

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2015

Open to Public Inspection

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 www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

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

C Name of organization: PLANNED PARENTHOOD OF NASSAU COUNTY ACTION FUND INC. Address: 540 FULTON AVENUE, HEMPSTEAD, NY 11550

D Employer identification number: 38-3649080. Telephone number: (516) 750-2600. F Group Exemption Number

G Accounting Method: Accrual

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

I Website: WWW.PPNCAF.ORG

J Tax-exempt status: 501(c)(4)

K Form of organization: Corporation

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. Total: \$46,910

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

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

Table with 3 columns: Line number, Description, and Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21).

**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
<b>22</b> Cash, savings, and investments . . . . .	35,107	<b>22</b>	24,899
<b>23</b> Land and buildings . . . . .		<b>23</b>	
<b>24</b> Other assets (describe in Schedule O) . . . . .	115	<b>24</b>	8,347
<b>25 Total assets</b> . . . . .	35,222	<b>25</b>	33,246
<b>26 Total liabilities</b> (describe in Schedule O) . . . . .	8,491	<b>26</b>	3,852
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) . . . . .	26,731	<b>27</b>	29,394

**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?  
 PLANNED PARENTHOOD OF NASSAU COUNTY ACTION FUND, INC (PPNCAF), INCORPORATED IN 2002, IS A NOT-FOR-PROFIT ORGANIZATION WHOSE PRIMARY PURPOSE IS TO FOSTER AND PRESERVE A CLIMATE FAVORABLE TO THE EXERCISE OF REPRODUCTIVE FREEDOM PPNCAF IS FUNDED THROUGH CONTRIBUTIONS FROM INDIVIDUALS, WHICH ARE NOT TAX-DEDUCTIBLE TO THE DONOR, AND THE EDUCATIONAL GRANT FROM PLANNED PARENTHOOD OF NASSAU COUNTY, INC , WHICH ALLOWS THE ORGANIZATION TO EDUCATE THE PUBLIC ABOUT ISSUES RELEVANT TO REPRODUCTIVE AND SEXUAL HEALTH

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

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

<b>28</b> PPNCAF INFORMED SUPPORTERS OF ITS AGENDA FOR THE YEAR AND ENCOURAGED THEM TO REACH OUT TO THEIR REPRESENTATIVES ON THE LOCAL, STATE AND FEDERAL LEVELS IN SUPPORT OF INITIATIVES AND PROGRAMS THAT PROTECT ACCESS TO REPRODUCTIVE HEALTH CARE AND INFORMATION, SUCH AS TITLE X, MEDICAID, THE CDC'S HIV/AIDS, STIS, AND TB PREVENTION PROGRAMS, AND SEXUAL HEALTH EDUCATION AND INTERNATIONAL FAMILY PLANNING PROGRAMS, EDUCATING NYS OFFICIALS ABOUT THE IMPORTANCE OF PAID FAMILY LEAVE, THE WOMEN'S EQUALITY ACT, AND THE BOSS BILL, AND PROVIDING THE PEOPLE IN OUR COMMUNITY WITH INFORMATION ABOUT THE AFFORDABLE CARE ACT AND ENROLLING THEM IN THE HEALTH INSURANCE PLANS BEST SUITED FOR THEIR NEEDS (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>	44,247
<b>29</b>  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>29a</b>	
<b>30</b>  (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>30a</b>	
<b>31</b> Other program services (describe in Schedule O) (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .	<b>32</b>	44,247

**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
AUDREY SCHEIN CHAIR	0 40	0	0	0
DONNA T BACON SECRETARY	0 20	0	0	0
DIANE YATAURO TREASURER	0 10	0	0	0
JUDY SCHWARTZ DIRECTOR	0 05	0	0	0
BETSY BLATTMACHR DIRECTOR	0 05	0	0	0
ANDRINA VEIT CLEVELAND DIRECTOR	0 10	0	0	0
CLAUDIA MOYNE DIRECTOR	0 10	0	0	0
ELLEN MAUK DIRECTOR	0 05	0	0	0
NINA PETRARO DIRECTOR	0 10	0	0	0
RONNIE LAVINE DIRECTOR	0 05	0	0	0
MARTINE REED DIRECTOR	0 10	0	0	0
AMANDA ABATA DIRECTOR	0 05	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 . . . . .

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . . 33 Yes No
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 . . . . . 34 Yes No
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 Yes No
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . . 35b Yes No
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . . 35c Yes 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 Yes No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions . . . . . 37a 0
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 or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . . 38a Yes No
b If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . 38b
39 Section 501(c)(7) organizations Enter . . . . .
a 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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . . 40b Yes No
c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . . 0
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization . . . . . 0
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 Yes No
41 List the states with which a copy of this return is filed . . . . . NY
42a The organization's books are in care of . . . . . TAMARA UMANSKY Telephone no . . . . . (516) 750-2606
Located at . . . . . 540 FULTON AVENUE HEMPSTEAD, NY ZIP + 4 . . . . . 11550
b 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
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 Yes 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 Form 1041 - Check here . . . . . 
and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . 43
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . . 44a Yes No
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . . 44b Yes No
c Did the organization receive any payments for indoor tanning services during the year? . . . . . 44c Yes No
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 . . . . . 44d Yes No
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . . 45a Yes No
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) . . . . . 45b Yes No

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

Table with 3 columns: Question, Yes, No. Row 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

Table with 3 columns: Question, Yes, No. Row 47: Yes/No

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

Table with 3 columns: Question, Yes, No. Row 48: Yes/No

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

Table with 3 columns: Question, Yes, No. Row 49a: Yes/No

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

Table with 3 columns: Question, Yes, No. Row 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, (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 (\*\*\*\*\*), Date (2016-07-13), Type or print name and title (JOANN D SMITH PRESIDENT & CEO)

Paid Preparer Use Only: Preparer's name (ERIC GOLDFARB), Signature, Date, Check self-employed, PTIN (P01277125), Firm's name (LOEB & TROPER LLP), Firm's EIN (13-1517563), Firm's address (655 THIRD AVENUE 12TH FLOOR, NEW YORK, NY 10017), Phone no ((212) 867-4000)

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

**TY 2015 Transfers Personal Benefits  
Contracts Declaration**

**Name:** PLANNED PARENTHOOD OF NASSAU  
COUNTY ACTION FUND INC

**EIN:** 38-3649080

**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.

**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2015**

**Open to Public  
Inspection**

Name of the organization  
PLANNED PARENTHOOD OF NASSAU  
COUNTY ACTION FUND INC

Employer identification number

38-3649080

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION INSURANCE AMOUNT 620 DESCRIPTION MISCELLANEOUS AMOUNT 1,383 DESCRIPTION DUES AMOUNT 594 DESCRIPTION TRAVEL/MEETINGS AMOUNT 402 TOTAL TO FORM 990-EZ, LINE 16 2,999
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION CONTRIBUTIONS RECEIVABLE BEG OF YEAR AMOUNT 115 END OF YEAR AMOUNT 2,508 DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 5,654 DES CRPTION OTHER ASSETS BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 185
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 8,491 END OF YEAR AMOUNT 3,852