

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**

2009

OMB No 1545-1150

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 black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990. All other organizations with gross receipts less than \$1,250,000 at the end of the year
may use this form may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

Α	For the 2	2009 caler	ndary	ear, or tax year beginning		2009, and	l endi	ng			,
<u>B_</u>	Check if app	plicable							D Em	ployer	sdentification number
	Address cha	ange Use	ease e IRS	Planned Parenthood Public H	Policy N	Network	2	ŀ	20	J-19	987331
	Name chan	oe lab		of Washington				ħ			number
	Initial return	ı ∐typ	e	2001 E Madison Street					1.	2061	320-7651
	Termination	I JP	ecıfic	Seattle, WA 98122				-		200)	320-7031
	Amended re	eturn Ins	truc- ns.					[1			xemption
\perp	Application									mber	
	• Se	ction 501 must	(c)(3) t attac	organizations and 4947(a)(1) nonexempt of h a completed Schedule A (Form 990 or S	charitable t 190-EZ).	rusts	G	Accounting n Other (specif		d [_	Cash X Accrual
		37/3					Н	Check ► _			ganization is not
	Website:			ly l			-	required to a 990-EZ, or 9	ittach 90.PF	Scne	edule B (Form 990,
		ot status (ch			4947(a)(1)						
К	Check ► \$25,000.	A Form 99	orga 90-EZ	nization is not a section 509(a)(3) support or Form 990 return is not required, but if the c	ing organiza organization	chooses to	its gro	return, be sure	to file	nally a co	mplete return
	ınstead c	of Form 99	90-EZ	o, to line 9 to determine gross receipts, if						► \$	416,920.
Pa	rt I	Reveni	ue, E	xpenses, and Changes in Net Ass	sets or Fu	ınd Bala	nce	See the ii	<u>nstru</u>	<u>ictio</u> r	ns for Part I.)
	1 Co			s, grants, and similar amounts received						1	416,845.
	2 Pro	ogram ser	vice i	evenue including government fees and con	ntracts				Γ	2	
		-		and assessments					Γ	3	
	4 Inv	estment i	ncom	e						4	
	5a Gro	oss amou	nt fro	n sale of assets other than inventory		5	a				
	b Les	ss cost o	r othe	basis and sales expenses		5	Ь				
Ŗ	c Gair	n or (loss) fr	rom sal	e of assets other than inventory (Subtract In 5b from I	n 5a)	-				5 c	
Ā	6 Spe	cial events a	and act	vities (complete applicable parts of Schedule G). If an	y amount is fro	om gaming,	check l	nere 🕨 🖊			
RE>EZUE					Intributions			•	_	- 1	
Ų		orted on				6	al		Ì	- 1	
<u> </u>				ses other than fundraising expenses		6					
2010				om special events and activities (Subtract line 6b from	ı line 6a)		<u>- </u>			6 c	
				entory, less returns and allowances	i iiiic vaj	7:	اه			-	
		ss cost o				7			\dashv	- 1	
esi			_	s solu ss) from sales of inventory (Subtract line 7	h from line		<u> </u>			7 c	
\dashv		-			D HOITI IIIIE	/a)			、 ト	8	75.
70				See Statement 1					<u></u>		
$\overline{}$				d lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		1 .		<u>rwed</u>	 	9	416,920.
SCANNED				amounts paid (attach schedule)		TYV	PAY.		601	10	
Žε		•		for members			7/10	4 2010		11	0.40, 202
ZX				npensation, and employee benefits		IN ICH	1/ 19	- LO.	12"× 11 L	12	240,303.
E				and other payments to independent contra	actors				1 4 - 7 0 -	13	44,837.
ρŝ		-		utilities, and maintenance		150	~	301 183	6 –	14	14,335.
S				ons, postage, and shipping.				en, Ui	<i>'</i>	15	1,830.
				ne ► <u>See Statement 2</u>				<u> </u>		16	105,418.
	17 To	tal expens	ses	Add lines 10 through 16					-	17	406,723.
	18 Exe	cess or (d	deficit	for the year (Subtract line 17 from line 9)					L	18	10,197.
N S	19 Ne	t assets o	or fund	balances at beginning of year (from line)	27, column	(A)) (mus	t agre	e with end-of-	year -		
N S				prior year's return)			-		` <u> </u>	19	126,388.
'Ţ	20 Oth	ner chang	es in	net assets or fund balances (attach explar	ation)				L	20	
				balances at end of year Combine lines 1						21	136,585.
Pa	rt II	Balanc	<u>:e St</u>	eets. If Total assets on line 25, column (l	3) are \$1,25	50,000 or	more,	file Form 990	ınstea	ad of	Form 990-EZ
	_ 			(See the instructions for Part II)				A) Beginning ((B) End of year
22	Cash, s	savings, a	and in	vestments				137,	914.	22	140,587.
23		nd buildin								23	
24				► See Statement 3	_)			11,		24	19,467.
25								149,	835.	25	160,054.
26	Total li	abilities ((desci	be ► See Statement 4)			23,	447.	26	23,469.
27				ances (line 27 of column (B) must agree	with line 21)		126,	388.	27	136,585.
BA				aperwork Reduction Act Notice, see sepa							Form 990-EZ (2009)

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form	990-EZ(2009) Planned Parenth		<u>)-19</u>	87331 Page 2		
Par	t III Statement of Program Se	rvice Accomplishments	(See the instruction	ons.)	_ ا	Expenses
What i	is the organization's primary exempt purpose? Se	e Statement 5			T (Re	quired for section (c)(3) and (4) anizations and section 7(a)(1) trusts, optional
Desc	ribe what was achieved in carrying out tribe the services provided, the number of	he organization's exempt pure	oses In a clear and co	oncise manner.	orga	anizations and section
descr	ribe the services provided, the number of	of persons benefited, or other	relevant information for	each	494	7(a)(1) trusts, optional
	ram title		 	 .	101 (othérs')
28	Voter Engagement and Edu			vassing on	4	
	importance of reproducti	<u>ve_health_and_right</u>	<u>s.</u>]	
	(Grants \$) If t	his amount includes foreign gi	rants, check here	<u>-</u>	∏ 28 a	339,151.
29	711.	aaaaaaa .a.a.g g.	anto, oncorring a		1	333,232.
25		- -		- 	-	
					4	
					_	
	(Grants \$) If t	his amount includes foreign gi	rants, check here	▶	29 2	
30						
					1	l
					1	
	(Grants \$) If t	his amount includes foreign gi			T 30 a	
24			ants, check here		J 30 6	1
31	Other program services (attach schedul	-			1	
		his amount includes foreign gi	rants, check here		31 a	
	Total program service expenses (add			<u> </u>	32	339,151.
Par	t IV List of Officers, Directors	s, Trustees, and Key Em	ployees. List each or	ne even if not cor	npens	sated (See the instrs.)
		(b) Title and average hours	(c) Compensation (If	(d) Contribution		(e) Expense account
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit pla deferred compens	ans and	and other allowances
		to position		uererrea compens	_	<u> </u>
	<u>la Franks</u>	President			0.	0.
	1 E Madison Street	1.00				
Sea	ittle, WA 98122					
Lin	nda McCarthy	Vice President	0.		0.	0.
	1 E Madison Street	1.00		:		
		1.00				
	ttle, WA 98122	 				
	is Charbonneau	Secretary/Treas			0.	0.
200	1 E Madison Street	1.00				
Sea	ittle, WA 98122					
	vid Greenberg	Board Member	0.		0.	0.
	1 E Madison Street	1.00		1	٠.	•
		1.00				
	ttle, WA 98122					
	<u>line_Rose</u>	_ Executive Direc	80,663.		0.	15,126.
200	1 E Madison Street	37.50				
Sea	ittle, WA 98122	7				
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	1 990-EZ (2009) Planned Parenthood Public Policy Network 20-198733	1	Р	age 3
Pai	t V Other Information (Note the statement requirements in the instrs for Part V.) See Sta	ateme		
•			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		x
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35 a		х
ı	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
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		Х
	Enter amount of political expenditures, direct or indirect, as described in the instructions Do Did the organization file Form 1120-POL for this year?	37b		X
38 a	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 period covered by this return?	38 a		X
t	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter	·		
	Initiation fees and capital contributions included on line 9 39a N/A		,~,	~ -
	OGross receipts, included on line 9, for public use of club facilities 39b N/A		ی ک	
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			.
	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.			
ł	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 Ь		X
C	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.			
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.			
6	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	40 e		X
41	List the states with which a copy of this return is filed • WA			
42 a	The organization's books are in care of ► Elaine Rose Telephone no. ► (206) Located at ► 2001 E Madison Street Seattle WA ZIP + 4 ► 98122	328	<u>-773</u> 	: <u>5</u>
		٦	v l	
t	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)? If 'Yes,' enter the name of the foreign country	42 b	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts			
c	: At any time during the calendar year, did the organization maintain an office outside of the U.S?	42 c		X
	If 'Yes,' enter the name of the foreign country			
				NT / 7
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	,		N/A N/A
	To the state of th		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead	46		
45	of Form 990-EZ. Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,'	44		<u>X</u>
BAA	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ TEEA0812L 01/30/10 For	45 m 990	-F7 (X 2009)
	TECAUSIZE 01/30/10	550	(_555

	-EZ (2009) Planned Parenthood			20-198			age 4
Part VI	Section 501(c)(3) organization 501(c)(3) organizations and se 46-49b and complete the table	ction 4947(a)(1) no	pnéxempt charita	npt charitable trusts or able trusts must answe	i ly. All se er questic	ction ns	İ
46 Did	the organization engage in direct or indirect obtained by the complete Schedule	ct political campaign a	ctivities on behalf o	f or in opposition to candida	ites 46	Yes	No X
	the organization engage in lobbying activi			 I		x	
	ne organization a school as described in se						X
	the organization make any transfers to an				. 49a		X
b If 'Y	es,' was the related organization a section	527 organization?			49Ъ		
50 Com	nplete this table for the organization's five sloyees) who each received more than \$10	highest compensated	employees (other the	ian officers, directors, truste	es and key		
	a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex	pense nt and owances	
None					······································		
		Anne Palmala' Alle Comité de la Michigania de Maria					
							•
f Tota	il number of other employees paid over \$1	00.000					
51 Com	nplete this table for the organization's five pensation from the organization. If there i	highest compensated is none, enter 'None.'	ndependent contrac	ctors who each received mor	e than \$10	0,000	of
	(a) Name and address of each independent conti	actor paid more than \$100,000		(b) Type of service	(с) Сотр	erisahor	1
None_							
				· · · · · · · · · · · · · · · · · · ·			
d Tota	I number of other independent contractors	each receiving over \$	100,000	-			
	Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of preparer (ined this return, including according than officer) is based on	mpanying schedules and s all information of which pro	statements, and to the best of my kno eparer has any knowledge	wledge and be	ief, it is	
Sign	Tank !!	Fore		1 5.17.1	0		
Here	Signature of officer			Oate			
	Elaine Tikolo	Execution	e Direct	ν <u></u>			
	Type or print name and title					···	
Paid Pre-	Preparer's Judy C. St	PA PA	Date 5/13/		parer's Identifi e instructions) A	nng Nun	rber
Pre- parer's	Preparer's signature (or Jones & Association of the state	es LLC, CPAS	i	10 employed ► N/	<u>'A</u>	nng Nun	nber
Pre- parer's Use	Preparer's signature Firm's name (or yours if self-employed), address and add	es LLC, CPAS creet	i	10 employed N	/A N/A		nber
Pre- parer's Use Only	Preparer's signature (or Jones & Association of the state	ces LLC, CPAS creet 25-7646	5/13/	10 employed ► N/	/A N/A	170	nber

SCHEDULE A (Form 990 or 990-EZ)

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.									Insp	ection	IC
Name of the organization	Planned Parenthoo	d Public Policy	Netwo	rk			1 ' '		ition number		
D. 11 TO	of Washington	/AII						98733			-
	for Public Charity Stat) See i	nstruci	lions		
	ot a private foundation beca	·	-		-						
H	onvention of churches or as			n section	n 170(b)	(ТХАХІ)).				
—	scribed in section 170(b)(1)										
	or cooperative hospital servi										
L_J	esearch organization operat	ted in conjunction with a l	hospital	describe	d in sec	ction 17	0(БХ1Х	A)(iii) Ei	nter the ho	spital's	,
5 An organiza	name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II)										
7 An organiza											
	ty trust described in section		ete Part	II)							
9 X An organiza from activitie investment	tion that normally receives (1) is related to its exempt function income and unrelated busing See section 509(a)(2).) more than 33-1/3 % of its ons – subject to certain exc less taxable income (less	support teptions,	from con and (2) r	no more i	than 33-	·1/3 % of	ts supp	ort from gro	SS	ıfter
10 An organiza	ation organized and operate	d exclusively to test for p	ublic saf	ety See	section	1 509(a)	(4).				
more public describes th	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h										
a ∐Type		□		•	•			d [_]	· · ·		
e By checking than founda 509(a)(2)	g this box, I certify that the oution managers and other th	organization is not contro an one or more publicly s	supported	d organi	zations	by one describe	or more ed in se	ction 509	9(a)(1) or s	ection	er
f If the organ check this t	ization received a written de oox	etermination from the IRS	that is a	a Type I	, Type II	or Typ	e III sup	porting	organızatıo	n,	
g Since Augu	st 17, 2006, has the organiz	ration accepted any gift of	or contrib	oution fr	om any	of the f	ollowing	persons	57		
										Yes	No
(i) a pers	son who directly or indirectly , the governing body of the	controls, either alone or supported organization?	together	with pe	rsons d	escribe	d in (ii)	and (III)	11 g (i)		
	ily member of a person des								11g (ii)		
` '	controlled entity of a perso	• •	above?						11 g (iii)		
	following information about										
(i) Name of Suppo Organization		(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) lister gove	Is the tion in cold in your erning ment?	the organ	ou notify ization in (i) of ipport?	organizat	Is the tion in col zed in the S ?	(vii) Amour	nt of Sup	port
_			Yes	No	Yes	No	Yes	No			_
			<u> </u>								
				}							
			1								
•			+								

	dule A (Form 990 or 990-EZ) 200 till Support Schedule for	Organizations	Described in	Sections 170(
Sac	(Complete only if you check tion A. Public Support	ed the box on line	5, 7, or 8 of Pari	(1)			,
begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
4	Total. Add lines 1-through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support	I				Γ΄ Γ	.
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4				•		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	rities, etc (see ins	structions)			12	·
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	s a section 501(c)(3) ▶ □
	tion C. Computation of Pu			- 11 (6)		14	0/
14 15	Public support percentage for 20 Public support percentage from			ie 11, column (1)		14	% %
16 a	33-1/3 support test – 2009. If the and stop here. The organization	e organization did qualifies as a pub	not check the bo	x on line 13, and	the line 14 is 33	-1/3 % or more, ch	eck this box ►
Ь	33-1/3 support test — 2008. If the and stop here. The organization	e organization did	not check a box	on line 13, or 16a	, and line 15 is 3	3-1/3% or more, ch	neck this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	meets the 'facts-a	ind-circumstances	s' test, check this	box and stop her	e. Explain in Part	IV how
	10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-a d-circumstances'	ind-circumstances test The organiz	s' test, check this zation qualifies as	box and stop her a publicly suppo	e. Explain in Part rted organization	IV how the ►
18 BAA	Private foundation. If the organi	zation did not che	ck a box on line,	тэ, той, тор, 1/а		hedule A (Form 99	

Schedule A (Form 990 or 990-EZ) 2009 Planned Parenthood Public Policy Network 20-1987331 Page 3 Part III | Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal yr beginning in)► (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ') 427,644 488,122 479,897 493,277 416,845. 2,305,785. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose 0. Gross receipts from activities that are not an unrelated trade or business under section 513 0. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0. The value of services or facilities furnished by a governmental unit to the organization without charge 0. 488,122 493,277 427,644 479,897 416,845. 2,305,785. 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, 3 received from disqualified 0 0 0 0 0 0. persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the 0 0 0 0 0 0. c Add lines 7a and 7b. 0. 0. 0 0. 0 0. 8 Public support (Subtract line 7c from line 6) 2,305,785. Section B. Total Support Calendar year (or fiscal yr beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 9 Amounts from line 6 427,644 488,122 479,897 493,277 416,845 2,305,785. 10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources 4 4. **b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. 0. 0 4 0 0 0 c Add lines 10a and 10b 4. 11 Net income from unrelated business activities not included inline 10b. whether or not the business is 0. regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV 75 75. 2,305,864. 13 Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ [Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	100.0%				
16	16 Public support percentage from 2008 Schedule A, Part III, line 15						
Sec							
17	Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.0%				
18	Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.0%				
19:	193 33-1/3 support tests - 2009. If the organization did not check the box, on line 14, and line 15 is more than 33,1/3%, and line 17 is not						

more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization.

b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

X

Schedule A	(Form 990 or 9	90-EZ) 2009	Planned	Parenth	ood Public	c Policy	Network	20-1987331	, Page 4
Part IV	Supplement	al Informat	tion. Comple	ete this pa	art to provide	the expla	anations req	20-1987331 uired by Part II mation. See ins	, line 10;
	Part II, IIIIe	17a or 17b,	and Part II	i, iiie 12.	Provide any	other auc	Intorial intori	nation. See ins	structions.
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Part III, Line 12 - Other Income Nature and Source 2009 2008 2007 2006 2005 Other income 75. \$ 0. \$ 0. \$	009	O9 Schedule A, Part IV - Supplemental Information Planned Parenthood Public Policy Network of Washington								
	Part III, Line 12 - Other Income									
Other income	Nature and Sour	<u>ce</u>	2009	200	8 2	007	2006	2005		
	Other income	Total 🖺	75. 75.	\$	0. \$	0. \$	0. \$	0.		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

If the organization answered 'Yes,' to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C

- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered 'Yes,' to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B. Do not complete. Part II-A

If the organization answered 'Yes,' to Form 990, Part IV, line 5 (P

	Section 501(c)(4), (5), or (6) c	organizations Complete Part III								
Name	of organization			Employer identific	ation number					
<u>P1</u>	anned Parenthood Pu	blic Policy Network		20-198733	1					
Pa	nt I-A Complete if the o	rganization is exempt under secti	on 501(c) or is a	section 527 organi	zation.					
1	Provide a description of the	organization's direct and indirect political	campaign activities in	Part IV						
2	Political expenditures			▶ \$	}					
	Volunteer hours									
Pa	t I-B Complete if the o	rganization is exempt under secti	on 501(c)(3).							
1	Enter the amount of any exc	cise tax incurred by the organization under	section 4955.	► \$	0.					
2	Enter the amount of any exc	► \$	0.							
3	If the organization incurred a	a section 4955 tax, did it file Form 4720 foi	this year?		Yes No					
4:	Was a correction made?				Yes No					
1	of If 'Yes,' describe in Part IV									
Pai	rt I-C Complete if the o	rganization is exempt under secti	on 501(c) , excep	t section 501(c)(3).	· .					
1	Enter the amount directly ex	pended by the filing organization for section	on 527 exempt function	on activities >\$						
2	Enter the amount of the filin function activities	g organization's funds contributed to other	organizations for sec	tion 527 exempt						
	7									
3	3 Total of exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ►\$									
4	4 Did the filing organization file Form 1120-POL for this year? Yes No									
5	البا لبا									
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing	(e) Amount of political					
	•	.,	 , -	organization's funds If none, enter-0-	contributions received and					
					promptly and directly delivered to a separate political organization If none, enter -0-					
					· · · · · · · · · · · · · · · · · · ·					
	 									
-										

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule C (Form 990 or 990-EZ) 2009

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Schedule C.(Form 990 or 990-EZ) 200 Part II-A Complete if section 5010	the organization	is exempt under se		20-198 d filed Form 5768 (e	
A Check ► If the fill	ng organization belor	igs to an affiliated group			
B Check ► I If the fill	ng organization chec	ked box A and 'limited co	ontrol' provisions apply		_
(The term	Limits on Lobbying 'expenditures' mean	g Expenditures — s amounts paid or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expendit	•		, ,	16,153.	
b Total lobbying expendit	ures to influence a le	gıslatıve body (dırect lobi	bying)	23,064.	
c Total lobbying expendit	ures (add lines 1a an	d 1b)		39,217.	0.
d Other exempt purpose	expenditures			367,507.	
e Total exempt purpose e	expenditures (add line	es 1c and 1d)		406,724.	0.
f Lobbying nontaxable ar both columns	nount Enter the amo	unt from the following tal	ble in	81,345.	
If the amount on line 1e, col	umn (a) or (b) is Ti	ne lobbying nontaxable a	amount is		
Not over \$500,000	2	0% of the amount on line 1e			
Over \$500,000 but not over \$1	,000,000	100,000 plus 15% of the excess	over \$500,000		
Over \$1,000,000 but not over \$	\$1,500,000	over \$1,000,000		<u>-</u>	
Over \$1,500,000 but not over \$	\$17,000,000	225,000 plus 5% of the excess of	over \$1,500,000		,
Over \$17,000,000	\$	1,000,000.			
g Grassroots nontaxable a	amount (enter 25% o	f line 1f)		20,336.	0.
h Subtract line 1g from lir	ne 1a If zero or less,	enter -0-		0.	0.
i Subtract line 1f from lin	e 1c If zero or less,	enter -0-		0.	0.
j If there is an amount of section 4911 tax for this	her than zero on eith s year?	er line 1h or line 1i, did tl	he organization file Foi	m 4720 reporting	Yes No
(Som	e organizations that	Year Averaging Period U made a section 501(h) ele below. See the instruction	ection do not have to o	complete all of the five h 2f.)	
	Lobby	ng Expenditures During	4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	64,719	. 69,805.	105,635.	81,345.	321,504.
b Lobbying ceiling amount (150% of line 2a, column (e))					482,256.
c Total lobbying expenditures	4,725	50,494.	31,140.	39,217.	125,576.
d Grassroots nontaxable					

BAA

amount

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2009

80,376.

120,564.

49,017.

20,336.

16,153.

17,451.

11,146.

26,409.

20,458.

16,180.

1,260.

Schedule C (Form 990 or 990-EZ) 2009 Planned Parenthood Public Policy Network Part II-B Complete if the organization is exempt under section 501(c)(3) and has No.			7331 Page 3 m 5768	
(election under section 501(h)).			,	
	(6	"	(b)	
	Yes	No	Amount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of				
 a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? 				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities? If 'Yes,' describe in Part IV				
i Total Add lines 1c through 1	7	C; 2004	···	
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		***************************************		
b If 'Yes,' enter the amount of any tax incurred under section 4912		200	an a annu unuranismo loccididote constance, assumanismos	
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	Track services			
 Were substantially all (90% or more) dues received nondeductible by members? Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carryover lobbying and political expenditures from the prior year? Part III B Complete if the organization is exempt under section 501(c)(4), section 50 	1(c)(5)	, or s	1 2 3 ection 501(c)(6)	
if BOTH Part III-A, questions 1 and 2 are answered 'No' OR if Part III-A, line	3 IS a		ered Yes.	
1 Dues, assessments and similar amounts from members		1		
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	ıi i	2 a		
a Current year	}	2 b		
b Carryover from last year c Total	}	2 c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	ŀ	3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po				
expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Also, complete this part for any additional information	and Part	II-B, 1	line 1:	
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schedule v	Form 990 or 990-EZ) 2003	Planned Pare	siitiiood Publ	ic Policy	Network	20-198/33	L Page 4
Part IV	Supplemental	Information (co	ntınued)	•			
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2009	Federal Statements Planned Parenthood Public Policy Network of Washington		Page 1 20-1987331
Statement 1 Form 990-EZ, Part I, Line 8 Other Revenue Misc. Income		Total \$	75. 75.
Statement 2 Form 990-EZ, Part I, Line 16 Other Expenses Equipment and maintenance Events and Meetings Get Active Fees Grassroots Communication Information Technology Internship program Miscellaneous Office Expenses Subscriptions and publicated Telecommunications Travel	1	\$ Total \$	4,565. 14,527. 5,690. 21,273. 10,338. 6,190. 3,011. 1,789. 1,389. 5,893. 30,753.
Statement 3 Form 990-EZ, Part II, Line 24 Other Assets Accounts Receivable Furniture and Fixtures		<u>Beginning</u> \$ 3,822.\$ 1,308.	Ending 15,920. 0.
Prepaid Expenses and Def	erred Charges Total	6,791.	3,547. 19,467.
Statement 4 Form 990-EZ, Part II, Line 26 Total Liabilities Accounts Payable and Acc	rued Expenses Total	\$ 23,447.\$	Ending 23,469. 23,469.
Statement 5 Form 990-EZ, Part III Organization's Primary Exemp Planned Parenthood Publi organization established policy advocacy for five	c Policy Network of Washington is a in 2005 in the State of Washington	not-for-profit to lead the publ	ic

2009

Federal Statements

Page 2

Planned Parenthood Public Policy Network of Washington

20-1987331

Statement 6 Form 990-EZ, Part V Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

No