

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

2015

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 2015 calendar year, or tax year beginning **2015**, and ending **20**

B Check if applicable

<input type="checkbox"/> Address change	C Name of organization VOICE FOR CHOICE PLANNED	D Employer identification number 13-3731867
<input type="checkbox"/> Name change	PARENTHOOD OF NEW YORK CITY ACTION FUND, INC.	E Telephone number (212) 965-7022
<input type="checkbox"/> Initial return	Number and street (or P O box, if mail is not delivered to street address) Room/suite 26 BLEECKER STREET	F Group Exemption Number
<input type="checkbox"/> Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10012	
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

G Accounting Method 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.PPNYCACTION.ORG/

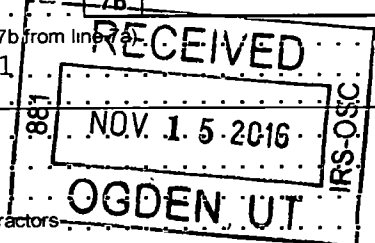
J Tax-exempt status (check only one) - 501(c)(3) 501(c) (4) (insert no) 4947(a)(1) or 527

K Form of organization 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 ▶ \$ 107,660.

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	45,887.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	0.
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b 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)	6b		
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	7a		
b Less cost of goods sold	7b	0.	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O). ATCH. 1	8	61,773.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	107,660.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	52,491.
	14 Occupancy, rent, utilities, and maintenance	14	2,620.
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O) ATCH. 2	16	32,953.
	17 Total expenses. Add lines 10 through 16	17	88,064.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	19,596.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	51,829.
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	71,425.



SCANNED NOV 17 2016

For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2015)

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 [X]

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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 [X]

What is the organization's primary exempt purpose? ATTACHMENT 6
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

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

Table with 3 columns: Description, Amount, Expense Code. Rows include TO EDUCATE SUPPORTERS AND THE GENERAL PUBLIC ON THE ISSUES CONCERNING WOMEN'S REPRODUCTIVE HEALTH CARE AND PRO-CHOICE, and Total program service expenses.

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 [X]

Table with 5 columns: (a) Name and title, (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.

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

Form 990-EZ (2015) Part V Other Information. Questions 33-45b regarding significant activities, changes, income, and organizational details. Includes a table with Yes/No columns for each question.

		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	X

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	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
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"		

(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"

(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 <i>Jonathan Segac</i>	Date 11/14/2014
	Type or print name and title JONATHAN SEGAC, CFO	

Paid Preparer Use Only	Print/Type preparer's name PAUL HAMMERSCHMIDT	Preparer's signature <i>Paul Hammerschmidt</i>	Date 11/12/16	Check <input type="checkbox"/> if self-employed	PTIN P01384178
	Firm's name ▶ BDO USA, LLP	Firm's EIN ▶ 13-5381590		Phone no 212-885-8000	
	Firm's address ▶ 100 PARK AVENUE NEW YORK, NY 10017-5001				

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2015

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Inspection**

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.

Name of the organization **VOICE FOR CHOICE PLANNED**
PARENTHOOD OF NEW YORK CITY ACTION FUND, INC.

Employer identification number
13-3731867

ATTACHMENT 1

FORM 990EZ, PART I - OTHER REVENUE

REIMBURSED EXPENSES FROM AFFILIATE - PLANNED PARENTHOOD OF NEW YORK CITY, INC.	46,464.
MISCELLANEOUS INCOME	15,309.
TOTALS	<u><u>61,773.</u></u>

ATTACHMENT 2

FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	4,772.
CONFERENCES, CONVENTIONS	17,500.
MEMBERSHIP AND DUES	3,575.
BANK AND INVESTMENT FEES	1,545.
MISCELLANEOUS EXPENSES	5,561.
TOTAL	<u><u>32,953.</u></u>

ATTACHMENT 3

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
CASH	54,837.	36,369.
TOTALS	<u><u>54,837.</u></u>	<u><u>36,369.</u></u>

Name of the organization VOICE FOR CHOICE PLANNED PARENTHOOD OF NEW YORK CITY ACTION FUND, INC.	Employer identification number 13-3731867
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ATTACHMENT 4FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>END OF YEAR</u>
ACCOUNTS RECEIVABLE	35,789.
TOTALS	<u>35,789.</u>

ATTACHMENT 5FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>BEGINNING OF YEAR</u>	<u>END OF YEAR</u>
ACCOUNTS PAYABLE	3,008.	733.
TOTALS	<u>3,008.</u>	<u>733.</u>

ATTACHMENT 6FORM 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.