</u>].	+	4 >
s Other transfer of cash or property from related organization(s)				15	_	∢
2 If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete the	ııs lıne, ıncludıng covered	for information on who must complete this line, including covered relationships and transaction thresholds	S		
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	nount involve	9	
ļ	type (a-s)					
Planned Parenthood of Northern New England (1) Inc.	, U	160,828.	FMV			
(3)						
(4)						ļ
(5)						
(9)						
432183 08-14-14	31		9S	Schedule R (Form 990) 2014	nu 990	8

France Farenciood New na Action Fund, Inc.

Schedule R (Form 990) 2014

Page 4

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Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

l on -	ı	1	1	1	ı	1	ı	1
(k) Percentage ownership								
(j) General or managing partner?								
Dar Dar								
Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065) Yes No								
Disproportional	2							
Disp Cal								
(g) Share of end-of-year assets				:				
(f) Share of total nrcome	i i							
(e) Are all partners sec 501(c)(3) orgs?								
Predominant income (related, unrelated, sectionel from tax under sections 512-514)								
(c) Legal domicile (state or foreign country)								
(b) Primary activity								
(a) Name, address, and EIN of entity								

432164 08-14-14

Schedule R (Form 990) 2014

46-5554692 Page 5 Action Fund, Inc. Schedule R (Form 990) 2014 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 Vermont Action Fund PAC 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.

Form **8868** (Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.lrs.gov/form8868 ·

OMB No. 1545-1709

=	re filing for an Automatic 3-Month Extension, comple	_				▶ X		
	re filing for an Additional (Not Automatic) 3-Month Ex			-				
Electroni	mplete Part II unless you have already been granted a c filing (e-file) . You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6 months for			
	o file Form 990-T), or an additional (not automatic) 3-mo		=		•			
	file any of the forms listed in Part I or Part II with the ex							
	Benefit Contracts, which must be sent to the IRS in pap		(see instructions) For more details o	n the ele	ctronic filing of	of this form,		
	irs gov/efile and click on e-file for Charities & Nonprofits		and a single section of the second section of the se					
Part I	Automatic 3-Month Extension of Time							
acorpora Part I only	tion required to file Form 990-T and requesting an autor	natic 6-mc	onth extension - check this box and o	complete		► □		
•	corporations (including 1120-C filers), partnerships, REM	IICs and t	ruete must use Form 7004 to mauos	t an ovtor	oon of time			
	ome tax returns	ros, and ti	usis must use roim roo4 to reques		er's identifyi:	na number		
Type or	Name of exempt organization or other filer, see instru	ctions	· · · · · · · · · · · · · · · · · · ·			n number (EIN) or		
orint	Planned Parenthood New Ham		e	Linploye		rindiniber (Entry or		
	Action Fund, Inc.	•			46-55!	54692		
le by the fue date for	Number, street, and room or suite no. If a P O box, s	ee instruc	tions	Social se	curity numbe	er (SSN)		
iling your eturn See								
nstructions								
nter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 1		
Application	on	Return	Application			Return		
s For		Code	Is For			Code		
orm 990	or Form 990-EZ	01	Form 990-T (corporation)			07		
orm 990	BL	02	Form 1041-A			08		
orm 472	0 (ındıvıdual)	03	Form 4720 (other than individual)					
orm 990	PF	04	Form 5227			10		
	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		Guita 201 Press1		T700 /	05401		
	oks are in the care of \triangleright 128 Lakeside Av	venue		ıngto	n, vr (05401		
•	one No ▶ 802-448-9728		Fax No.			, —		
	rganization does not have an office or place of busines: s for a Group Return, enter the organization's four digit			: 44 6-	. Ab .			
		1			•	roup, check this		
oox. <mark>I> l</mark> 1 lred	If it is for part of the group, check this box				ers the exter	ISION IS TOT		
1 1160		•	tion return for the organization name		The extension	ın		
is fo	or the organization's return for:	Corganiza	tion return for the organization riame	d above	THO EXICHSIO	"1		
▶[calendar year or							
• [X tax year beginning MAY 1, 2014	. an	d ending DEC 31, 2014					
-			<u> </u>					
2 If th	e tax year entered in line 1 is for less than 12 months, c	heck reas	on: X Initial return III I	Final retur	n			
	Change in accounting period							
3a If th	is application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069,	enter the tentative tax, less any					
non	refundable credits. See instructions			3a	\$	0.		
b If th	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter any	y refundable credits and					
esti	mated tax payments made. Include any prior year overp	ayment al	lowed as a credit	3b	\$	0.		
	ance due. Subtract line 3b from line 3a Include your pa	•	• •					
	using EFTPS (Electronic Federal Tax Payment System)			3c	\$	0.		
Caution. nstruction	If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 8879	9-EO for payment		
HA F	or Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form 8	868 (Rev 1-2014)		