Department of the Treasury Internal Revenue Service

ACANNED AUG 1 2 2013

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

► Do not enter social security numbers on this form as it may be made public.
► Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

\overline{A}	For th	ne 2015 calen	dar year, or tax year begin	ning	, 2	015,	and ending	,			,	
В	Check	ıf applicable	С						D Employ	er identi	ification number	
	Па	ddress change	Planned Parentho	od Votes	Northwest				94-	3168	114	
		ame change	and Hawaii						E Telepho	ne numb	per	
	Н	itial return	2001 East Madiso						(20)	6) 3:	20-7651	
	\vdash	nal return/terminated	Seattle, WA 9812	2-2959					(400) 020 000			
	\vdash	mended return							G Gross re	eceints	\$ 2,048,626.	
	Н-	oplication pending	F Name and address of principa	officer D1 = 4	D		1	H(a) Is this	a group retur			
	₩,	opiication pending		Ela1	ne Rose		ı	H(b) Are all	subordinates attach a list	ıncluded	H H	
_	Tou	overnet etetue	Same As C Above	1) (Insi	ert no) 4947(a)((1) or	527	If 'No,'	attach a list	(see ins	tructions)	
<u></u>		exempt status		1 / (113)	GIT 110 / 14347 (a)((1) 01		I/-> Croup	exemption nu	mbor 🟲		
			w.ppvotesnw.org	A	04	Try	ear of formation				egal domicile WA	
K		of organization	X Corporation Trust	Association	Other *	<u> LY</u>	ear of formatio	n 1992	2 1111 3	tate or i	egai domicile WA	
Pa	rtl	Summar		an ar most su	anificant activities	<u> </u>	- Cabad	i 1 o O				
	1	Briefly descri	be the organization's missi	on or most si	grinicant activities	<u>\$e</u>	e Sched	inTe				
છ												
ם										- -		
Activities & Governance	,	Check this bo	y F T if the organization	n discontinue	d its operations or	dispo	sed of mo	re than 2	5% of its	net as	sets	
Ĝ	3		oting members of the gover			и. Фр	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1	3	17	
9ŏ	4		dependent voting members			, line	1b)		·	4	17	
ties	5	Total number	of individuals employed in	calendar yea	ar 2015 (Part V, lin	e 2a))			5	29	
ţį	6		of volunteers (estimate if	• •						6	1,726	
Ą			ed business revenue from f							7a	0.	
	ь	Net unrelated	business taxable income	from Form 99	0-T, line 34					7Ь	<u> </u>	
						rior Year		Current Year				
Ф	8		and grants (Part VIII, line		2	,006,8	24.	1,960,651.				
Revenue	9	-	rice revenue (Part VIII, line			50						
ě	10		ncome (Part VIII, column (A e (Part VIII, column (A), Irr			60.	925.					
<u> </u>	11		10)	<u></u>	35,5		18,327.					
			e - add lines 8 through 11			1), III	ie 12)	4	1,043,2		1,979,903.	
	13		imilar amounts paid (Part I						15,0	00.		
	14	•	to or for members (Part I)		•		C 10\	<u> </u>				
v.	15		er compensation, employee			lines	5-10)	1	1,277,92			
Expenses	16 a	Professional	fundraising fees (Part IX, o	olumn (A), Iır	ne 11e)				22,3	38.	21,000.	
g			sing expenses (Part IX, co			-, 5	7,153.				* * * * * * * * * * * * * * * * * * * *	
ω̂.	17	Other expens	es_(Part_IX,_column_(A),_lå	nes_lla.ild,	и Г 24е)				87379	68.	1,941,617.	
	18		es Add lines 13-17 (must			5)		2	,189,2		1,962,617.	
	19	Revenue less	expenses Subtract line	(O: 8 from line 1,2	e a sose is	Şί			-146,0		17,286.	
ot Assets or				0; /3(11)	1 4 2 4111 19	71		Beginnir	ng of Curren		End of Year	
alan	20	Total assets	(Part X, line 16)	h	},	Ė			492,0	62.	604,842.	
A P	21	Total liabilitie	s (Part X, line 26)	1 1000		į			112,7	77.	208,271.	
5 5		Net assets or	fund balances Subtract li	he 21 from lin	ne 20				379,2	85.	396,571.	
Pa	rt II	Signatur							<i>I</i>		· -1 ·	
			eclare that have examined this return the return than officer) is based on	irn, including accor	mpanying schedules and	staten	nents, and to the	ne best of m	y knowledge	and beli	ef, it is true, correct, and	
com	olete D	eclaration of prepa	erer (other than officer) is based on	all information of v	which preparer has any k	nowled	ige					
			1 // 1/4/	Va					2/19	116		
Sig	ın	Signaty	fe of offeer	7				Da	ite /	שין		
He	re	Ela	ine Rose					CEO	,			
			print name and title									
		Print/Type p	preparer's name	Preparer's signa	ture		Date		Check	ıf	PTIN	
Pa	id	Judy (C. Jones, CPA	Judy C.	Jones, CPA		6/29/	16	self employe	ed	P00281100	
	epar) -					· · · · ·					
	e On									2 0·	-5828888	
			Seattle, WA 98125-7646							Phone no (206) 525-5170		
Max	, the	IDS discuss th	us return with the preparer			<u></u>		-	·	,,	X Yes No	

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 10/12/15

Form 990 (2015)

Form	990 (2015) Planned Parenthood Votes Northwest	94-31681	14	P	age 2
Par	<u></u>]				
	Check if Schedule O contains a response or note to any line in this Part III				Х
1	Briefly describe the organization's mission				
	See Schedule O				
2	Did the organization undertake any significant program services during the year which were not listed on the prince and or some East See Schedule O		Vaa		N.
	Form 990 or 990-EZ? If 'Yes.' describe these new services on Schedule O	X	Yes	Ш	No
_	Did the organization cease conducting, or make significant changes in how it conducts, any program se	ruices?	Yes	√	No
3	If 'Yes,' describe these changes on Schedule O	I vices	163	Δ	140
4	Describe the organization's program service accomplishments for each of its three largest program service.	ices as measur	ed by e	ynen	242
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation and revenue, if any, for each program service reported	is to others, the	total ex	pens	es,
4 a	(Code) (Expenses \$ 1,425,069. including grants of \$) (F	Revenue \$)
	Voter Engagement & Education - PPVNH is a not for profit organization	ation that	pron	ote	 s
	the social welfare by working to advance public polices that enco	ourage and	prot	<u>ect</u>	
	informed individual choice regarding reproductive and sexual hear	lthcare; to	<u>adv</u>	oca	te
	for public policies that quarantee the right to choice and full I	<u>non-discri</u>	<u>ninat</u>	ory	
	access to reproductive and sexual healthcare; and to foster and p			<u>ial</u>	
	and political climate favorable to the exercise of reproductive of				
	conducts voter engagement education and limited electoral activity	ties on is:	<u>sues</u> .		
	related to reproductive and sexual health and rights.				
		-			
	142 204 verbelen verte d. \$) ¢			
4 t		Revenue \$	+		,
	Lobbying - Advance pro active women's health legislation and world health	g_to_derea	<u>an</u>		
	women's health legislation in AK, HI, ID and WA.				
		-			
				-	
4 0	: (Code) (Expenses \$ 81, 286. including grants of \$) (F	Revenue \$)
	Electoral Activities - Voter outreach and education about endorse		tes		
	conducted as independent expenditures.	- 			
		- -			
				- - -	
		. 			
4 0	d Other program services. (Describe in Schedule O)				
	(Expenses \$ including grants of \$) (Revenue \$)	
4 6	e Total program service expenses ► 1.653.739.				

_			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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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	Х	
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	Х	
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		Х
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		Х
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	9		Х
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		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
	b 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	11 в		Х
	c 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	11 c		Х
	d 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	11 d		Х
	e Did the organization report an amount for other liabilities in Part X, line 25° If 'Yes,' complete Schedule D, Part X	11 e		Х
	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	11 f		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a	Х	
	b 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	12Ь		Х
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
•	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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		Х
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		Х
16	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		х
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	Х	
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	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		Х

Part IV | Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H	20a		Х
b	off 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u></u>	
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		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22		Х
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		х
24 a	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		Х
ŀ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	: 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		
(I Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	n 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		х
ŀ	b 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		Х
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		_X_
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		Х
28	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)	. 5	الله الله الله الله الله الله الله الله	1. (A)
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Χ	
ŧ	olf 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O	38	Х	
BAA		Form	990 ((2015)

Par	Shark of Sahadula O contains a response or rate to any line in this Part V			П
	Check if Schedule O contains a response or note to any line in this Part V	$\neg \tau$	Yes	No
1.	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		163	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	: Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1 c	Х	-
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return 29	1 1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Х.	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		~	٠,,
-	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 ь		
4 a	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)?	4 a		Х
b	olf 'Yes,' enter the name of the foreign country	\Box	_	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	i i		
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a	Х	
ь	of 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were		.,	
7	not tax deductible? Organizations that may receive deductible contributions under section 170(c).	6 ь	Х	
		1 1		1
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	- 7а		
	of Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		
d	If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d	_	_	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	Did-the-sponsoring-organization-make-any-taxable-distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 Ь		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12		ļ	,
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter	.		
а	Gross income from members or shareholders	.		
ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note. See the instructions for additional information the organization must report on Schedule O	.	İ	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			1
	Did the organization receive any payments for indoor tanning services during the tax year?	- 14a	-	X
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		
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Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 17 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 similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent 17 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 Χ 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Did the organization have members or stockholders? See Schedule Q 6 X 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? See Schedule O Х 7 a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, 7 b Х stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8 a a The governing body? X b Each committee with authority to act on behalf of the governing body? 8 b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10 a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10 b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a X **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O Х 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12 a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done See Schedule Q Х 120 Schedule O how this was done X 13 Did_the_organization_have_a_written whistleblower=policy?-13 14 Did the organization have a written document retention and destruction policy? 14 Х 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official See Schedule O 15 a X 15 b Х **b** Other officers or key employees of the organization If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions) 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16 b organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed > None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Another's website X Upon request Other (explain in Schedule O) Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year See Schedule O 20 State the name, address, and telephone number of the person who possesses the organization's books and records Elaine Rose 2001 East Madison Street Seattle WA 98122-2959 (206) 320-7651

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

- 1 a 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, and 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

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

		(C)								
(A) Name and Title	(B) Average hours per	l thar	n one s both	box, an c ector	unles officer truste	eck mo ss pers r and a ee)	on	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week (list any hours for	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W 2/1099 MISC)	(W-2/1099 MISC)	from the organization and related organizations
(1) Jeff Sprung	1									
Chairman	0	X		X				0.	0.	0.
(2) Sharon Smith	1_									
Vice Chair	0	Х		Х	_	ļ	<u> </u>	0.	0.	0.
(3) Sarah Munson	1	ļ								
Secretary	0	Х		Х				0.	0.	0.
(4) Art Wang	1									_
Treasurer	0	X		X			_	0.	0.	0.
(5) Chris Charbonneau	1							į	_	_
Board Member	0	Х				ļi		0.	0.	0.
_(6)_Mary_Clogston	1					. :		_	_	_
Board Member	0	X		<u>L</u>	L	ļ <u></u>	_	0.	0.	0.
_(7)_Stacy_Cross	1		_	_	_	_	_			
Board Member	=	X				ļ	ļ	0.	0.	0.
_(8)_Karl_Eastlund	1									
Board Member	0	X				 	ļ	0.	0.	0.
(9) Anne-Marie_Faiola	1					i			_	
Board Member	0	X				ļ		0.	0.	0.
(10) Nancy Gale	1									•
Board Member	0	X	<u> </u>			<u> </u>	_	0.	0.	0.
(11) Wendy Jacquet	1	١					ŀ		_	•
Board Member	0	X	_	<u> </u>	<u> </u>	ļ	 	0.	0.	0.
(12) Linda McCarthy	1			ŀ				_		
Board Member	0	X	<u> </u>			<u> </u>	<u> </u>	0.	0.	0.
(13) Amy Monk	1_	l		l					_	_
Board Member	0	Х	-		<u> </u>	<u> </u>		0.	0.	0.
(14) Robin Smith	1								_	_
Board Member	0_	Х						0.	0.	0.

Part VII Section A. Officers, Directors, Tru	ıstees,	Key	Em	iplo	oye	es,	and	d Highest Con	pensated Emp	loyees	(continued)
	(B)			(0	;)						
(A) Name and title	Average hours per	box	, unle	heck ss pe	erson	than is bot or/trus	h an	(D) Reportable	(E) Reportable		(F) timated
	week (list any		T1					the organization (W-2/1099 MISC)	compensation from related organizations (W 2/1099 MISC)	com	nt of other pensation om the
	hours for	or director	nsblubonal trustee	Officer	Key employee	ghesi) j	(1. 2.1033 111100)	(17 21 1033 111100)	orga	nization I related
	related organiza - tions	[전 교	<u>a</u>	`	ਹੂ	ee on				orga	nizations
	below dotted	_ uste	TZ.		8	pens					
	line)	6	lee			Highest compensated employee					
(15) Courtney Washburn	1	-	\vdash								
Board Member		X						0.	0.		0.
(16) Maureen West	1	<u> </u>									
Board Member	0	X						0.	0.		0.
(17) Susan Wurtzburg	1_										
Board Member	0	X						0.	0.		0.
(18) Jim Young	1								_		_
Board Member	0	X						0.	0.		0.
(19) Elaine Rose	37.5	}		v							0
CEO	0	├	Н	Х		-	-	0.	0.		0.
(20)		1									
(21)			H				-				
<u></u>		1									
(22)											
(23)											
			Ш		ļ						
(24)		ļ	1								
(25)											
1 b Sub-total	L	I.—			<u> </u>			0.	0.		0.
c Total from continuation sheets to Part VII, Secti	on A						►	0.	0.		0.
d Total (add lines 1b and 1c)							▶	0.	0.		0.
2 Total number of individuals (including but not limited	to those I	ısted	abov	ve) v	who	rece	ved	more than \$100,00	00 of reportable comp	ensation	
from the organization D											
							_				Yes No
3 Did the organization list any former officer, direct on line 1a? If 'Yes,' complete Schedule J for such	tor, or tru	stee,	key	em	plo	yee,	or h	nighest compensa	ted employee	3	l x
4 For any individual listed on line 1a, is the sum of	f reportab	le co	mne	nca	tion	and	oth	ier compensation	from		
the organization and related organizations greate	er than \$1	50,0	007	If 'Y	'es'	com	plet	e Schedule J for			,
such individual 5 Did any person listed on line 1a receive or accru	e comper	eatic	n fr	om	anv	unre	late	ed organization or	ındıvıdual	4	X
for services rendered to the organization? If 'Yes	,' comple	te S	chea	lule	J fo	r suc	ch p	person		5	X
Section B. Independent Contractors 1 Complete this table for your five highest compen	cated ind	opon	doni	l co	ntra	ctors	tha	at received more t	han \$100 000 of		
compensation from the organization. Report compen	sation for	the c	alen	dar	year	endi	ng v	with or within the or	ganization's tax year		
(A)								(B) Description (of sonuces	Compe	S)
Name and business add								Description	or services	Compe	15411011
								 			
		-						<u> </u>			
2 Total number of independent contractors (including to	out not lim	ıted t	o tho	se l	iste	d abo	ve)	who received more	than		
\$100,000 of compensation from the organization	<u>~</u>							,.			
RAA		TEFA	าเกลา	107	12/15					Form	990 (2015)

		Check if Schedule O	contains	a resp	onse or note to an	y line in this Part VII	ıL		Г
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
its ts	1 a	Federated campaigns		1 a					
ran	Ь	Membership dues		1 b		1			
S, E	С	Fundraising events		1 c	183,755.]			
ar /	d	Related organizations		1 d]	i		
s, G mik	е	Government grants (contributi	ons)	1 e]			
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, g similar amounts not included	grants, and above	1f	1,776,896.				
d di	g	Noncash contributions included	d in lines 1a	-1f. \$					
S e	h	Total. Add lines 1a-1f			>	1,960,651.			
ue					Business Code]			
Program Service Revenue	2 a								
æ	b								
,jc	С								
Sen	d	 							
Ē	е								
g	f	All other program service	ce reveni	ie [
ď	g	Total. Add lines 2a-2f			<u> </u>				
	3	Investment income (incother similar amounts)	luding di	vidends	s, interest and	925.			925.
	4	Income from investmen	nt of tax-e	exempt	bond proceeds >				
	5	Royalties			-				<u> </u>
			(i) R	leal	(ii) Personal				
	6 a	Gross rents							
	b	Less rental expenses							
	С	Rental income or (loss)							
	d	Net rental income or (lo	oss)	_					ļ
	7 a	a Gross amount from sales of		(II) Other					
		assets other than inventory							
	b	Less cost or other basis and sales expenses							
	С	Gain or (loss)							
	d	Net gain or (loss)			· ·				
Φ	8 a	Gross income from fund	draising e	events					
evenue		_(not_including-\$	-1-83-	755 .					
Š		of contributions reporte	d on line	1c)		1			
œ		See Part IV, line 18			65,500.]			
Other		Less direct expenses			68,723.]			
δ	С	: Net income or (loss) fro	om fundra	sising e	events	-3,223.			-3,223.
	9 a	Gross income from gan See Part IV, line 19	ning activ		a				
	b	Less direct expenses		1	b]			
	С	: Net income or (loss) fro	om gamın	ig activ	nties •				
	10 a	Gross sales of inventor and allowances	y, less re	turns	a				
		Less cost of goods sol			ь	1			
		: Net income or (loss) from		of inve	ntory	1	1		
	<u>_</u>	Miscellaneous Reven		- "	Business Code				
	11 a	Reimbursements	-			21,550.			21,550.
	ь				 -				
	С	;							
	d	All other revenue		h					
	е	Total. Add lines 11a-11	d	_	•	21,550.			
	12	Total revenue. See inst	tructions		•	1,979,903.	0.	0	. 19,252.

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Total expenses Program service Management and Fundráising expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 4 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 0 0 0 0. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 0 0 0. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees) a Management 1,423,577 1,223,607 196,100 3,870. **b** Legal 10,000 10,000 c Accounting <u>27, 9</u>43 27,943 d Lobbying 147,384 147,384 e Professional fundraising services See Part IV, line 17 21,000 21,000 f Investment management fees g Other (If line 11g amount exceeds 10% of line 25, column 6,381 6,381. (A) amount, list line 11g expenses on Schedule () 12 Advertising and promotion 15,280 13 Office expenses 804 16,084 14 Information technology 7,427. 7,427 15 Royalties 79,990 16 Occupancy 86,946. 5,217 1,739. 17 Travel 76,824 76,824 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 33,707 1,330 32,377 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 46 46 23 Insurance 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) 62,127 62,127 a <u>Voter_engagement_</u> b Printing and Publications 19,164 495 18,669 c Dues and subscriptions 16,625 16,150 475 d Bank_ fees_____ 6,712 218 5,494 e All other expenses 670 670. 1,653,739 251,725. 57,153. 25 Total functional expenses. Add lines 1 through 24e 1,962,617. 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)

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	489,427.	1	561,406.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	2,635.	4	43,436.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			
	6	Loans and other receivables from other disqualified persons (as defined unde 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	er	6	
ts	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ä	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D. 10a			
	ь	Less accumulated depreciation 10b		10 c	
	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		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	492,062.	16	604,842.
_	17	Accounts payable and accrued expenses	112,777.	17	208,271.
	18	Grants payable		18	200/2/21
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
တ	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	-	22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties and other liabilities not included on lines 17-24). Complete Part X of Schedule	s, e D	25	
	26	Total liabilities. Add lines 17 through 25	112,777.	26	208,271.
₁		Organizations that follow SFAS 117 (ASC 958), check here ► X and complet	te		
ances		lines 27 through 29, and lines 33 and 34.			
	27	Unrestricted net assets	379,285.	27	396,571.
Bal	28	Temporarily restricted net assets		28	
ק	29	Permanently restricted net assets		29	
Net Assets or Fund Bal		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.	:		
Q S	30	Capital stock or trust principal, or current funds	, ,	30	
ě	31	Paid-in or capital surplus, or land, building, or equipment fund	 -	31	
AS	32	Retained earnings, endowment, accumulated income, or other funds	 	32	•
et	33	Total net assets or fund balances	379,285.	33	396,571.
Ż	34	Total liabilities and net assets/fund balances	492,062.	34	604,842.

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Form 990 (2015)

Forn	1990 (2015) Planned Parenthood Votes Northwest	94-310011	1	Га	ge 12		
Pai	t XI Reconciliation 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	1,9	79,9	03.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,962,617				
3	Revenue less expenses Subtract line 2 from line 1	3		17,2	86.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	79,2	85.		
5	The state of the s						
6	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			0.		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3	96,5	71.		
Pai	t XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				13		
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O				· ·		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reseparate basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	viewed on a		1			
ŀ	Were the organization's financial statements audited by an independent accountant?		2 b	Х			
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a s	eparate	,		* /		
	basis, consolidated basis, or both X Separate basis Consolidated basis Both consolidated and separate basis				, î,		
		1.	.,'	***	(4) p.		
•	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2 c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O						
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	igle	3 a		Х		
ŧ	olf 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits	d audit	3 b				
BAA			Form	990 (2015)		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, 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,' 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-B

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

•	Section 501(c)(4), (5), or (6)	organizations Complete Part III			
	e of organization			Employer identific	ation number
Pl	anned Parenthood Vo	otes Northwest		94-316811	4
Pa	rt I-A Complete if the c	organization is exempt under section	on 501(c) or is a	section 527 organia	zation.
1	Provide a description of the	organization's direct and indirect political of	ampaign activities in	Part IV See Part	IV
2	Political expenditures			► \$	196,706.
3	Volunteer hours				216
Pa	ort I-B Complete if the o	organization is exempt under section	on 501(c)(3).		
1	Enter the amount of any ex-	cise tax incurred by the organization under	section 4955	▶\$	
2	Enter the amount of any ex	cise tax incurred by organization managers	under section 4955	►\$	
3	If the organization incurred	a section 4955 tax, did it file Form 4720 for	this year?		Yes No
4	a Was a correction made?				Yes No
	b If 'Yes,' describe in Part IV				
Pa	ort I-C Complete if the c	organization is exempt under section	on 501(c), excep	t section 501(c)(3).	
1	Enter the amount directly ex	xpended by the filing organization for section	n 527 exempt functio	n activities >\$	37,999.
2	Enter the amount of the filing	organization's funds contributed to other organ	izations for section 527	exempt	
_	function activities	3		▶ \$	24,950.
3	Total exempt function exper	nditures Add lines 1 and 2 Enter here and	on Form 1120-POL,		
	line 17b			► \$	62,949.
4	Did the filing organization fi	le Form 1120-POL for this year?			Yes X No
5	organization made payment	s and employer identification number (EIN) is For each organization listed, enter the air is received that were promotive and directly deleted.	mount paid from the f	iling organization's funi	ds. Also enter the
	segregated fund or a politic	ns received that were promptly and directly del al action committee (PAC) If additional spa	ice is needed, provide	e information in Part IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing	(e) Amount of political
		(4)/1.000		organization's funds If none, enter-0-	contributions received and promptly and directly
				,	delivered to a separate political organization. If none, enter 0
(1)	PP Votes WA PAC	PO_Box_21372	20-1089684	19,000.	
(1)		Seattle, WA 98111			
(2)	New Directions PAC	119 1st Ave S, Suite 320	46-5509592	2,000.	
		Seattle, WA 98104	<u> </u>		
(3)	Spokane County	1403 W 3rd Ave	91-0872376	450.	
	Democrats	Spokane, WA 98201			
(4)					
(5)					
(6)		 			

Schedule C (Form 990 or 990-EZ) 201	⁵ Planned Pai	enthood Votes No	rthwest	94-3168					
Part II-A Complete if section 501(the organizatio h)).	n is exempt under se	ection 501(c)(3) an	d filed Form 5768 (el	ection under				
		gs to an affiliated group (and	d list in Part IV each affi	liated group member's name					
		d share of excess lobbying			-,				
		cked box A and 'limited co		,					
B Glicek - I was interested									
·	'expenditures' me	ying Expenditures ans amounts paid or incur		(a) Filing organization's totals	(b) Affiliated group totals				
1 a Total lobbying expenditu									
b Total lobbying expenditu			bying)						
c Total lobbying expenditu	ires (add lines 1a a	and 1b)							
d Other exempt purpose e	· ·								
e Total exempt purpose e	xpenditures (add li	nes 1c and 1d)							
f Lobbying nontaxable am both columns	nount Enter the an	nount from the following ta	ble in						
If the amount on line 1e, colu	ımn (a) or (b) is	The lobbying nontaxable	amount is						
Not over \$500,000		20% of the amount on line 1e							
Over \$500,000 but not over \$1,	000,000	\$100,000 plus 15% of the excess	s over \$500,000						
Over \$1,000,000 but not over \$	1,500,000	\$175,000 plus 10% of the excess	s over \$1,000,000						
Over \$1,500,000 but not over \$	17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000	İ					
Over \$17,000,000		\$1,000,000							
g Grassroots nontaxable a	amount (enter 25%	of line 1f)	· · · · · · · · · · · · · · · · · · ·						
h Subtract line 1g from lin	e la Ifzero or les	s, enter -0-							
Subtract line 1f from line	e 1c If zero or less	s, enter -0-			,				
j If there is an amount othe section 4911 tax for this	er than zero on eithe gyear?	r line 1h or line 1i, did the or	ganization file Form 472	20 reporting	Yes No				
(Som		4-Year Averaging Period at made a section 501(h) e ns below. See the instruct	lection do not have to						
	Lobi	ying Expenditures During	4-Year Averaging Pe	riod					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total				
2 a Lobbying nontaxable amount									
b Lobbying ceiling amount (150% of line 2a, column (e))									
c Total lobbying expenditures									
d Grassroots nontaxable amount									
e Grassroots ceiling amount (150% of line 2d, column (e))									

BAA

f Grassroots lobbying expenditures

Schedule C (Form 990 or 990-EZ) 2015

Part II-B	Complete if the org	anization is exemp	ot under section	1 501(c)(3) ar	nd has NOT	filed Form 576
	(election under sed	tion 501(h)).				

C 10/1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(a)	(b)
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity	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?			
Other activities?		1	
j Total Add lines 1c through 1i			
2 a 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			-
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?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		Х
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		Х

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6) 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		
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).		
ä	a Current year	2 a	
1	Carryover from last year	2 b	
(z Total	2 c	
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	 0.
5	Taxable amount of lobbying and political expenditures (see instructions)	5	<u>0</u> .

Part IV | Supplemental Information

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

Part I-A, Line 1 - Direct and Indirect Political Campaign Activities

Planned Parenthood Votes Northwest provided a targeted and persuasive message to voters on the importance of women's health in local and state races.

SCHEDULE D (Form 990)

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.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545 0047 2015

Open to Public Inspection Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

and Hawaii	es Northwest	94-3168114
Part I Organizations Maintaining	Donor Advised Funds or Other Similar F	
Complete if the organization	n answered 'Yes' on Form 990, Part IV, II	ne 6.
	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
	and donor advisors in writing that the assets held in to the organization's exclusive legal control?	n donor advised funds
	s, donors, and donor advisors in writing that grant f benefit of the donor or donor advisor, or for any ot	
Part II Conservation Easements. Complete if the organizatio	n answered 'Yes' on Form 990, Part IV, Ii	ne 7.
	held by the organization (check all that apply)	
Preservation of land for public use	(e.g., recreation or education) Preservation	on of a historically important land area
Protection of natural habitat	· · ·	on of a certified historic structure
Preservation of open space		
<u>'</u> '	ization held a qualified conservation contribution in the	form of a conservation easement on the
last day of the tax year	•	
		Held at the End of the Tax Year
a Total number of conservation easemen		2 a
b Total acreage restricted by conservation		2 b
	a certified historic structure included in (a)	2 c
d Number of conservation easements inc structure listed in the National Register	cluded in (c) acquired after 8/17/06, and not on a his	storic 2 d
3 Number of conservation easements modifitax year ▶	ied, transferred, released, extinguished, or terminated t	by the organization during the
4 Number of states where property subject t	o conservation easement is located -	
5 Does the organization have a written p and enforcement of the conservation e	olicy regarding the periodic monitoring, inspection, asements it holds?	handling of violations, Yes No
6 Staff and volunteer hours devoted to mon	itoring, inspecting, handling of violations, and enforcing	conservation easements during the year
7 Amount_of_expenses_incurred_in monitorin	g, inspecting, handling-of-violations,-and-enforcing con	servation easements during the year
8 Does each conservation easement report and section 170(h)(4)(B)(II)?	orted on line 2(d) above satisfy the requirements of	section 170(h)(4)(B)(i) Yes No
include, if applicable, the text of the fo	reports conservation easements in its revenue and exotnote to the organization's financial statements that	pense statement, and balance sheet, and at describes the organization's accounting for
Part III Organizations Maintaining Complete If the organizatio	Collections of Art, Historical Treasures, n answered 'Yes' on Form 990, Part IV, II	or Other Similar Assets.
art, historical treasures, or other similar as	d under SFAS 116 (ASC 958), not to report in its research its financial statements that describes these items	
b If the organization elected, as permitte historical treasures, or other similar assets following amounts relating to these iter	d under SFAS 116 (ASC 958), to report in its revens held for public exhibition, education, or research in fu	nue statement and balance sheet works of art, rtherance of public service, provide the
(i) Revenue included on Form 990, Pa		► \$
(ii) Assets included in Form 990, Part		▶\$
2 If the organization received or held works	of art, historical treasures, or other similar assets for fi SFAS 116 (ASC 958) relating to these items	nancial gain, provide the following
a Revenue included on Form 990, Part V		▶\$
b Assets included in Form 990, Part X		► \$

Schedule D (Form 990) 2015 Plans						94-31			Page 2
Part III Organizations Mainta	ining Colle	ctions of	Art, Hist	orica	l Treasures, or	Other Similar As	sets (con	tınu	ed)
3 Using the organization's acquisition items (check all that apply)	n, accession, ar	nd other reco	ords, check	any of	the following that ar	e a significant use of its	collection		
a Public exhibition			d 🗌 Loan	or exc	change programs				
b Scholarly research			e 🔲 Othe	r	····				
c Preservation for future gener	rations								
4 Provide a description of the organiz Part XIII		·		•	-				
5 During the year, did the organiza to be sold to raise funds rather the							Yes	Г	No
Part IV Escrow and Custodia								Pari	
line 9, or reported an	amount on	Form 990), Part X,	line	21.	3170100 103 0111	37111 330,	, u,	. , ,
1 a Is the organization an agent, trus	stee custodia	n or other in	termediary	for co	entributions or othe	er assets not included			-
on Form 990, Part X?	sice, custoulai	i or ource ii	ncinicalar)	101 00	on the second of the second	or assets not included	Yes		No
b If 'Yes,' explain the arrangement	in Part XIII a	nd complete	the follow	ing tal	ble.				
							Amount		
c Beginning balance						1 c		_	
d Additions during the year						1 d			
e Distributions during the year						1 e			
f Ending balance						1f			
2a Did the organization include an a	mount on For	m 990, Part	X, line 21	, for es	scrow or custodial	account liability?	Yes		No
b If 'Yes,' explain the arrangement	in Part XIII (Check here	if the expla	nation	has been provide	d on Part XIII]
	_			_					
Part V Endowment Funds. C									
	(a) Current	year	(b) Prior yea	ar	(c) Two years back	(d) Three years back	(e) Four	years	back
1 a Beginning of year balance									
b Contributions									
 Net investment earnings, gains, and losses 									
d Grants or scholarships									
 Other expenditures for facilities and programs 									
f Administrative expenses									
g End of year balance									
2 Provide the estimated percentage	e of the currer	nt year end	balance (li	ne 1g,	column (a)) held	as			
a Board designated or quasi-endowm	ient 🟲		%						
b Permanent endowment ►	96		-						
c Temporarily restricted endowmer	nt 🕨	%							
The percentages on lines 2a, 2b, at	nd 2c should ed	qual 100%							
3 a_Are_there_endowment_funds_not-in t	he=possession=	of-the organ	ızatıon-that	are=hel	ld∗and∗admınıstered	for the		_	
organization by	•	-						es	No
(i) unrelated organizations.							3a(i)		
(ii) related organizations							3a(ii)		
b If 'Yes' on line 3a(II), are the rela	•		•				3b		
4 Describe in Part XIII the intended			's endowm	ent fui	nds				
Part VI Land, Buildings, and					0.5.4.1.4.1				
Complete if the organi	ization ansv	vered 'Ye	s' on For	m 99	0, Part IV, line	11a. See Form 99	90, Part X	(, lir	10.
Description of property		(a) Cost or o (Investi		(b)	Cost or other basis (other)	(c) Accumulated depreciation	(d) Boo	k va	lue
1 a Land						(3 (4 (3)			
b Buildings									
c Leasehold improvements						.=-			
d Equipment	[
e Other									
Total. Add lines 1a through 1e (Colum	nn (d) must eq	ual Form 99	90, Part X,	colum	n (B), line 10c)	>			0.
BAA	<u> </u>					Sched	lule D (Form	990)	2015

Part VII Investments – Other Securities. Complete if the organization answered	'Yes' on Form 990	N/A). Part IV. line 11b. See Form 9	990, Part X, line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F) ,			<u></u>
(G)			
(H)			
(l)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12)		<u> </u>	
Part VIII Investments – Program Related. Complete if the organization answered	'Voc' on Form 990	N/A Deart IV line 11c See Form 9	100 Part Y June 13
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end	of-year market value
	(b) Book Value	(c) method of valuation cost of chie	or your market talas
(1)			
(2)			
(3)		-	
(4) (5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total (Column (b) must equal Form 990, Part X, column (B) line 13)			
Part IX Other Assets	N/A	5 5 1 1 1 1 2 5	200 D 1 V 1 15
Complete if the organization answered		J, Part IV, line TTd. See Form 9	190, Part X, line 15 (b) Book value
	scription		(b) Book value
(1) (2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)	D) (1E)	<u> </u>	
Total. (Column (b) must equal Form 990, Part X, column (b)	3) IINE 15)		
Part X Other Liabilities. Complete if the organization answered 'Yes' on F	orm 990 Part IV line 1	le or 11f See Form 990 Part X line 25	
(a) Description of liability	(b) Book value		
(1) Federal income taxes	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)		 	
(8)		 	
(9)			
(10)		 	
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	>		
2. Liability for uncertain tax positions. In Part XIII, provide the text of the fo		inancial statements that reports the organization's	liability for uncertain
- Elabority for uncortain tax positions in rait Ain, provide the text of the lo	has been provided in Part XII		

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

Schedule D, Part XI, Line 2d Other Revenue Included In F/S But Not Included On Form 990

Special event expenses

Part XIII Supplemental Information.

-Total-\$ 68,723.

Schedule D, Part XII, Line 2d Other Expenses And Losses Per Audited F/S

Special event expenses

\$ 68,723. Total \$ 68,723.

Schedule **D** (Form 990) 2015

BAA

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury 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.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Planned Parenthood Votes Northwest

OMB No 1545 0047

Open to Public

Employer identification number

and Hawaii					94-316811	4
Part I Fundraising Activities. Complete Form 990-EZ filers are not re	ete if the organiz	ation answ	ered 'Yes' o	on Form 990, Part IV, line	17	
1 Indicate whether the organization				owing activities Check	all that apply	
a X Mail solicitations		- •	е	Solicitation of non-	government grants	
b X Internet and email solicitation	s		f	Solicitation of gove	rnment grants	
c X Phone solicitations				X Special fundraising	_	
d X In-person solicitations			9	21 Openar randraioning	CVOING	
						
2 a Did the organization have a written of employees listed in Form 990, Pa	or oral agreemer rt VII) or entity	it with any in connec	inaiviauai (i tion with p	nciuding oπicers, directoi rofessional fundraising	's, trustees or key services?	X Yes No
b If 'Yes,' list the ten highest paid indicompensated at least \$5,000 by t	viduals or entitie	s (fundrais		_		
(i) Name and address of individual	(ii) Activity	(m) Did	fundraiser	(IV) Gross receipts	(v) Amount paid to	(vi) Amount paid to
or entity (fundraiser)		have custo	dy or control ributions?	from activity	(or retained by) fundraiser listed in column (i)	(or retained by) organization
Tracy Newman		Yes	No			
1 318 1st Ave S, Suite 310	Electoral					
Seattle WA 98104	fndr		X	191,495.	21,000.	170,495.
2						
3				•		
4						
5						
6						
7						
8						
9						
10						
Total	•	. —	•	191,495.	21,000.	170,495.
3 List all states in which the organizat or licensing WA AK ID HI	ion is registered	or licensed	to solicit c			
	~ 					

		G (Form 990 or 990-EZ) 2015 Planned			94-31	
Pai	rt II	Fundraising Events. Complete if more than \$15,000 of fundraising	the organization ar	nswered 'Yes' on Fo	orm 990, Part IV, II	ne 18, or reported
		List events with gross receipts gr	eater than \$5,000.	s and gross meome	0111 01111 330-L2,	inics i and ob.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			Luncheon	AK Event	None	(add column (a) through column (c))
R			(event type)	(event type)	(total number)	tall bugs busses (b)
REVENUE	1	Gross receipts	191,495.	57,760.		249,255.
Ē	2	Less Contributions	125,995.	57,760.		183,755.
	3	Gross income (line 1 minus line 2)	65,500.			65,500.
	4	Cash prizes				
D	5	Noncash prizes				
D I R E C T	6	Rent/facility costs				
	7	Food and beverages	23,632.	3,150.		26,782.
X P E	8	Entertainment	24,410.	7,210.		31,620.
EXPE N SES	9	Other direct expenses	6,071.	4,250.		10,321.
5	10		-		•	68,723.
-	11	Net income summary Subtract line 10 fr				-3,223.
(<u>Par</u>	1 111	Gaming. Complete if the organiza \$15,000 on Form 990-EZ, line 6a	ation answered Yes	s' on Form 990, Pai	t IV, line 19, or re	ported more than
_		· · · · · · · · · · · · · · · · · · ·	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming
Ë	1			bingo/progressive bingo		(add column (a) through column (c))
REVERUE	ľ					
ÿ		_				
	1	Gross revenue				<u> </u>
		Cook www.				
Ε	2	Cash prizes			. 1000	<u>"</u>
DIRECTS	3	Noncash prizes				
Č Š T E S	4	Rent/facility costs				
	5	Other direct expenses		[
	 		Yes %	Yes %	Yes %	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	6	Volunteer labor	No	No	No	riek
	7	Direct expense summary Add lines 2 thi	rough 5 in column (d)		•	
	8	Net gaming income summary Subtract I	ine 7 from line 1, colum	ın (d).	•	
9		er the state(s) in which the organization co	• •			
		ne organization licensed to conduct gamin lo,' explain	g activities in each of tr	nese states/		Yes No
'	יו וויט	чо, ехріані				
			·	 		-
		re any of the organization's gaming license	es revoked, suspended	or terminated during the	e tax year?	Yes No
ı	Y`זונם	'es,' explain	-			_
DA A			TEL 27001	5602015	Schodula C /Fara	n 990 or 990-EZ) 2015
BAA	`		TEEA3702L 0	10/02/13	Scriedule u (For	11 330 U 330-EZ) 2013

Sche	edule G (Form 990 or 990-EZ) 2015 Planned Parenthood Votes Northwest	94-3168114	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	O Yes	No
••	Led ask the many states of many and the conditional of	1 1	
	Indicate the percentage of gaming activity conducted in	12-	و.
	n The organization's facility of An outside facility	13a 13b	
	Enter the name and address of the person who prepares the organization's gaming/special events books and recor		
	Name ►		 .
	Address •		
	Does the organization have a contract with a third party from whom the organization receives gaming reversely if 'Yes,' enter the amount of gaming revenue received by the organization \$ and	1)	s No
	of gaming revenue retained by the third party > \$		
c	If 'Yes,' enter name and address of the third party		
	Name •		
	Address •		
16	Gaming manager information		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided •		_
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Yes	i No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the	
Da	organization's own exempt activities during the tax year > \$ tiV Supplemental Information. Provide the explanations required by Part I, line 2b, or	solumns (u) and	(4):
<u>rar</u>	and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide a information (see instructions).	any additional	(v),
	Part I, Line 2b - Fundraiser Additional Information Washington State does not require registering of political/electora	al fundraiser	s. As
	an electoral fundraiser, Ms. Newman is therefore not registered in		
	Washington.	ciic ocace or	

TEEA3703L 06/02/15

Schedule G (Form 990 or 990-EZ) 2015

BAA

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2015

Open to Public Inspection

Name of the organization Planned Parenthood Votes Northwest and Hawaii

94-3168114

Employer identification number

Form 990 Part IX, Line 11a - Management Fees

All staff utilized by the Organization are employees of Planned Parenthood of the Great Northwest and Hawaiian Islands (PPGNWH), an unrelated not-for-profit entity. PPGNWH invoices the Organization for services performed which includes the salaries, benefits and taxes of the loaned staff. The PPGNWH staff utilized include the Organization's CEO, Elaine Rose. In 2015, Ms. Rose was paid gross wages of \$160,000 and benefits of \$16,054 for total compensation of \$176,054. This amount was fully reimbursed by the Organization to PPGNWH. As per the Form 990 instructions, the Trust is presenting the loaned employee information as management fees expense (Line 11a) in Part IX.

Form 990, Part III, Line 1 - Organization Mission

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, voter engagement, candidate endorsement and other means.

The corporation is empowered to work toward these purposes through all means consistent with its legal status including but not limited to lobbying, public education, regulatory advocacy and electoral activities.

Form 990, Part III, Line 2 - New Services

During 2015, the Organization added the state of Hawaii to its region.

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 Corporation: 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: Mt. Baker Planned Parenthood; Planned

Employer identification number 94-3168114

Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder (continued)

Parenthood of Greater Washington and North Idaho; Planned Parenthood of Columbia Willamette; and Planned Parenthood of the Great Northwest and the Hawaiian Islands.

Only regular members shall be considered "members" for purposes 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 (the "Board"); and (2) do not qualify as Members. Special members shall be non-voting members.

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

The member affiliates approve the CEO and the volunteer members who serve on the board.

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

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.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Board members are asked to read and sign a statement annually. After disclosure of any potential 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.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

Independent compensation study commissioned. Compensation committee determined salary of CEO based on the study.

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

Documents are made available upon request.

(g) Sec 512(b)(13) controlled entity? (f)
Direct controlling
entity ဍ Schedule R (Form 990) 2015 Open to Public Inspection Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organization and the tax year. OMB No 1545-0047 2015 Yes × Employer identification number (f) Direct controlling entity 94-3168114 N/A (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) Part I Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990. σ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. (d) Total income Related Organizations and Unrelated Partnerships (d) Exempt Code section TEEA5001L 06/01/15 501(c)(3) (c)
Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) WA (b) Primary activity Public policy (b) Primary activity advocacy BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Planned Parenthood Votes Northwest and Hawaii (a) Name, address, and EIN (if applicable) of disregarded entity (a) Name, address, and EIN of related organization Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R (Form 990) <u>ල</u> | ε¦ ଷ <u>@</u> 62 €¦

Page **2**

94-3168114

Schedule R (Form 990) 2015 Planned Parenthood Votes Northwest

(i) Sec 512(b)(13) controlled entity? (k) Percentage ownership Schedule R (Form 990) 2015 ş Part IV: Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Yes General or managing partner? å (h) Percentage ownership Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets (h)
Disproportionate
allocations? 2 Yes (f) Share of total income (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d)
Direct
controlling
entity TEEA5002L 06/01/15 (e)
Predominant income (related, excluded from tax under sections 512-514) (c) Legal domicile (state or foreign country) (d)
Direct
controlling
entity (b) Primary activity (c) Legal domicile (state or foreign country) (a)
Name, address, and EIN of related organization (b)
Primary activity (a)
Name, address, and EIN of related organization Part III εl **3** ଚ୍ଚା ε Ø, ଚ୍ଚ¦

Schedule **R** (Form 990) 2015 Planned Parenthood Votes Northwest

Schedule R (Form 990) 2015 (d)
Method of determining amount involved × ŝ Yes Ξ ㅁ 9 1 19 18 * 9 <u>၂</u> 19 <u>ا</u>] 1 h a 7 Ξ Part V Transactions With Related Organizations ©omplete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36. (c) Amount involved 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 (b) Transaction type (a-s) 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? TEEA5003L 10/12/15 I Performance of services or membership or fundraising solficitations for related organization(s) m Performance of services or membership or fundraising soli∤citations by related organization(s) n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Note. Complete line 1 if any entity is listed in Parts II, III, for IV of this schedule k Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets to related of ganization(s) (a) || Name of related organization s Other transfer of cash or property from related organization (s) c Gift, grant, or capital contribution from related organization(s) q Reimbursement paid by related organization(s) for expensus p Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) ${f b}$ Gift, grant, or capital contribution to related organization(${\bf s}^{\! \perp}_{\! a})$ d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) BAA BAA ~ 3 <u>@</u> € €

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Part VI Unrelated Organizations Taxable as a Pathership 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

revenue) (nat was not a related organization) see instructions regarding	alloli see liislincii	ons regarding exclusi	בצרותאומנו זמן רבו נשונו ווועבאווובנית לשו ווופואווולא	מאוויבויו ל	מונוטואו	S.d.						
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant Income (related, unre-	Are all partners section 501(c)(3)		Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?	Code V-UBI amount in box s? 20 of Schedule	Gene mana partr	General or P managing partner?	(k) Percentage ownership
				Yes	2			Yes No		Yes	8	
(1)								╁				
(2)		=======================================										
(3)												
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Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R (see instructions).

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07/13/15 2952795. Page 1 of 1 This Box For Office Use Only 001 \$20.00 K tid:3035092 Office of the Secretary of State Corporations & Charities Division FILED SECRETARY OF STATE **Washington Nonprofit Corporation JULY 13, 2015** See attached detailed instructions STATE OF WASHINGTON ☐ Standard Filing Fee \$20.00 ☐ Filing Fee with Expedited Service \$70.00 UBI Number: 601400363 ARTICLES OF AMENDMENT Chapter 24.03 RCW SECTION 1 NAME OF CORPORATION: (as currently recorded with the Office of the Secretary of State) Planned Parenthood Votes Northwest **SECTION 2** ARTICLES OF AMENDMENT WERE ADOPTED BY: (please check and complete one of the following) The amendment was adopted by a meeting of members held (Date) \square A quorum was present at the meeting and the amendment received at least two-thirds of the votes which members present or represented by proxy were entitled to cast The amendment was adopted by a consent in writing and signed by all members entitled to vote There are no members that have voting rights. The amendment received a majority vote of the directors at a board meeting held: (Date) _ **SECTION 3** AMENDMENTS TO ARTICLES ON FILE: (if necessary, attach additional information) The name of the organization is changed to: Planned Parenthood Votes Northwest and Hawaii **SECTION 4** EFFECTIVE DATE OF ARTICLES OF AMENDMENT: (please check one of the following) \mathbf{Z} Upon filing by the Secretary of State (Specified effective date must be within 30 days AFTER the Articles of Specific Date. Amendment have been filed by the Office of the Secretary of State)

SIGNATURE: (see instructions page)

his decument is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

ahe 1 Kale il Date / **Printed Name and Title** Signature

Nonprofit Corporation - Amendment

Washington Secretary of State

SECTION 5

Revised 07/10