

Form **990-EZ**
Department of the Treasury
Internal Revenue Service

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 www.irs.gov/form990ez.

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017

- 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
Number and street (or P O box, if mail is not delivered to street address) Room/suite
540 FULTON AVENUE
City or town, state or province, country, and ZIP or foreign postal code
HEMPSTEAD, NY 11550

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

G Accounting Method Cash Accrual Other (specify) _____
I Website: WWW.PPNCFAF.ORG
J Tax-exempt status (check only one) - 501(c)(3) 501(c)(4) (insert no.) 4947(a)(1) or 527

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

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. \$ 75,221

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	75,221
		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	
		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			
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8 Other revenue (describe in Schedule O)	8			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	75,221		
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	36,699
		13 Professional fees and other payments to independent contractors	13	1,907
		14 Occupancy, rent, utilities, and maintenance	14	
		15 Printing, publications, postage, and shipping	15	142
		16 Other expenses (describe in Schedule O)	16	5,383
		17 Total expenses. Add lines 10 through 16	17	44,131
Net Assets		18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	31,090
		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	12,485
		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	43,575

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	1,837	22 33,300
23 Land and buildings		23
24 Other assets (describe in Schedule O)	11,754	24 12,899
25 Total assets	13,591	25 46,199
26 Total liabilities (describe in Schedule O).	1,106	26 2,624
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	12,485	27 43,575

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

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 See Additional Data Table

(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29	29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
30	30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		
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)	32	44,131

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
BETSY BLATTMACHR	0 50	0	0	0
CHAIR				
ELLEN MAUK	0 30	0	0	0
VICE CHAIR				
ELIZABETH WOOLFE	0 30	0	0	0
SECRETARY				
SCOTT LENOWITZ	0 30	0	0	0
TREASURER				
AMANDA ABATA	0 05	0	0	0
DIRECTOR				
JILL BAUER	0 05	0	0	0
DIRECTOR				
RHONA FEIGENBAUM	0 04	0	0	0
DIRECTOR				
VALERIE MCCARTHY	0 05	0	0	0
DIRECTOR				
MIRANDA MEYER	0 05	0	0	0
DIRECTOR				
MARILYN MONTER	0 04	0	0	0
DIRECTOR				
MARTINE REED	0 05	0	0	0
DIRECTOR				
LAURIE SCHEINMAN	0 05	0	0	0
DIRECTOR				

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

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

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 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

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

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 2018-06-25 Date
JOANN D SMITH PRESIDENT & CEO Type or print name and title

Paid Preparer Use Only Print/Type preparer's name AARON SHAPIRO Preparer's signature Date Check if self-employed PTIN P01333816
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

Additional Data

Software ID:

Software Version:

EIN: 38-3649080

Name: PLANNED PARENTHOOD OF NASSAU
COUNTY ACTION FUND INC

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.)	
<p>28 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</p>	28a	44,131
<p>(Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>		

**TY 2017 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)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

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.

2017

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Department of the Treasury
Internal Revenue Service

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 320 DESCRIPTION MISCELLANEOUS AMOUNT 1,375 DESCRIPTION DUES AMOUNT 3,009 DESCRIPTION TRAVEL/MEETINGS AMOUNT 579 DESCRIPTION TELEPHONE AMOUNT 100 TOTAL TO FORM 990-EZ, LINE 16 5,383

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION ACCOUNTS RECEIVABLE BEG OF YEAR AMOUNT 11,754 END OF YEAR AMOUNT 12,899

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION ACCOUNTS PAYABLE BEG OF YEAR AMOUNT 1,106 END OF YEAR AMOUNT 2,624