

Form 8453-EO

Exempt Organization Declaration and Signature for Electronic Filing

OMB No. 1545-1A78

For calendar year 2007, or tax year beginning 2007, and ending 2007
For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

2007

Department of the Treasury Internal Revenue Service

See instructions.

Name of exempt organization

PLANNED PARENTHOOD OF WESTERN WASHINGTON

Employer identification number

91-0686012

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8453-EO and enter the applicable amount from the return if any, if you check the box on line 1a, 2a, 3a, 4a, or 5a below and the amount on that line for the return for which you are filing this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). If you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 5 rows (1a-5a) and 2 columns (b, 1b-5b). Row 1a is checked with amount 37321339.

Part II Declaration of Officer

I authorize the U.S. Treasury and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-953-4637 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

Under penalties of perjury, I declare that I am an officer of the above named organization and that I have examined a copy of the organization's 2007 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Sign Here: Signature of officer (A. E. Summit), Date (11/14/08), Title (CFO)

Part III Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions)

I declare that I have reviewed the above organization's return and that the entries on Form 8453-EO are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The organization officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the IRS, and have followed all other requirements in Pub. 4183, Modernization e-file (MeF) Information for Authorized IRS e-file Providers. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only: Signature, Date (11/15/08), Firm's name (MOSS ADAMS LLP), Address (999 THIRD AVENUE, SUITE 2800 SEATTLE, WA 98104), ERO's SSN or PTIN (P00178837), Phone no. (206-302-6500)

Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge.

Paid Preparer's Use Only: Signature, Date (11/15/08), Firm's name (MOSS ADAMS LLP), Address (999 THIRD AVENUE, SUITE 2800 SEATTLE, WA 98104), Preparer's SSN or PTIN (P00178837), Phone no. (206-302-6500)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions.

Form 8453-EO (2007)

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08161113 099302 86680

53 2007.06050 PLANNED PARENTHOOD OF WESTE 86680\_\_1

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

**2007**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2007 calendar year, or tax year beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

**C** Name of organization  
**PLANNED PARENTHOOD OF WESTERN WASHINGTON**  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**2001 EAST MADISON STREET**  
 City or town, state or country, and ZIP + 4  
**SEATTLE, WA 98122-2959**

**D** Employer identification number  
**91-0686012**

**E** Telephone number  
**206-328-7731**

**F** Accounting method:  Cash  Accrual  
 Other (specify) ▶

\* Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

**H** and **I** are not applicable to section 527 organizations.  
**H(a)** Is this a group return for affiliates?  Yes  No  
**H(b)** If "Yes," enter number of affiliates ▶ **N/A**  
**H(c)** Are all affiliates included? **N/A**  Yes  No  
 (If "No," attach a list.)  
**H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No

**I** Group Exemption Number ▶ **N/A**

**G** Website: ▶ **WWW.PPWW.ORG**

**J** Organization type (check only one) ▶  501(c) ( 03 ) (insert no.)  4947(a)(1) or  527

**K** Check here  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **44,140,644.**

**M** Check  if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

		1a		1b		1c		1d		1e	
<b>1</b> Contributions, gifts, grants, and similar amounts received:											
<b>a</b> Contributions to donor advised funds											
<b>b</b> Direct public support (not included on line 1a)				8,283,315.							
<b>c</b> Indirect public support (not included on line 1a)				1,530,312.							
<b>d</b> Government contributions (grants) (not included on line 1a)											
<b>e</b> Total (add lines 1a through 1d) (cash \$ 9,440,676. noncash \$ 372,951.)										9,813,627.	
<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)										26,254,688.	
<b>3</b> Membership dues and assessments											
<b>4</b> Interest on savings and temporary cash investments											
<b>5</b> Dividends and interest from securities										1,028,256.	
<b>6 a</b> Gross rents <b>SEE STATEMENT 2</b>		<b>6a</b>		33,336.							
<b>b</b> Less: rental expenses		<b>6b</b>									
<b>c</b> Net rental income or (loss). Subtract line 6b from line 6a										33,336.	
<b>7</b> Other investment income (describe ▶ <b>SEE STATEMENT 1</b> )										160,011.	
<b>8 a</b> Gross amount from sales of assets other than inventory		(A) Securities		(B) Other							
		6,849,573.									
<b>b</b> Less: cost or other basis and sales expenses		6,818,152.									
<b>c</b> Gain or (loss) (attach schedule)		31,421.									
<b>d</b> Net gain or (loss). Combine line 8c, columns (A) and (B) <b>STMT 3</b>										31,421.	
<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>											
<b>a</b> Gross revenue (not including \$ 6,566. of contributions reported on line 1b)		<b>9a</b>		1,153.							
<b>b</b> Less: direct expenses other than fundraising expenses		<b>9b</b>		1,153.							
<b>c</b> Net income or (loss) from special events. Subtract line 9b from line 9a <b>SEE STATEMENT 4</b>										0.	
<b>10 a</b> Gross sales of inventory, less returns and allowances		<b>10a</b>									
<b>b</b> Less: cost of goods sold		<b>10b</b>									
<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a											
<b>11</b> Other revenue (from Part VII, line 103)											
<b>12</b> Total revenue. Add lines 1a, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11										37,321,339.	
<b>13</b> Program services (from line 44, column (B))										29,546,677.	
<b>14</b> Management and general (from line 44, column (C))										1,305,992.	
<b>15</b> Fundraising (from line 44, column (D))										1,073,444.	
<b>16</b> Payments to affiliates (attach schedule)											
<b>17</b> Total expenses. Add lines 16 and 44, column (A)										31,926,113.	
<b>18</b> Excess or (deficit) for the year. Subtract line 17 from line 12										5,395,226.	
<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))										34,163,501.	
<b>20</b> Other changes in net assets or fund balances (attach explanation) <b>SEE STATEMENT 5</b>										803,123.	
<b>21</b> Net assets or fund balances at end of year. Combine lines 18, 19, and 20										40,361,850.	

732001  
12-27-07

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

Form 990 (2007)

**Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>415,297</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	415,297.	415,297.	STATEMENT 7	
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A	629,443.	205,044.	424,399.	0.
<b>25b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>25c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	14,062,381.	13,204,978.	407,174.	450,229.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c	199,492.	186,751.	4,983.	7,758.
<b>28</b> Employee benefits not included on lines 25a - 27	1,942,319.	1,803,954.	67,341.	71,024.
<b>29</b> Payroll taxes	1,288,353.	1,188,252.	60,676.	39,425.
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	52,950.		52,950.	
<b>32</b> Legal fees	82,070.	81,475.	261.	334.
<b>33</b> Supplies	1,140,565.	1,098,256.	24,784.	17,525.
<b>34</b> Telephone	754,281.	692,752.	39,965.	21,564.
<b>35</b> Postage and shipping	197,443.	150,294.	6,278.	40,871.
<b>36</b> Occupancy	1,660,131.	1,606,826.	39,220.	14,085.
<b>37</b> Equipment rental and maintenance	340,903.	334,112.	4,279.	2,512.
<b>38</b> Printing and publications	268,570.	250,502.	4,954.	13,114.
<b>39</b> Travel	299,693.	245,383.	42,270.	12,040.
<b>40</b> Conferences, conventions, and meetings	95,189.	77,939.	13,426.	3,824.
<b>41</b> Interest	46,875.	44,279.	601.	1,995.
<b>42</b> Depreciation, depletion, etc. (attach schedule)	937,403.	885,825.	35,602.	15,976.
<b>43</b> Other expenses not covered above (itemize):				
<b>a</b>	43a			
<b>b</b>	43b			
<b>c</b>	43c			
<b>d</b>	43d			
<b>e</b>	43e			
<b>f</b>	43f			
<b>g</b> SEE STATEMENT 6	43g	7,512,755.	7,074,758.	76,829.
<b>44</b> Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	31,926,113.	29,546,677.	1,305,992.	1,073,444.

Joint Costs. Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No  
 If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

**Part III** Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 8</u>	
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<b>a</b> PATIENT SERVICES: MEDICAL SERVICES AND COUNSELING; STD TESTING AND TREATMENT; PROVISION OF CONTRACEPTIVES; FAMILY PLANNING; HIV TESTING AND COUNSELING.	
(Grants and allocations \$ 105,523.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	25,357,379.
<b>b</b> OUTREACH, ADVOCACY AND GOVERNMENT RELATIONS	
(Grants and allocations \$ 232,023.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,965,798.
<b>c</b> PUBLIC AND PROFESSIONAL EDUCATION; AGE-APPROPRIATE INFORMATIONAL PROGRAMS AT SCHOOLS, CHURCHES, YOUTH CENTERS, AND CLUBS; PEER EDUCATION; COMMUNITY PRESENTATIONS; WEEKLY TEEN COLUMN; CLINICAL EXPERIENCE AND TRAINING FOR MEDICAL AND NURSING STUDENTS, RNS, AND RESIDENTS	
(Grants and allocations \$ 77,751.) If this amount includes foreign grants, check here ► <input checked="" type="checkbox"/>	2,198,995.
<b>d</b> RESEARCH IN AREAS RELATED TO EXEMPT PURPOSE	
(Grants and allocations \$ 0.) If this amount includes foreign grants, check here ► <input type="checkbox"/>	24,505.
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	29,546,677.

Form 990 (2007)

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing	1,156,637.	45	5,014,541.
	46 Savings and temporary cash investments	690,186.	46	2,226,600.
	47 a Accounts receivable	47a 8,321,097.		
	b Less: allowance for doubtful accounts	47b 3,902,779.	47c	4,418,318.
	48 a Pledges receivable	48a 2,141,844.		
	b Less: allowance for doubtful accounts	48b 4,132.	48c	2,137,712.
	49 Grants receivable		49	
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use	1,607,118.	52	1,657,011.
	53 Prepaid expenses and deferred charges	687,414.	53	645,008.
	54 a Investments - publicly-traded securities STMT 10 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	16,048,382.	54a	15,271,156.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55 a Investments - land, buildings, and equipment: basis STMT 9	55a		
	b Less: accumulated depreciation	55b	55c	
	56 Investments - other SEE STATEMENT 11	2,451,913.	56	4,487,729.
	57 a Land, buildings, and equipment: basis	57a 21,397,174.		
b Less: accumulated depreciation STMT 12	57b 11,049,932.	57c	10,347,242.	
58 Other assets, including program-related investments (describe)		58		
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58	37,542,117.	59	46,205,317.	
<b>Liabilities</b>	60 Accounts payable and accrued expenses	2,425,616.	60	2,767,271.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable STMT 13 STMT 14	953,000.	64b	3,076,196.
	66 Other liabilities (describe)		65	
66 <b>Total liabilities.</b> Add lines 60 through 65	3,378,616.	66	5,843,467.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 67 through 69 and lines 73 and 74.</b>			
	67 Unrestricted	27,680,090.	67	28,162,408.
	68 Temporarily restricted	1,056,354.	68	1,147,135.
	69 Permanently restricted	5,427,057.	69	11,052,307.
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 70 through 74.</b>			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	34,163,501.	73	40,361,850.
	74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	37,542,117.	74	46,205,317.

