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DLN: 93492224014805

OMB No 1545-1150

Form 990-EZ

Department of the Treasury

**Short Form Return of Organization Exempt From Income Tax** 

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

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

▶ Information about Form 990-EZ and its instructions is at  $\underline{www.irs.gov/form990}$ .

**Open to Public Inspection** 

Inter	nal Reveni	ue Service		Inspection	
		e 2014 calendar year, or tax year beginning 01-01-2014 , and ending 12-31-2014  applicable C Name of organization D Em			
	Check ıf Address	imployer identification number			
	Name ch	1186756	-		
	Initial re	phone nu	hone number		
	Fınal	(804	(804) 482-6134		
	rn/term	Group Exemption Number			
_		return RICHMOND, VA 23221 Num	ibei F		
	чррисац	on pending			
<b>G</b> A	ccoun	ting Method	_		
T 34	/ a la a i k a	(Form 990,990 €: ► www.PPAV.org	O-EZ, o	r 990-PF)	
		ppt status(check only one) -			
<u>—</u>	orm of	organization Corporation Trust Cassociation Cother			
		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	assets	Part II, column	
		are \$500,000 or more, file Form 990 instead of Form 990-EZ	154,8	32	
Р	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction Check if the organization used Schedule O to respond to any question in this Part I			
	1	Contributions, gifts, grants, and similar amounts received	1	33,138	
	2	Program service revenue including government fees and contracts	2		
	3	Membership dues and assessments	3	97,916	
	4	Investment income	4	9	
	5a	Gross amount from sale of assets other than inventory			
<u>a</u>	Ь	Less cost or other basis and sales expenses			
Revenue	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
ě	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than \$15,000) . 6a			
	Ь	Gross income from fundraising events (not including \$of contributions from fundraising events reported on line 1) (attach Schedule G if the			
		sum of such gross income and contributions exceeds \$15,000)			
	c	Less direct expenses from gaming and fundraising events 6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
	7a	Gross sales of inventory, less returns and allowances			
	Ь	Less cost of goods sold			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
	8	Other revenue (describe in Schedule O)	8	23,769	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	154,832	
	10	Grants and similar amounts paid (list in Schedule O)	10		
	11	Benefits paid to or for members	11		
Expenses	12	Salaries, other compensation, and employee benefits	12	99,565	
	13	Professional fees and other payments to independent contractors	13	13,898	
	14	Occupancy, rent, utilities, and maintenance	14	1,826	
	15	Printing, publications, postage, and shipping	15	768	
	16	Other expenses (describe in Schedule O)	16	26,277	
	17	Total expenses. Add lines 10 through 16	17	142,334	
<u>—</u>	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	12,498	
900	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with			
etAssets		end-of-year figure reported on prior year's return)	19	71,163	
ž	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	83,661	
<del></del>	Daman	great Poduction Act Notice and the compants instructions		. 000 E7 (2014)	

Form 990-	, ,					Page 2
Part II	<b>Balance Sheets</b> (see the Check if the organization used		any question in this P	art II		
			(A	) Beginning of year		(B) End of year
<b>22</b> Cash,	savings, and investments .			71,163	22	83,661
<b>23</b> Land a	and buildings				23	
<b>24</b> Other	assets (describe in Schedule O				24	
25 Total				71,163		83,661
	liabilities (describe in Schedule sets or fund balances (line 27 o	•	th line 21)	71,163	-	83,661
Part III				· —		Expenses
What is the	Check if the organization uses organization's primary exempt		any question in this P	art III . 🔽	(c)	equired for section 501 (3) and 501(c)(4)
	E FOR POLICIES THAT SUPP					ganızatıons, optıonal for ners )
measured benefited,	he organization's program servion by expenses In a clear and con and other relevant information fo	cise manner, describe the or each program title	services provided, the	number of persons		ı
WORK ON LEGISLAT INCLUDED BUDGET, ABORTIO CARE EXC FOR MEDI	4, PLANNED PARENTHOOD AIPRESERVING AND BROADEN ION AND OTHER EFFORTS AT WORKING TO DEFEAT MEAS AND REVISE THE GOVERNOR N PROVIDERS PPAV WORKED HANGE POLICIES, RESCIND CAID EXPANSION ADDITION IS TO REGULATIONS TARGET	ING ACCESS TO REPRODE CHANGING PUBLIC POINTS OF THE PROPERTY TO AMEN OF TO PASS BILLS TO ADDITHE ULTRASOUND LAW ANALLY, WE ADVOCATED OF THE PROPERTY OF THE PR	DUCTIVE HEALTH CA LICY IN VIRGINIA T NED PARENTHOOD I D REGULATIONS TO D ABORTION COVERA AND WAITING PERIO AT THE BOARD OF H	RE THROUGH HESE EFFORTS N THE STATE TARGET (GE TO HEALTH D, AND ADVOCATE		
(Grants \$ 0		is amount includes foreign		▶┌	28a	142,334
29						
(Grants \$	) If th	ıs amount ıncludes foreıgn	grants, check here .	▶┌	29a	
30						
(Grants \$	·	ıs amount ıncludes foreıgn	grants, check here .	▶┌	30a	
<b>31</b> Other p (Grants \$	rogram services (describe in Sc )	hedule O ) is amount includes foreign	grants, check here .	▶ ┌	31a	
	ogram service expenses (add lin				32	,
Part IV	List of Officers, Directors, Tru Check if the organization used	<b>istees, and Key Employees</b> d Schedule O to respond to	(list each one even if not o any question in this P	ompensated — see the in art IV......	struction	ons for Part IV)
	(a) Name and title	(b) Average hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)	(d) Health benet contributions t employee benefit p and deferred compensation	o olans,	(e) Estimated amount of other compensation
LAURA ME VICE-CHA		0 50	onter 0 y	·	0	0
	MCELWAIN HAIRMAN / TREASURER	0 50	O		0	0
MELISSA SECRETAR		0 50	O		0	0
SARAH ME SECRETAR	EACHAM RY (PART YEAR)	0 50	C		0	0

	instructions for Part V ) Check if the organization used Schedule O to respond to any question in this Part	<u>V</u>		<u>l~</u>		
			Yes	No		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O					
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)					
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No		
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b				
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a					
b	Did the organization file Form 1120-POL for this year?	37b				
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were					
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Νo		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b					
39	Section 501(c)(7) organizations Enter					
а	Initiation fees and capital contributions included on line 9 39a					
b	Gross receipts, included on line 9, for public use of club facilities 39b					
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under					
	section 4911 —, section 4912 —, section 4955 —					
b	b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I					
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958					
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization					
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		Νo		
41	List the states with which a copy of this return is filed 🕨					
42a	The organization's books are in care of ▶ CORPORATION Telephone no	<b>(80</b>	4)482-	6134		
	Located at 🕨 201 N HAMILTON ST RICHMOND, VA ZIP + 4	2.3	3221			
<b>L</b>	At any time during the colondar year, did the organization have an interest in or a cignature or other authority	ı				
D	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)?	42b	Yes	No No		
	If "Yes," enter the name of the foreign country 🕨					
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
c	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		No		
	If "Yes," enter the name of the foreign country					
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here and enter the amount of tax-exempt interest received or accrued during the tax year		. •	Γ		
	- , <u> </u>		V	NI -		
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		Yes	No		
44a						
		44a		No		
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		Νo		
	Did the organization receive any payments for indoor tanning services during the year?	44c		Νo		
d	d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O					
45a	<b>a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?					
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)					

orm 990-EZ (	2014)							Page
							Yes	No
	rganization engage, directly es for public office? If "Yes,"				r ın opposition to	l l		
	ection 501(c)(3) orga					46		No
	ll section 501(c)(3) orga		questions 47-49b a	and 52, ar	nd complete the	table:	s for lir	nes 50
aı	nd 51 heck if the organization used		•		•			_
	neck if the organization used	a Schedule O to respond to	o any question in tins	rait VI .			Yes	No
	rganization engage in lobbyi complete Schedule C , Part I		tion 501(h) election i		ring the tax year?	. 47		
	ganization a school as descr		'Λ \/u\2 If "Voc " comm	oloto Schod	lulo E	48		
					iule L	49a		
	rganızatıon make any transfe	•	_			49b		
<b>b</b> If "Yes,"	was the related organization	a section 527 organization	on?					
	this table for the organizaties) who each received more							
	nd title of each employee	(b) A verage	(c) Reportable	(d) H	ealth benefits,	<b>(e)</b> Es	tımated	
		hours per week devoted to position	compensation (Forms W-2/1099-	l l	itributions to ee benefit plans,	of othe	rcomp	ensatio
			MISC)		nd deferred mpensation			
					Inpensation			
				1				
<b>f</b> Total nu	umber of other employees pa	nid over \$100,000 .				▶		
<b>1</b> Complete	this table for the organizati	on's five highest compens	ated independent con	itractors wh	no each received	more th	an \$10	0,000
	nsation from the organization  a) Name and business addre	· · · · · · · · · · · · · · · · · · ·		(b) T	ype of service	(a) (	Compen	cation
	a) Name and basiness addre	233 of each macpenaent et	ontractor .	(5)	ype or service		Jonipen	3411011
d Total nu	ımber of other ındependent o	antractors and recover	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			<u> </u>		
	organization complete Sche	_			-			
	ted Schedule A					•	☐ Ye	s $\lceil$ N
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	of perjury, I declare that I hav pelief, it is true, correct, and co							
- Ik								
ign 🖊 🧗	****** Signature of officer				2015-08-11 Date			
ere	PAULETTE MCELWAIN TREASURER							
	Type or print name and title  Print/Type preparer's name	Preparer's signature	<u> </u>	ate 6	Chack T of PTIN			
aid	JAYME MIKA			s	elf-employed P0085			
reparer	Firm's name FKEITERSTEP	HENSHURSTGARY & SHREAVESP	PC .	F	irm's EIN ► 54-1631	262		
se Only	Firm's address ► PO BOX 3206	6		Р	hone no (804) 747-	0000		
	RICHMOND,	VA 232942066						
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DLN: 93492224014805

OMB No 1545-0047

2014

Open to Public Inspection

## SCHEDULE O

Department of the Treasury
Internal Revenue Service

(Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

Name of the organization
PLANNED PARENTHOOD ADVOCATES OF VA INC

54-1186756

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INTEREST AMOUNT 9
FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE	DESCRIPTION REIMBURSEMENT FOR SHARED STAFF COSTS & OTHER EXPENSES AMOUNT 23,769
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION OFFICE EXPENSE AMOUNT 10,695 DESCRIPTION TRAVEL AMOUNT 5,262 DESCRIPTI ON CONFERENCES AND MEETING AMOUNT 2,744 DESCRIPTION INSURANCE AMOUNT 320 DESCRIPTI ON EQUIPMENT AMOUNT 400 DESCRIPTION DUES AMOUNT 559 DESCRIPTION TAXES AND LICENSE S AMOUNT 75 DESCRIPTION MISCELLANEOUS AMOUNT 606 DESCRIPTION ADVOCACY AND PROGRAM EXPENSE AMOUNT 5,582 DESCRIPTION BANKCARD EXPENSE AMOUNT 34 TOTAL TO FORM 990-EZ, L INE 16 26,277

## **TY 2014 Transfers Personal Benefits Contracts Declaration**

Name: PLANNED PARENTHOOD ADVOCATES OF VA INC

**EIN:** 54-1186756

Declaration: THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY

FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT. THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY,

ON A PERSONAL BENEFIT CONTRACT.