

Form 990-EZ

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)

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury Internal Revenue Service

- 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 www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: PLANNED PARENTHOOD ADVOCATES OF VA INC
Number and street (or P O box, if mail is not delivered to street address): 201 N HAMILTON ST
Room/suite:
City or town, state or province, country, and ZIP or foreign postal code: RICHMOND, VA 23221

D Employer identification number: 54-1186756
E Telephone number: (804) 482-6134
F Group Exemption Number

G Accounting Method: [X] Cash [] Accrual Other (specify)

H Check [] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.PPAV.ORG

J Tax-exempt status (check only one): [] 501(c)(3) [X] 501(c)(4) (insert no) [] 4947(a)(1) or [] 527

K Form of organization: [X] Corporation [] Trust [] Association [] Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. Total: \$154,832

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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

Table with 21 rows and 2 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values range from 33,138 to 83,661.

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

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	71,163	22	83,661
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	71,163	25	83,661
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	71,163	27	83,661

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose?

ADVOCATE FOR POLICIES THAT SUPPORT REPRODUCTIVE RIGHTS

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

28 IN 2014, PLANNED PARENTHOOD ADVOCATES OF VIRGINIA (PPAV) FOCUSED ITS PROGRAMMATIC WORK ON PRESERVING AND BROADENING ACCESS TO REPRODUCTIVE HEALTH CARE THROUGH LEGISLATION AND OTHER EFFORTS AT CHANGING PUBLIC POLICY IN VIRGINIA. THESE EFFORTS INCLUDED WORKING TO DEFEAT MEASURES TO DEFUND PLANNED PARENTHOOD IN THE STATE BUDGET, AND REVISE THE GOVERNOR'S AUTHORITY TO AMEND REGULATIONS TO TARGET ABORTION PROVIDERS. PPAV WORKED TO PASS BILLS TO ADD ABORTION COVERAGE TO HEALTH CARE EXCHANGE POLICIES, RESCIND THE ULTRASOUND LAW AND WAITING PERIOD, AND ADVOCATE FOR MEDICAID EXPANSION. ADDITIONALLY, WE ADVOCATED AT THE BOARD OF HEALTH FOR REVISIONS TO REGULATIONS TARGETED AT ABORTION PROVIDERS. (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	142,334
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a) <input checked="" type="checkbox"/>	32	142,334

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

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

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
LAURA MEYERS VICE-CHAIRMAN	0.50	0	0	0
PAULETTE MCELWAIN BOARD CHAIRMAN / TREASURER	0.50	0	0	0
MELISSA REED SECRETARY	0.50	0	0	0
SARAH MEACHAM SECRETARY (PART YEAR)	0.50	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Main form area containing questions 33 through 45b with corresponding Yes/No columns and input fields.

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

46 Yes No

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

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

Yes No

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

47 Yes No

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48 Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a Yes No

b If "Yes," was the related organization a section 527 organization?

49b Yes No

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations must attach a completed Schedule A

Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: Signature of officer (PAULETTE MCELWAIN TREASURER) and Date (2015-08-11)

Paid Preparer Use Only: Print/Type preparer's name (JAYME MIKA), Preparer's signature, Date, Check self-employed, PTIN (P00852731), Firm's name (KEITERSTEPHENSHURSTGARY & SHREAVESPC), Firm's EIN (54-1631262), Firm's address (PO BOX 32066, RICHMOND, VA 232942066), Phone no (804) 747-0000

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization
PLANNED PARENTHOOD ADVOCATES OF VA INC

Employer identification number

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.