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.

OMB No 1545-1150

2015

Open to Public Inspection

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Internal Revenue Service 2015, and ending 20 A For the 2015 calendar year, or tax year beginning D Employer identification number C Name of organization B Check if applicable VOICE FOR CHOICE PLANNED Address change PARENTHOOD OF NEW YORK CITY ACTION FUND, INC. 13-3731867 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Initial return (212) 965-7022 26 BLEECKER STREET Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return Number -NEW YORK, NY 10012 Application pending H Check ▶ I If the organization is not Cash X Accrual Other (specify) ▶ Accounting Method Website: ▶WWW.PPNYCACTION.ORG/ required to attach Schedule B Tax-exempt status (check only one) - 501(c)(3) X 501(c) (4) ◀ (insert no) (Form 990, 990-EZ, or 990-PF) 4947(a)(1) or Association K Form of organization X Corporation Trust 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 ▶ \$ 107,660. 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. 45,887. 1 2 Program service revenue including government fees and contracts 2 3 3 Membership dues and assessments 4 4 Gross amount from sale of assets other than inventory 5a 5 a SCANNED NOV 1 Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Gross income from fundraising events (not including \$____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) _ _ 6b Less direct expenses from gaming and fundraising events <u>6c</u> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances 7 a Gross profit or (loss) from sales of inventory (Subtract line 7b from line of CEIVED 7c 61,773. 8 Other revenue (describe in Schedule O). ATCH .11. . 8 107,660. 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 _ . . 9 10 10 Grants and similar amounts paid (list in Schedule O) 11 11 Salaries, other compensation, and employee benefits OGD 12 12 52,491. 13 Professional fees and other payments to independent contractors 13 2,620. 14 14

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2015)

15

16

17

18

19

PAGE 1

32,953.

88,064.

19,596.

51,829.

71,425.

Net Assets

15

16

17

18

19

20

Other expenses (describe in Schedule O) ATCH. 2.

Net assets or fund balances at end of year Combine lines 18 through 20

Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with

Form	990-EZ (2015)					Page 2
Pa	Balance Sheets (see the instructions for Part II)		n in this Dad !!			····
· 	Check if the organization used Schedule O to res			1		
	, amma quartaim. 2		(A) Beginning of year 54,837.		(B) E	36,369.
22	Cash, savings, and investments ATTACHMENT . 3		<u> </u>			30,369.
23	Land and buildings	• • • • • • •		- 25		35,789.
24		· · · · · · · - -	54,837.			72,158.
25	Total assets	· · · · · · · · - 	3,008.			72,138.
26	Total liabilities (describe in Schedule O) ATTACHMENT 5		51,829.			71,425.
27	Net assets or fund balances (line 27 of column (B) must agree with the Statement of Program Service Accomplishment			21		
What Des	Check if the organization used Schedule O to response is the organization's primary exempt purpose? <u>ATTACHMEN</u> is the organization's program service accomplishments for measured by expenses. In a clear and concise manner, despons benefited, and other relevant information for each program.	ond to any question in NT 6 or each of its three largeribe the services program title	gest program service	50 org	equired fo 1(c)(3) an	penses or section ad 501(c)(4) s, optional for
28	TO EDUCATE SUPPORTERS AND THE GENERAL PUR	BLIC ON THE ISS	UES			
	CONCERNING WOMEN'S REPRODUCTIVE HEALTH CA	ARE AND PRO-CHO	ICE.			
					ŀ	
	(Grants \$ 0.) If this amount include	s foreign grants, check he	re ▶	28a		88,064.
29				_		
			· · · · · · · · · · · · · · · · · · ·	- $ $		
	(Grants \$) If this amount include	s foreign grants, check he	ere	29a	·	
30						
					1	
		s foreign grants, check he		30a	1	
31	Other program services (describe in Schedule O)					
	<u> </u>	s foreign grants, check he		31a		88,064.
	Total program service expenses (add lines 28a through 31a) Int IV List of Officers, Directors, Trustees, and Key Emplo				. 400 1004	
Ρá	List of Officers, Directors, Trustees, and Key Emplo Check if the organization used Schedule O to respon	nd to any question in th	en ii not compensa is Part IV	leu - set	e uie iiisuu	X
	Check if the organization used ochedule of to respon	(b) Average	(c) Reportable	(d) Hea	ith benefits.	
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit	ns to employee plans, and compensation	(e) Estimated amount of other compensation
	ATTACHMENT 7					
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Page 3

Part \	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this I	in the Part V)	\Box
	modulation for the confidence of the confidence		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		Х
34	detailed description of each activity in Schedule O			
	copy of the amended documents if they reflect a change to the organizations name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
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		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
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		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			v
	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	275		X
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	38a		X
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	30a		
			٠.	
39	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on line 9		`	•
a b	Gross receipts, included on line 9, for public use of club facilities	1		ĺ . ′
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1	5 %	*,
70a	section 4911 ▶, section 4912 ▶, section 4955 ▶	· (4)	; <- <u>€</u>	-
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958		7.3%	
_	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		Х
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed		ş ,	37.
	on organization managers or disqualified persons during the year under sections 4912,	,		,
	4955, and 4958	1	* ;	#
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			· .
	40c reimbursed by the organization	, «	*	246. 51
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40-	<u></u>	
	transaction? If "Yes," complete Form 8886-T	40e	L	
41	List the states with which a copy of this return is filed NY. The organization's books are in care of DONATHAN SEGAL Telephone no DONATHAN SEGAL TELEPHONE SEGAL TELEPHONE SEGAL TELEPHONE SEGAL TELE	5-70:	22	
42a	The organization's books are in care of ▶ JONATHAN SEGAL Located at ▶ 26 BLEECKER STREET, NEW YORK, NY Telephone no 212-965 10012	-		
_	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	г	Yes	No
D	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	100	Х
	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			ľ
	Financial Accounts (FBAR)			
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		Х
	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			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	ļ. <u></u>	 -	
	completed instead of Form 990-EZ	44a	-	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	114		X
	completed instead of Form 990-EZ	44b	- -	X
C	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	740		 ^
d	explanation in Schedule O	44d	1	
AFo	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	†	Х
45a b	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		Х

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						Yes	No
46	Did the organization engage, directly or indirectly,						ł
	to candidates for public office? If "Yes," complete S	chedule C, Part I	<u> </u>		. 46		Х
Part \	VI Section 501(c)(3) organizations only						
	All section 501(c)(3) organizations mus	t answer question	is 47-49b and 52, ai	nd complete the ta	ables fo	r line	? S
	50 and 51.						
	Check if the organization used Schedule	O to respond to a	any question in this l	Pa <u>rt VI</u>			\Box
47	Did the organization engage in lobbying activities					Yes	No
41	year? If "Yes," complete Schedule C, Part II				. 47		
48	Is the organization a school as described in sectio						
49 a	Did the organization make any transfers to an exe						
	If "Yes," was the related organization a section 527						
50	Complete this table for the organization's five high	hest compensated	employees (other tha	n officers, director	s, truste	es an	ıd key
•	employees) who each received more than \$100,00						•
		(b) Average	(c) Reportable	(d) Health benefits, contributions to employee	(e) Estima		nount of
	(a) Name and title of each employee	hours per week devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensation	other co		
		Covered to permit		Comparation			
		-					
		1					
	· · · · · · · · · · · · · · · · · · ·						
		1					
		†					
		1					
f	Total number of other employees paid over \$100,	000	<u> </u>				
51	Complete this table for the organization's five his	ghest compensate	d independent contra	actors who each re	eceived	more	than
	\$100,000 of compensation from the organization	<u>If there is none, en</u>	ter "None "				
	(a) Name and business address of each independent contract	tor	(b) Type of service	(c) C	ompensatio	on	
			_				
							
_							
	Total number of other independent contractors ea	ch receiving over 9	3100 000				
					_		
52	Did the organization complete Schedule A? completed Schedule A				a ► □ Ye	s [No
Under p	enalties of pergry I declare that I have examined this return, inc	luding accompanying sci	hedules and statements, and	to the best of my know			
true, coi	rrect, and complete Declaration of preparer (other than officer) is b	ased on all information of	of which preparer has any kn	owledge			
	1. Into les			11/14/20	16		
Sign	Signature of officer			Date	<u> </u>		
Here	JUJATHAN SEGAC	C+301					
	Type or print name and title						
	Print/Type preparer's name Preparer's	signature	Date	Check 1f	PTIN		
Paid	PAUL HAMMERSCHMIDT	ARAMADE	112//	6 Check If	P0138	4178	}
Prepa	arer	· - · · · · · · · · · · · · · · · · · ·	1 .414-11		38159		
Use C	Only 100 PARK AVENUE				885-8		
	Firm's address NEW YORK, NY 10017-	-5001		Leunie IIO 272	300 0		
Maria			inns		► X Ye	<u>.</u> []No
iviay ti	he IRS discuss this return with the preparer shown	anove . See monder		<u></u>	Form 99		

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2015

Department of the Treasury Internal Revenue Service 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.

Open to Public Inspection

Employer Identification number VOICE FOR CHOICE PLANNED Name of the organization PARENTHOOD OF NEW YORK CITY ACTION FUND, INC. 13-3731867 ATTACHMENT 1 FORM 990EZ, PART I - OTHER REVENUE REIMBURSED EXPENSES FROM AFFILIATE - PLANNED 46,464. PARENTHOOD OF NEW YORK CITY, INC. 15,309. MISCELLANEOUS INCOME 61,773. TOTALS ATTACHMENT 2 FORM 990EZ, PART I - OTHER EXPENSES 4,772. SUPPLIES CONFERENCES, CONVENTIONS 17,500. 3,575. MEMBERSHIP AND DUES 1,545. BANK AND INVESTMENT FEES 5,561. MISCELLANEOUS EXPENSES 32,953. TOTAL ATTACHMENT 3 FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS BEGINNING END OF YEAR OF YEAR DESCRIPTION 36,369. 54,837. CASH

54,837.

TOTALS

36,369.

Schedule O (Form 990 or 990-EZ) 2015	Page 2		
Name of the organization VOICE FOR CHOICE PLANNED	Employer identification number		
PARENTHOOD OF NEW YORK CITY ACTION FUND, INC.	13-3731867		
•	ATTACHMENT 4		
FORM 990EZ, PART II - OTHER ASSETS			
	END		
DESCRIPTION	OF YEAR		
ACCOUNTS RECEIVABLE	35,789.		
TOTALS	35,789.		

	ATTACHMENT 5			
DESCRIPTION	BEGINNING OF YEAR	END OF YEAR		
ACCOUNTS PAYABLE	3,008.	733.		
TOTALS	3,008.	733.		

ATTACHMENT 6

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

THE ACTION FUND ENGAGES IN LEGISLATIVE, EDUCATION AND ELECTORAL ACTIVITY, INCLUDING VOTER EDUCATION CAMPAIGNS, GRASSROOTS ORGANIZING, ISSUE ADVOCACY, CANDIDATE FORUMS, GET-OUT-THE-VOTE ACTIVITIES, VOTER REGISTRATION, AND EARNED AND PAID MEDIA CAMPAIGNS. THE ACTION FUND ENCOURAGES PUBLIC AND POLITICAL SUPPORT FOR REPRODUCTIVE HEALTH AND RIGHTS. WE ALSO ANALYZE AND REPORT ON THE POSITIONS OF CANDIDATES FOR PUBLIC OFFICE ON ISSUES OF IMPORTANCE TO THE PRO-CHOICE COMMUNITY.