DLN: 93493318041469 OMB No 1545-0047 Return of Organization Exempt From Income Tax 2018 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 Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable Planned Parenthood Votes Northwest ☐ Address change 94-3168114 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 2001 East Madison Street ☐ Amended return ☐ Application pending (206) 320-7651 City or town, state or province, country, and ZIP or foreign postal code Seattle, WA 98122 G Gross receipts \$ 3,362,865 Name and address of principal officer H(a) Is this a group return for Jennifer Allen ☐Yes **☑**No subordinates? 2001 East Madison Street H(b) Are all subordinates Seattle, WA 981222959 ☐ Yes ☑No included? Tax-exempt status ☐ 501(c)(3) **☑** 501(c)(4) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► www ppvnh org L Year of formation 1992 M State of legal domicile K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities PPVNH promotes and protects reproductive health, rights, and justice. We do this by advocating for public policies that guarantee the right to choice and full and nondiscriminatory access to reproductive health care, and fostering and preserving a social and political climate. favorable to the exercise of reproductive choice through voter education, candidate endorsement and other means. The corporation is empowered to work toward these purposes through all means consistent with legal status including but not limited to lobbying, public Activities & Governance education, regulatory advocacy and limited electoral activities Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 0 6 14,944 Total number of volunteers (estimate if necessary) . . Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 3,258,970 3,304,762 8 Contributions and grants (Part VIII, line 1h) . 9 Program service revenue (Part VIII, line 2g) . 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 1,612 2,109 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -20,399 -27,000 3,240,183 3,279,871 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . 14,160 221,100 **14** Benefits paid to or for members (Part IX, column (A), line 4) . . . 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶183,068 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 2,736,456 3,121,110 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 2,750,616 3,342,210 Revenue less expenses Subtract line 18 from line 12 . 489.567 -62,339 d Balances Beginning of Current Year End of Year 20 Total assets (Part X, line 16) . 1,425,990 1,412,261 21 Total liabilities (Part X, line 26) . 279,339 327,949 22 Net assets or fund balances Subtract line 21 from line 20 1,146,651 1,084,312 Signature Block 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 2019-11-14 Date Signature of officer Sign Here Jennifer Allen CEO Type or print name and title Print/Type preparer's name Date Preparer's signature PTIN Check \square if P00281100 Paid self-employed ▶ Jones & Associates PLLC CPAS Firm's EIN > 82-5107131 Preparer **Use Only** Firm's address ▶ 1701 NE 104th Street Phone no (206) 525-5170 Seattle, WA 981257646 May the IRS discuss this return with the preparer shown above? (see instructions) ✓ Yes □ No For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2018) Cat No 11282Y

Form	990 (2018)					Page 2
Pa	till Statement	of Program Servic	e Accomplis	hments		
	Check if Sched	dule O contains a respo	onse or note to a	any line in this Part III		🗆
1	Briefly describe the o			,		
and f of re purp	full and nondiscriminate productive choice throu	ory access to reproducting your reproduction of the properties of the production of	tive health care, indidate endorse	and fostering and presement and other means	rocating for public policies that gual serving a social and political climate s. The corporation is empowered to ying, public education, regulatory a	e favorable to the exercise work toward these
2	the prior Form 990 or	990-EZ?			hich were not listed on	□ Yes ☑ No
	•	se new services on Sch				
3	services?	5 ,		changes in how it cond	ucts, any program	□Yes ☑No
4	Section 501(c)(3) and		ons are required	to report the amount	largest program services, as meas of grants and allocations to others,	
4a	(Code See Additional Data) (Expenses \$	1,900,878	including grants of \$	1,000) (Revenue \$)
4b	(Code) (Expenses \$	660,977	including grants of \$	215,100) (Revenue \$)
	See Additional Data					
4c	(Code See Additional Data) (Expenses \$	179,690	including grants of \$	5,000) (Revenue \$)
4d	Other program service	es (Describe in Schedi	ule O)			
	(Expenses \$	ıncl	uding grants of	\$) (Revenue \$)
4e	Total program serv	ice expenses ▶	2,741,5	45		

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Par	tiv Checklist of Required Schedules		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	165	No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	Yes	
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 2	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		No
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 2	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 2	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section $170(b)(1)(A)(ii)$? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)	17		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	_

government on Part IX, column (A), line 1º If "Yes," complete Schedule I, Parts I and II

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

Nο

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Pa	Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
Ь	Is the organization 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	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
~~	We share the control of the first terms of the fill terms and the fill			

28a

28b

28c

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35a

35b

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1a

Yes

Yes

Yes

Yes

Yes

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Nο

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

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Part V

Part V, line 1

A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . 🔧

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 🕏

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V .

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

13c

14a

14b

15

No

No

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c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.

Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess

parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

orm	990 (2018)				Page (
Par	8a, 8	ernance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No Bb, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions k if Schedule O contains a response or note to any line in this Part VI	" respo	onse to i	lines 🗸
Se	ction A. G	overning Body and Management			
_				Yes	No
1a	Enter the n	umber of voting members of the governing body at the end of the tax year 11			
	If there are	material differences in voting rights among members of the governing			
	body, or if	the governing body delegated broad authority to an executive committee or			
		mittee, explain in Schedule O			
Ь	Enter the n	umber of voting members included in line 1a, above, who are independent 1b 11			
2	Did any off	icer, director, trustee, or key employee have a family relationship or a business relationship with any other	ľ		
		ctor, trustee, or key employee?	2		No
3		anization delegate control over management duties customarily performed by or under the direct supervision	3		No
	·	directors or trustees, or key employees to a management company or other person? .	4	Yes	
	_	anization make any significant changes to its governing documents since the prior Form 990 was filed?	5	res	No
	_	anization become aware during the year of a significant diversion of the organization's assets? anization have members or stockholders?	6	Yes	INO
6 7-	_	anization have members, stockholders, or other persons who had the power to elect or appoint one or more	-	165	
/ a		f the governing body?	7a	Yes	
ь	Are any go	vernance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7b		No
		ner than the governing body?			
8	Did the org	anization contemporaneously document the meetings held or written actions undertaken during the year by			
_	The govern		8a	Yes	
	_	nig body?	8b	Yes	
		y officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	80	165	
9		n's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. P	olicies (This Section B requests information about policies not required by the Internal Revenue	Code	⊋.)	
				Yes	No
0a	Did the org	anization have local chapters, branches, or affiliates?	10a		No
b		d the organization have written policies and procedures governing the activities of such chapters, affiliates, es to ensure their operations are consistent with the organization's exempt purposes?	10b		
1a	Has the org	panization provided a complete copy of this Form 990 to all members of its governing body before filing the			
	form? .		11a	Yes	
		Schedule O the process, if any, used by the organization to review this Form 990			
2a	Did the org	anization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were office conflicts?	rs, directors, or trustees, and key employees required to disclose annually interests that could give rise to	12b	Yes	
С	Did the org	anization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in			
		how this was done	12c	Yes	
	_	anization have a written whistleblower policy?	13	Yes	
.4	-	anization have a written document retention and destruction policy?	14	Yes	
.5		cess for determining compensation of the following persons include a review and approval by independent imparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organi	zation's CEO, Executive Director, or top management official	15a	Yes	
b	Other office	ers or key employees of the organization	15b		No
	If "Yes" to	ine 15a or 15b, describe the process in Schedule O (see instructions)			
.6a		anization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	[NI :
		ity during the year?	16a		No
b	ın joint ver	If the organization follow a written policy or procedure requiring the organization to evaluate its participation ture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt respect to such arrangements?			
_		· · · · · · · · · · · · · · · · · · ·	16b		
		isclosure			
7	List the Sta	tes with which a copy of this Form 990 is required to be filed▶ HI			
.8		04 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s			
		able for public inspection. Indicate how you made these available. Check all that apply			
_		ebsite Another's website Upon request Other (explain in Schedule O)			
9		Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest financial statements available to the public during the tax year			
20	State the n	ame, address, and telephone number of the person who possesses the organization's books and records telephone Street Seattle, WA 981222959 (206) 320-7651			

(15) Jennifer Allen

CEO

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations • List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

🗹 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (F) Name and Title Average Position (do not check more Reportable Reportable Estimated hours per than one box, unless person compensation compensation amount of other week (list is both an officer and a from the from related compensation any hours director/trustee) organization organizations from the for related (W- 2/1099-(W- 2/1099organization and Individual to director Officer MISC) MISC) organizations related lighest compensated nstitutional Trust⊌a below dotted employ organizations 긎 line) trustee 8 1 00 (1) Susan Wurtzburg 0 Chairman 0 00 1 00 (2) Maureen West Х Χ 0 Vice Chair 0 00 1 00 (3) Jim D Young Χ 0 00 1 00 (4) Sam Dotters-Katz Χ 0 Secretary 0.00 1 00 Х 0 Board Member 0 00 1 00 (6) Chris Charbonneau Board Member 0 00 1 00 (7) Mary Cloaston 0 Board Member 0.00 1 00 (8) Katharine Harkins Х 0 Board Member 0 00 1 00 (9) Holly Merrill Board Member 0 00 1 00 (10) Amy Monk 0 Board Member 0 00 1 00 (11) Rodeny Perdue Χ 0 Board Member 0 00 1.00 (12) Anne Udall Board Member 0 00 1 00 (13) Courtney Washburn 0 Board Member 0 00 37 50 (14) Treasure Mackley Х 0 Interim CEO/VP 0 00

37 50

0 00

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Part VII Section A. Officers, Dir	ectors, Trustees	s, Key	Emp	loye	ees,	and I	High	nest Compensate	d Employees (co	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours		ne b	ox, ι an of	t che unles ficer rust	s pers and a ee)	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	2/1099-MISC) 2/1099-MISC)	organization and related organizations	
	1			\vdash	t					

	4		ated			
·					·	

1b Sub-Total		*				

1b Sub-Total	1b Sub-Total									
c Total from continuation sheets to Pa	art VII , Section	Α				>				
d Total (add lines 1b and 1c)						•				
2 Total number of individuals (including	but not limited	to thos	e liste	ed al	bove	e) who	rece	eived more than \$10	00,000	

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

of reportable compensation from the organization ▶ 0

Section B. Independent Contractors

compensation from the organization ▶ 0

line 1a? If "Yes," complete Schedule J for such individual .

3

4

5

1b Sub-Total				>		
c Total from continuation sheets to Pa	art VII , Section	Α		▶ [
d Total (add lines 1b and 1c)				▶		

1b Sub-Total	1b Sub-Total										
c Total from continuation sheets to Part VII, Section A ▶											
d Total (add lines 1b and 1c)						>					

Yes

3

4

5

(B)

Description of services

No

Nο

No

No

(C)

Compensation

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Part							
	Check if Schedule O contain.	s a respons	se or note to any	Ine in this Part VIII (A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	1a Federated campaigns	1a			revenue		512 - 514
s, Grants Amounts	b Membership dues	1b					
oral Jou	c Fundraising events	1c	166,682				
S, (1d					
Giff	e Government grants (contributions)	1e					
ons, Gifte Similar	f All other contributions, gifts, grants,	-					
itioi er S	and similar amounts not included above	1 f	3,138,080				
tributio Other	g Noncash contributions included						
Contributions, Gifts, Grants and Other Similar Amounts	in lines 1a - 1f \$						
ت ہ	h Total. Add lines 1a-1f	· · ·	· · •	3,304,762	<u> </u>	•	
E E	2a		Business	Code			
2		_					
<u>ت</u>	b						
P. X	d —						
S.	e ————						
Program Service Revenue	f All other program service revenu	ıe					
Æ	9Total. Add lines 2a-2f	. •		0			
	3 Investment income (including div			2,10	19		2,109
	similar amounts)		d proceeds ►	2,10	0		2,103
	5 Royalties				0		
	(ı) Re		(II) Personal				
	6a Gross rents]			
	b Less rental expenses			1			
	Dantal was as			1			
	c Rental income or (loss)						
	d Net rental income or (loss) .		· · · •]	0		
	(I) Secu	rities	(II) Other	-			
	7a Gross amount from sales of assets other						
	than inventory						
	b Less cost or other basis and			1			
	sales expenses			1			
	C Gain or (loss) d Net gain or (loss)			4	0		
	8a Gross income from fundraising e	_	•	1			
ne	(not including \$ 166,682 contributions reported on line 10						
₽>	See Part IV, line 18		51,765				
Re	b Less direct expenses		82,994]			
Other Revenue	c Net income or (loss) from fundra	_	ts >	-31,22	29		-31,229
õ	9a Gross income from gaming active See Part IV, line 19	rities					
		a [1			
	b Less direct expenses]	0		
	c Net income or (loss) from gamir10aGross sales of inventory, less	ig activities	· · · >	1			
	returns and allowances	ļ					
	h	a		4			
	b Less cost of goods sold	b_ of unwenter		_	0		
	c Net income or (loss) from sales Miscellaneous Revenue	or inventor	y · · ► Business Code				
	11aOther Income		900099	3,62	20		3,620
	b Reimbursements		900099	60	09		609
	С						
	d All other revenue	<u> </u>					
	e Total. Add lines 11a-11d		•	4,22	29		
	12 Total revenue. See Instruction	s	• • • •	3,279,87	71		-24,891
							Form 000 (2019)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all co	-	·	. ,	🗸
Check if Schedule O contains a response or note to any		(B)	(C)	
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraisingexpenses
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	221,100	221,100		
Grants and other assistance to domestic individuals See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	1,992,457	1,689,061	284,434	18,962
b Legal	31,698		19,274	12,424
c Accounting	32,239		28,423	3,816
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	525,469	408,900	35,672	80,897
12 Advertising and promotion	161,057	96,918		64,139
13 Office expenses	41,938	36,295	5,290	353
14 Information technology	0			
15 Royalties	0			
16 Occupancy	96,994	81,493	14,532	969
17 Travel	133,099	113,429	19,670	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	52,031	45,055	6,972	4
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	320		320	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Printing and Publications	31,940	31,880	60	
b Other	11,040	9,266	1,666	108
c Dues	6,835	6,835		
d Postage and Shipping	3,993	1,313	1,284	1,396
e All other expenses	0			

3,342,210

2,741,545

417,597

183,068

Form **990** (2018)

25 Total functional expenses. Add lines 1 through 24e

26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)

Page **11**

0

1.412.261

1,084,312

1,412,261

Form **990** (2018)

327,949

279,339

17

18

19 20

21

22

29

30

31 32

33

34

1,146,651

1,425,990

Form 990 (2018)

17

18

19

20

21

29

31

32

33

34

Assets or 30

Net

Liabilities 22 Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

persons Complete Part II of Schedule L .

Permanently restricted net assets

Total net assets or fund balances

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Organizations that do not follow SFAS 117 (ASC 958), check here > \quad \text{and complete lines 30 through 34.}

Paid-in or capital surplus, or land, building or equipment fund .

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to current and former officers, directors, trustees,

Grants payable . .

Deferred revenue . .

		(A) Beginning of year		End of year
	1 Cash-non-interest-bearing	1,220,084	1	1,239,325
	2 Savings and temporary cash investments		2	0
	3 Pledges and grants receivable, net	184,575	3	157,284
	4 Accounts receivable, net	21,331	4	15,652
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	0
ets	7 Notes and loans receivable, net		7	0

	voluntary employees' beneficiary organizations	(see ins	tructions) Complete		6	
7	Notes and loans receivable, net				7	
8	Inventories for sale or use				8	
9	Prepaid expenses and deferred charges			9		
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a				
ь	Less accumulated depreciation	10 b			10c	
11	Investments—publicly traded securities .				11	
12	Investments—other securities See Part IV, line	11 .			12	
13	Investments—program-related See Part IV, line	11 .		10c 111 12 13 14 15		
14	Intangible assets				14	
15	Other assets See Part IV, line 11		[15	
16	Total assets.Add lines 1 through 15 (must equ	ial line 3	34)	1,425,990	16	
	10a b 11 12 13 14	voluntary employees' beneficiary organizations Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D b Less accumulated depreciation 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 13 Investments—program-related See Part IV, line 14 Intangible assets 15 Other assets See Part IV, line 11	voluntary employees' beneficiary organizations (see ins Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D b Less accumulated depreciation 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 13 Investments—program-related See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D b Less accumulated depreciation 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 13 Investments—program-related See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11	voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D b Less accumulated depreciation 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 13 Investments—program-related See Part IV, line 11 14 Intangible assets 15 Other assets See Part IV, line 11	voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 7 Notes and loans receivable, net

23 23 Secured mortgages and notes payable to unrelated third parties 24 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, 25 and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D 279.339 26 Total liabilities. Add lines 17 through 25 . 26 327.949 **Fund Balances** Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and complete lines 27 through 29, and lines 33 and 34. 915.698 1.084.312 27 Unrestricted net assets 27 230,953 28 28 Temporarily restricted net assets

Form	990 (2018)				Page 12
Pa	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			,279,871
2	Total expenses (must equal Part IX, column (A), line 25)	2		3	,342,210
3	Revenue less expenses Subtract line 2 from line 1	3			-62,339
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1	,146,651
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1	,084,312
Pa	tXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII			<u> </u>	
				Yes	No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	. !	No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basis,			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Audit Act and OMB Circular A-133?	ngle	3a		No

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

lo__

Form **990** (2018)

3b

Additional Data

Software ID: 18007218

Software Version: 2018v3.1 **EIN:** 94-3168114

Name: Planned Parenthood Votes Northwest

and Hawaii

Form 990 (2018)

Form 990, Part III, Line 4a:

Voter Engagement & Education - PPVNH is a not for profit organization that promotes the social welfare by working to advance public polices that encourage and protect informed individual choice regarding reproductive and sexual healthcare, to advocate for public policies that guarantee the right to choice and full non-discriminatory access to reproductive and sexual healthcare, and to foster and persevere a social and political climate favorable to the exercise of reproductive choice PPVNH conducts voter engagement education and limited electoral activities on issues related to reproductive and sexual health and rights

Form 990, Part III, Line 4b: Electoral Activities - Engaged in voter outreach and education about endorsed candidates. These activities conducted as independent expenditures

Form 990, Part III, Line 4c: Lobbying - Advance pro active women's health legislation and work to defeat anti-women's health legislation in AK, HI, ID and WA Additionally we engaged in Federal

Lobbying

SCHEDULE C (Form 990 or 990-

Section 527 organizations Complete Part I-A only

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

Political Campaign and Lobbying Activities

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

Open to Public

OMB No 1545-0047

DLN: 93493318041469

Department of the Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

EZ)

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.

▶Go to www.irs.gov/Form990 for instructions and the latest information.

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

If the organization answered "Yes" on 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" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c

Inspection

	xy Tax) (see separate instructio Section 501(c)(4), (5), or (6) orgar			·		
	me of the organization nned Parenthood Votes Northwest			Employer ider	ntification num	nber
and	Hawaii			94-3168114		
Par	t I-A Complete if the org	anization is exempt under se	ction 501(c) or is	a section 527 organi	zation.	
1	Provide a description of the orga "political campaign activities")	Part IV (see instructions f	for definition of			
2	Political campaign activity expe	nditures (see instructions)		>	\$	554,854
3		npaign activities (see instructions)				3,682
Par	t I-B Complete if the org	anization is exempt under se	ction 501(c)(3).			
1	Enter the amount of any excise	tax incurred by the organization und	er section 4955	>	\$	
2	Enter the amount of any excise	tax incurred by organization manage	rs under section 4955	>	\$	
3	If the organization incurred a se	ection 4955 tax, did it file Form 4720	for this year?		☐ Yes	□ No
4a	Was a correction made?				☐ Yes	□ No
b	If "Yes," describe in Part IV					
Par	t I-C Complete if the org	anization is exempt under se	ction 501(c), exce	ept section 501(c)(3)).	
1	Enter the amount directly exper	nded by the filing organization for sec	tion 527 exempt funct	ion activities	\$	343,854
2	Enter the amount of the filing of function activities	rganızatıon's funds contributed to oth	er organizations for se	ection 527 exempt	\$	211,000
3	Total exempt function expenditu	ires Add lines 1 and 2 Enter here ar	nd on Form 1120-POL,	line 17b ►	\$	554,854
4	Did the filing organization file F o	orm 1120-POL for this year?			☐ Yes	☑ No
5	organization made payments For political contributions receive	d employer identification number (EIN or each organization listed, enter the d that were promptly and directly de ttee (PAC) If additional space is need	amount paid from the livered to a separate po	filing organization's funds olitical organization, such a	Also enter the	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount contribution and promi directly deliving separate organization enter	s received ptly and vered to a political in If none,
(1) F	Planned Parenthood NW Action PAC	2001 East Madison St Seattle, WA 98122	83-1902234	141,000		
(2) (Dur Votes Count	1402 Third Ave Ste 406 Seattle, WA 98101	81-2549590	20,000		
(3) E	Begich for Alaska	200 W 34th Ave 166 Anchorage, AK 99503	83-0728142	50,000		
4						
5						
6						
For P	aperwork Reduction Act Notice, se	e the instructions for Form 990 or 990-	· EZ. Cat	No 50084S Schedule C (Form 990 or 99	0-EZ) 2018

Calendar year (or fiscal year (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) Total beginning in) Lobbying nontaxable amount

Lobbying ceiling amount (150% of line 2a, column(e))

2a Total lobbying expenditures Grassroots nontaxable amount

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

Grassroots lobbying expenditures

activity

Volunteers?

Part IV

Return Reference

Part I-A, Line 1 - Direct and Indirect

Political Campaign Activities

Supplemental Information

instructions), and Part II-B, line 1 Also, complete this part for any additional information

1

(b)

Amount

(a)

No

Yes

Media advertisements? Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 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 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? Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section Part III-A 501(c)(6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 2 No 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." 1 Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year b Carryover from last year 2b C Total 2с 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 5 Taxable amount of lobbying and political expenditures (see instructions)

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Work to elect pro-reproductive health candidates

Explanation

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

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

(Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

► Go to <u>www.irs.qov/Form990</u> for the latest information.

DLN: 93493318041469OMB No 1545-0047

2018

Open to Public Inspection

	me of the organization ned Parenthood Votes Northwest			Employer	identification	number
and	Hawaii			94-316811	4	
Pa	Organizations Maintaining Donor Ad Complete if the organization answered "			Accounts	5.	
		(a) Donor advised funds		(b) Fu	nds and other	accounts
L	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
1	Aggregate value at end of year					
5	Did the organization inform all donors and donor adviorganization's property, subject to the organization's		n donor advi	sed funds a	_	Yes 🗆 No
5	Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the don private benefit?					Yes 🗌 No
Pa	rt II Conservation Easements. Complete if	the organization answered "Yes	" on Form	990, Part	IV, line 7.	
L	Purpose(s) of conservation easements held by the org	ganızatıon (check all that apply)				
	\square Preservation of land for public use (e g , recreat	ion or education)	ation of an h	storically in	mportant land	area
	Protection of natural habitat		ation of a cei	tified histo	rıc structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held easement on the last day of the tax year	a qualified conservation contribution	n in the form		rvation	of the Vear
а	Total number of conservation easements		1 :	2a	u at the Life t	of the real
b	Total acreage restricted by conservation easements		⊢	2b		
c	Number of conservation easements on a certified history	oric structure included in (a)	⊢	2c		
d	Number of conservation easements included in (c) accestructure listed in the National Register	quired after 7/25/06, and not on a hi		2d		
3	Number of conservation easements modified, transfer tax year ▶	red, released, extinguished, or term	ninated by th	e organızat	ion during the	
1	Number of states where property subject to conserva-	tion easement is located ►				
5	Does the organization have a written policy regarding and enforcement of the conservation easements it ho		handling of	violations,	☐ Yes	□ No
5	Staff and volunteer hours devoted to monitoring, insp	ecting, handling of violations, and er	nforcing con	servation e	asements duri	ng the year
7	Amount of expenses incurred in monitoring, inspectin \$	g, handling of violations, and enforci	ıng conserva	tion easem	ents during th	e year
3	Does each conservation easement reported on line 2(and section $170(h)(4)(B)(II)$?	d) above satisfy the requirements of	f section 170	(h)(4)(B)(ı) Yes	□ No
9	In Part XIII, describe how the organization reports co balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easem	ne footnote to the organization's fina				
ar	Organizations Maintaining Collection Complete if the organization answered "			r Similar	Assets.	
La	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its fin	or public exhibition, education, or res	search in fur			
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for pufollowing amounts relating to these items					
(i) Revenue included on Form 990, Part VIII, line 1			▶ \$		
(i	ii)Assets included in Form 990, Part X			> \$		
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA!			ıal gaın, pr	ovide the	_
а	Revenue included on Form 990, Part VIII, line 1	. , ,		▶ \$		
h	Assets included in Form 990 Part X			▶ ⊄		_

Cat No 52283D

Schedule D (Form 990) 2018

Par	t III	Organizations Maintain	ing Collections	of Art, Histo	orical Ti	easures,	or Other	Similar As	ssets (continued)		
3		g the organization's acquisition, s (check all that apply)	accession, and othe	r records, chec	ck any of	the followin	g that are a	significant i	use of it	s collection		
а		Public exhibition		d	ı 🗆	Loan or exc	change prog	ırams				
b		Scholarly research		e		Other						
c	Preservation for future generations											
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII											
5		ng the year, did the organization ts to be sold to raise funds rathe						nılar	□ Ye	es 🗆 No		
Pa	rt IV	Escrow and Custodial A Complete if the organizat X, line 21.		s" on Form 9	90, Part	IV, line 9,	or reporte	ed an amou	ınt on I	Form 990, Part		
1a		e organization an agent, trustee ded on Form 990, Part X?	e, custodian or other	intermediary f	for contril	outions or o	ther assets	not	☐ Y	es 🗆 No		
ь	If "Y	es," explain the arrangement in	Part XIII and comp	ete the followi	ng table			A	mount			
c		nning balance	·		-		1c					
d	Addıt	tions during the year					1d					
е	Dıstr	butions during the year					1e					
f	Endır	ng balance					1f					
2a	Did t	he organization include an amo	unt on Form 990, Pa	irt X, line 21, f	or escrow	or custodia	l account lia	ability?	□ Ye	es 🗌 No		
b	If "Ye	es," explain the arrangement in	Part XIII Check he	e if the explan	ation has	been provid	ded in Part)	XIII				
Pa	rt V	Endowment Funds. Con	nplete if the orgai	nization answ	ered "Ye	es" on Forr	n 990, Par	t IV, line 1	.0.			
			(a)Curre	nt year (b	Prior yea	(c)Two	years back	(d)Three yea	ars back	(e)Four years back		
	-	ning of year balance										
		butions										
		vestment earnings, gains, and l	osses									
d	Grants	s or scholarships										
е		expenditures for facilities rograms										
f	Admın	istrative expenses										
g	End of	year balance										
2		de the estimated percentage of		d balance (line	1g, colu	mn (a)) held	l as					
а	Boar	d designated or quasi-endowme	ent 🕨									
b	Perm	nanent endowment 🟲										
c	Temp	porarily restricted endowment $ ightharpoonup$	•									
		percentages on lines 2a, 2b, and	•									
3a	orgai	here endowment funds not in th nization by	ne possession of the	organization t	hat are h	eld and adm	inistered fo	r the	_	Yes No		
	(i) u	nrelated organizations					•			a(i)		
ь		related organizations es" on 3a(ii), are the related org		required on Sc	 hedule R	· · · ·				a(ii) 3b		
4	Desc	ribe in Part XIII the intended us	ses of the organizati	on's endowmer	nt funds				_			
Pa	rt VI					T) / 1		000 5		10		
	Descr	Complete if the organizat	Cost or other basis	(b) Cost or oth			.a. See Foi Accumulated o			ne 10. (d) Book value		
			(investment)									
	Land											
	Buildir	· —										
С	Leasel	hold improvements										
d	Equipr	ment										
	Other											
Tota	I. Add	lines 1a through 1e (Column (c	d) must equal Form	990 Part X co	lumn (R)	line $10(c)$)	•				

	Saa Form duli Dart V lina 17					
	See Form 990, Part X, line 12. (a) Description of security or category (including name of security)		(b) Book value) Method of val r end-of-year m	
	al derivatives					
	Tield equity interests	<u> </u>				
(A)						
[B)						
(C)						
(D)						
(E)						
F)						
(G)						
(H)						
Fotal. (Colum	nn (b) must equal Form 990, Part X, col (B) line 12)	•				
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on I	Form 990. P	art IV. line	11c. See Forn	n 990. Part X.	. line 13.
	(a) Description of investment		ook value	(c) Method of val r end-of-year m	uation
(1)				Cost o	r end-or-year m	iarket value
(2)						
(3)						
4)						
5)						
6)						
(7)						
(8)						
(8)						
(9)	nn (b) must equal Form 990, Part X, col (B) line 13)	•				
(9) Fotal. (Colum	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
9) Fotal. (Column Part IX			m 990, Part	IV, line 11d See	e Form 990, Par	t X, line 15 (b) Book value
9) Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
Fotal. (Column Part IX 1)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
(9) Fotal. (Column Part IX 1) 2) 3)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
(9) Fotal. (Column Part IX 1) 2) 3) 4)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
Fotal. (Column Part IX 1) 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7)	Other Assets. Complete if the organization answered		m 990, Part	IV, line 11d See	e Form 990, Par	
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered (a) Description		m 990, Part	IV, line 11d See	e Form 990, Par	
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8)	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization asserted.	·				(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15	·				(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X	Other Assets. Complete if the organization answered (a) Description (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25.	·	es' on Forn			(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1. 1) Federal (Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	·	es' on Forn			(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Fotal. (Column Part X 1. 1) Federal (1)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	·	es' on Forn			(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) Part X 1) Federal (2) 3)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	·	es' on Forn			(b) Book value
9) Fotal. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) Part X 1) Federal (2) 3)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	·	es' on Forn			(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (1) 2) 3) 4)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	·	es' on Forn			(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) 7) 8) 9) Total. (Column Part X 1) Federal (2) 3) 4) 5)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	·	es' on Forn			(b) Book value
9) Total. (Column Part IX 1) 2) 3) 4) 5) 6) Fotal. (Column Part X 1) Federal (2) 3) 4) 5) 6)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	·	es' on Forn			(b) Book value
Fotal. (Colum Part IX 1) 1) 2) 3) 4) 5) 6) 7) Part X 1. 1) Federal (1) 2) 3) 4) 5) 6) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7) 7)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	·	es' on Forn			(b) Book value
Fotal. (Column Part IX 1) (2) (3) (4) (5) (6) (7) (8) (7) Fotal. (Column Part X 1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	Other Assets. Complete if the organization answered (a) Description Imm (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization at See Form 990, Part X, line 25. (a) Description of liability	·	es' on Forn			(b) Book value

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

Total revenue, gains, and other support per audited financial statements

Donated services and use of facilities . . .

Other (Describe in Part XIII)

Supplemental Information

Add lines 2a through 2d

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . .

Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Add lines **4a** and **4b**

Page 4

3,362,865

82,994

3,342,210

3.342.210

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

Part XI

1

c

d

3 4

b

5

Part XIII

See Additional Data Table

Return Reference

82,994 e 2e 3 3 3,279,871 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1

Investment expenses not included on Form 990, Part VIII, line 7b . 4a 4b b Add lines **4a** and **4b** 4c c

Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) 5 3,279,871 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

5 Part XII Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. 1 3,425,204 2 Amounts included on line 1 but not on Form 990, Part IX, line 25

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part

2a 2b

2c

2d

4a

4b

Explanation

82,994

2e

3

4c

5

Schedule D (Form 990) 2018	Page 5
Part XIII Supplemental Info	mation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2018

Additional Data

Software ID: 18007218 **Software Version:** 2018v3.1 **EIN:** 94-3168114

Name: Planned Parenthood Votes Northwest

and Hawaii

Supplementa	ii Tiiloriilatioii
I Return	Reference

amounts included in F/S but not

included on form 990

Part XI, Line 2d Other revenue Special event expenses \$82994

Explanation

Supplemental Information	
Return Reference	Explanation
Part XII, Line 2d Other expenses and losses per audited F/S	Special event expenses \$82994

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SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Planned Parenthood Votes Northwest

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a Attach to Form 990 or Form 990-EZ.

Go to www irs gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

DLN: 93493318041469

Open to Public Inspection **Employer identification number**

and	Hawaii						94-3168114	
Pa	Fundraising Activi Form 990-EZ filers a	•	_		answered "Yes" on F part.	orm 990,	Part IV, line	17.
1	Indicate whether the organiza	ition raised funds th	rough an	y of the fo	ollowing activities Check	k all that ap	ply	
а	✓ Mail solicitations			e	Solicitation of noi	n-governme	ent grants	
b	✓ Internet and email solicita	itions		f	Solicitation of gov	vernment g	rants	
c	✓ Phone solicitations			g	Special fundraisir	ng events		
d	✓ In-person solicitations							
2 a	or key employees listed in For	rm 990, Part VII) or	entity in	connection	on with professional fund	raising ser	vices? 🗌 Y	es 🗹 No
b	If "Yes," list the ten highest parts to be compensated at least \$5			ndraisers)	pursuant to agreement	s under wh	ich the fundrais	ser is
(i) ſ	Name and address of individual or entity (fundraiser)	(ii) Activity	fundrai cust cont) Did iser have ody or trol of outions?	(iv) Gross receipts from activity	(or re fundrai	ount paid to stained by) ser listed in ol (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				
Γota	al			•				
	List all states in which the orgar licensing	nization is registered	d or licen	sed to sol	icit contributions or has	been notifie	ed it is exempt	from registration or

WA, AK, ID, HI

che	dule G (Form 990 or 990-EZ) 2018					F	Page 3
.1	Does the organization conduct gaming	activities with nonmember	5?		☐ Yes	□Ne	
.2	Is the organization a grantor, beneficia formed to administer charitable gaming		member of a partnership or other entity		□Yes		
3	Indicate the percentage of gaming activ	vity conducted in					
а	The organization's facility			13a			%
b	An outside facility			13b			%
4	Enter the name and address of the pers	son who prepares the orga	nization's gaming/special events books and ri	ecords			
	Name ►						
	Address ►						
5a	Does the organization have a contract virevenue?	with a third party from who	om the organization receives gaming		□Yes	□No	
b	If "Yes," enter the amount of gaming re amount of gaming revenue retained by		anization ▶ \$ and th	ne			
С	If "Yes," enter name and address of the	e third party					
	Name ►						
	Address ▶						
6	Gaming manager information						
	Name ►						
	Gaming manager compensation ▶ \$						
	Description of services provided ▶						
	☐ Director/officer	☐ Employee	☐ Independent contractor				
7	Mandatory distributions						
а	Is the organization required under state retain the state gaming license?	e law to make charitable di	stributions from the gaming proceeds to		Yes	□No	
b	Enter the amount of distributions requirements in the organization's own exempt activities.		ated to other exempt organizations or spent		53		
Pai	t IV Supplemental Informatio	n. Provide the explanat	rions required by Part I, line 2b, column licable. Also provide any additional info				 S.
_	Return Reference		Explanation				

Schedule G (Form 990 or 990-EZ) 2018

DLN: 93493318041469 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number Planned Parenthood Votes Northwest 94-3168114 and Hawaii Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018						Page 2
Part III Grants and Other As			als. Complete if the org	ganization answered "Yes	on Form 990, Part IV, line 22	
(a) Type of grant or assist		(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
Part IV Supplemental	Information	on. Provide the inf	ormation required in	Part I, line 2; Part III	i, column (b); and any other a	dditional information.
Return Reference	eturn Reference Explanation					
Grantmaker's Description of How Grants are Used						

Additional Data

Begich for Alaska

200 W 34th Ave 166 Anchorage, AK 99503 Our Votes Count

1402 Third Ave Ste 406 Seattle, WA 98101

Software ID: 18007218 **Software Version:** 2018v3.1 **EIN:** 94-3168114

83-0728142

81-2549590

Name: Planned Parenthood Votes Northwest and Hawaii

Form 990.Schedule I. Part I.	, Grants and Other Assistance to Domestic Organizations and Domestic Governments.
· • · · · · · · · · · · · · · · · · · ·	, evanue and eviter recoverance to permeetic eviganizations and permeetic coveriments.

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of cash	(e) Amount of non-	(f) Method of valuation	
organization		ıf applıcable	grant	cash	(book, FMV, appraisal,	
or government				assistance	other)	

(4) 1141116 4114 4441 655 61	(-)	(0) 1110 5000.01.	(a) / milounit of outline	(0) /	(1) Hourson of Farancies
organization		ıf applıcable	grant	cash	(book, FMV, appraisal,
or government				assistance	other)

527

527

Ľ	Domestic Organizations and Domestic Governments.					
	(d) Amount of cash	(e) Amount of non-	(f) Method of valua			

50,000

20,000

_	_			

(h) Purpose of grant

or assistance

Electoral IE Work

Electoral IE Work

(g) Description of non-cash assistance

and I	Domesti	ic Governments.
mount	t of non-	(f) Method of valuation

(a) Name and address of (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant (b) EIN organization ıf applıcable arant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

| Flectoral IF Work

141.000

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

527

Planned Parenthood NW Action

2001 East Madison St Seattle, WA 98122 83-1902234

efile GRAPHI	C print - DO NOT PROCESS As Filed Data -	DLN: 93493318041469
SCHEDULI (Form 990 or 9 EZ)	Complete to provide information for responses to specific questions of Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	
Vame! & the orge Planned Parenthood and Hawaii 990 Schedule	Votes Northwest	oloyer identification number
Return Reference	Explanation	
Form 990, Part VI, Line 4 Description of Significant Changes to Organizational Documents	Adopted updated bylaws to reflect changes in who was a member and new committee structur	e

Return Reference	Explanation
Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	From our bylaws Section 1 Members There shall be two classes of members of the Corporat ion regular members and special members Regular members of the Corporation shall consist of the following Planned Parenthood affiliates, who are referred to as "Members" in these Bylaws Planned Parenthood of Columbia Willamette and Planned Parenthood of the Great Nor thwest and the Hawaiian Islands Only regular members shall be considered "members" for pur poses of the Washington Nonprofit Corporation Act Special members shall include all individuals who (1) pay annual dues in an amount established by vote of the Board of Directors, and (2) do not qualify as Members Special members shall be non-voting members

Return Explanation

Process

Form 990,
Part VI, Line
11b Form
990 Review

The Finance Committee reviews the 990 in detail. The 990 is provided to the full Board with a briefing by the Finance Committee before it is filed with the IRS

of Conflicts

Return Reference	Explanation
Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement	Board members are asked to read and sign a statement annually. After disclosure of any pot ential conflicts and discussion with the interested person, the remaining board members will decide if a conflict of interest exists and how it shall be addressed.

Reference	Едріанацон
Form 990, Part VI, Line 15a Compensation Review & Approval Process - CEO, Top Management	Independent compensation study was commissioned. The compensation committee recommends the salary of CEO to the full Board based on the study. All raises are documented.

Evolunation

Return Reference Explanation

Form 990. Documents are made available upon request

Form 990,
Part VI, Line
19 Other
Organization
Documents
Publicly
Available

Documents are made available upon request

Pocuments
Pocumen

ormation as management fees expense (Line 11a) in Part IX

Return

Reference	Explanation	
Form 990 Part IX, Line 11a - Management Fees	All staff utilized by the Organization are employees of Planned Parenthood of the Great No rthwest and Hawaiian Islands (PPGNHI), an unrelated not-for-profit entity PPGNHI invoices the Organization for services performed which includes the salaries, benefits and taxes of the loaned staff. The PPGNHI staff utilized include the Organization's Current CEO Jenni fer Allen and Interim CEO and Current Vice President, Treasure Mackley. In 2018, Ms. Allen was paid gross wages of \$97,490 and benefits of \$7,183 for total compensation of \$104,673. In 2018, Ms. Mackley was paid gross wages of \$115,495 and benefits of \$13,726 for a total compensation of \$129,221 for her role as Interim CEO and Current Vice President. In 2018, \$145,000 was paid to the former CEO. This amount was fully reimbursed by the Organization to PPGNHI. As per the Form 990 instructions. PPVNH is presenting the loaned employee information.	

Evolunation

SCHEDULE R
(Form 990)

As Filed Data Related

Department of the Treasury

Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990. ► Go to <u>www.irs.gov/Form990</u> for instructions and the latest information. 2018
Open to Public

Employer identification number

DLN: 93493318041469OMB No 1545-0047

pen to Public Inspection

Planned Parenthood Votes Northwest and Hawaii							94-3	168114				
Part I Identification of Disregarded Entities Complete	ıf the organız	ation answe	red "Yes	on Form	990, Part	IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary ac) (c activity Legal domi or foreign		c) (d nicile (state Total in n country)		ome	(e) End-of-year assets		sets (f) Sets Direct cont		
Part II Identification of Related Tax-Exempt Organization	ans Complet	o if the orga	nization	answarad	"Voc" on E	orm 000	Dart IV	/ Juno 24 ho	201100	ut had one or	moro	
related tax-exempt organizations during the tax year. (a) Name, address, and EIN of related organization		(b) Primary activity		(c) Legal domicile (state or foreign country)		e section	(e) Public charity status (if section 501(c)(3))		(f) Direct controlling		Section (13) col	g) 512(b) Introlled
(1)PP Public Policy Network of the NW 2001 E Madison Street Seattle, WA 98122	Public policy	advocacy	١	WA	501(c)(3)		10		N/A		Yes	No
20-1987331												
For Paperwork Reduction Act Notice, see the Instructions for Form	990.		Ca	t No 5013	5Y				Sch	edule R (Form	990) 20	018

one or more related organizations treated as a partnership du (a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	d, total incom		(h) Disproprtionate allocations?				(j) neral or naging rtner?	(k) Percenta ownersh
					314)			Yes	No	1	Ye	s No	
												_	
IV Identification of Related Organiza because it had one or more related or						ization ans	wered "Yes	" on Fo	orm 99	90, Part I	V, lın	e 34	
		s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp, or trust)	wered "Yes (f) Share of total income	Share	(g) e of end- year assets	-of- Pei	V, lin-	e	(I) Section 512 13) contro entity?
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Pei	(h)	e	ection 512 13) contro
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Pei	(h)	e	ection 512 13) contro entity?
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Pei	(h)	e	ection 512 13) contro entity?
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Pei	(h)	e	ection 512 13) contro entity?
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	s a corporation	on or trus (c) egal micile or foreign	st during th	(d) controlling entity Ty	(e) pe of entity corp, S corp,	(f) Share of total	Share	(g) e of end- year	-of- Pei	(h)	e	ection 512 13) contro entity?

Schedule K (Form 990) 2010		Pag	je 3
Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c \	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e	\Box	No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g	\neg	No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	_	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	_	No
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	\neg	No
o Sharing of paid employees with related organization(s).	10	$\overline{}$	No

•	Dividends from related organization(3)			
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
0	Sharing of paid employees with related organization(s)	10		No
р	Reimbursement paid to related organization(s) for expenses	1 p		No
q	Reimbursement paid by related organization(s) for expenses	1 q	Yes	
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1 s		No
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds			

(1)PP Public Policy Network of the NW

Schedule R (Form 990) 2018

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

was not a related organization. See instructions regarding exclusion for certain investment partnerships													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)		ganizations?	(f) Share of total Income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(1) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(1) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	n 99	0) 2018

