# PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 602-586-838

**990** Form

Department of the Treasury Internal Revenue Service

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



Α	For th	e 2022 calendar year, or tax year beginning and end	ing		
в	Check if applicab	e: C Name of organization	D Employer identified	cation number	
	Addre	PROJECT ACCESS NORTHWEST			
	Name	Doing business as	20-43779	21	
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address) Roo	m/suite E Telephone numbe	r	
	Final return	200 BROADWAY 202	2 206-788-		
	termi	, , , , , , , , , , , , , , , , , , ,	G Gross receipts \$	1,498,648.	
	Amer	SEATTLE, WA 90122	H(a) Is this a group re		
	Appli tion pendi	F Name and address of principal officer: GARI KENVILLE	for subordinates		
	-	SAME AS C ABOVE	H(b) Are all subordinates in	ncluded? Yes No	
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or		list. See instructions	
	Websi		H(c) Group exemptio		
			L Year of formation: 2006	A State of legal domicile: WA	
P	art I	Summary	TTEL LON THOME		
ġ	1	Briefly describe the organization's mission or most significant activities: <b>TO PROV</b>	VIDE LOW-INCOME	FAMILLES	
Activities & Governance		ACCESS TO MEDICAL AND DENTAL CARE.	· · · · · · · · · · · · · · · · · · ·		
ern	2	Check this box if the organization discontinued its operations or disposed of		sets. 15	
205	3			15	
~	4	Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2022 (Part V, line 2a)		19	
ties	6	Total number of volunteers (estimate if necessary)		1773	
ži Vi	79	Total unrelated business revenue from Part VIII, column (C), line 12		0.	
AC	l / a	Net unrelated business taxable income from Form 990-T, Part I, line 11		0.	
	<u> </u>		Prior Year	Current Year	
	8	Contributions and grants (Part VIII, line 1h)	1,948,933.	1,498,588.	
Revenue	9	Program service revenue (Part VIII, line 2g)	0	0.	
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		60.	
Ľ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-23,930.	-18,422.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,480,226.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	74,200.	108,174.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,169,164.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	
adx	b	Total fundraising expenses (Part IX, column (D), line 25) 103, 341.			
ŵ	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		291,011.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	400 444	1,568,349.	
	19	Revenue less expenses. Subtract line 18 from line 12		-88,123.	
Assets or			Beginning of Current Year	End of Year	
sset	<b>20</b>	Total assets (Part X, line 16)		1,471,384.	
Net A	-	Total liabilities (Part X, line 26)	1 200 402	179,104.	
	<u>22</u> art II	Net assets or fund balances. Subtract line 21 from line 20	. 1,380,403.	1,292,280.	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date					
Here	ROBIN LARMER, VICE CHAIR						
	Type or print name and title						
	Print/Type preparer's name Preparer's signature Date						
Paid	HOWARD DONKIN, CPA HOWARD DONKIN, CPA 11/13						
Preparer	Firm's name JACOBSON JARVIS & CO, PLLC	Firm's EIN 91-2011386					
Use Only	Firm's address 200 1ST AVE W, SUITE 200						
SEATTLE, WA 98119 Phone no. 206-628-899							
May the I	May the IRS discuss this return with the preparer shown above? See instructions						
232001 12-1	232001 12-13-22 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2022)						

	1 990 (2022) PROJECT ACCESS NORTHWEST	20-4377921	Page <b>2</b>
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	. []
1	Briefly describe the organization's mission: PROJECT ACCESS NORTHWEST COLLABORATES WITH THE HEALTH CA		
	TO OPEN DOORS TO MEDICAL AND DENTAL CARE FOR LOW-INCOME		
	THROUGH A DISTRIBUTED NETWORK OF DONATED CARE THAT ASSUR	ES APPROPRIAT	'E
	ACCESS TO MEDICAL AND DENTAL SPECIALTY CARE SERVICES.		
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		<b>TT</b>
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	• •	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses, and	d
<u> </u>	revenue, if any, for each program service reported.		
4a			)
	APPOINTMENTS AND PLACED AND ANSWERED 79,750 PHONE CALLS,		
	RECORD ENTRIES IN SERVICE TO THOSE APPOINTMENTS. WE REDU		1
	OF THE CARE FOR OUR PARTNERS, INCREASED ACCESS TO SERVICE		
	PEOPLE WERE RETURNED TO HEALTH, THEIR FAMILIES AND THEIR		
4b	(Code:) (Expenses \$108,174. including grants of \$108,174. (Rever	nue \$	)
	PREMIUM ASSISTANCE. WITH PARTNER SUPPORT, WE PURCHASE HE		CE
	ON THE EXCHANGE FOR THOSE WHO CANNOT OTHERWISE AFFORD TH		
	THIS ALLOWS PATIENTS TO ACCESS ONGOING, APPROPRIATE HEAL	TH CARE RATHE	ER
	THAN EMERGENCY CARE.		
4c	(Code: ) (Expenses \$ including grants of \$ ) (Rever	nue \$	)
	Other program convises (Describe on Schedule $O$ )		
4d	Other program services (Describe on Schedule O.)	١	
4e	(Expenses \$ including grants of \$ ) (Revenue \$         Total program service expenses       1,251,983.		
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			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	<u>X</u>	
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		X
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		X
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X X
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 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		X X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			<b>v</b>
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		v	
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			<b>v</b>
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44-		x
A	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		
u		11d		x
~	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	Х	- 23
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE	- 23	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120	Schedule D, Parts XI and XII	12a	х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
	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		x
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		x
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		x
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		X
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X

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			Yes	No
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	X	
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? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X X
b	5 71 1 7 1 71 1	24b		
с	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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			v
	Schedule L, Part I	25b		<u>x</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>x</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
00	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>	00-		x
<b>h</b>	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>	200		
C		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	200		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified conservation	23		- 23
50		30		x
31	contributions? <i>If</i> "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "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? <i>If</i> "Yes," <i>complete</i> Schedule N, Part 1			
02	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			<u> </u>
	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "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		
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		x
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 on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 19			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u> </u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	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?	<u>6a</u>	Х	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b	Х	
7	Organizations that may receive deductible contributions under section 170(c).			
	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?	7a		_X_
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			37
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> 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.	0-		
a L	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
10	Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against			
D	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
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			
с	Enter the amount of reserves on hand			
14a	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? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes " complete Form 6069			

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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	e
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.	

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			
	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 on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
-	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
-	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
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?	6		x
7a	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?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Ū	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	on Schedule O how this was done	12c	х	
13	Did the organization have a written whistleblower policy?	13	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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 organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed WA , NM , NY , CA			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.	• •		
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	LAURA HINDS - 206-788-4204			
	200 BROADWAY, 202, SEATTLE, WA 98122			

Part VII	Co	mpensation	of Officers,	Directors,	Trustees,	Key Employees,	Highest	Compensated
	En	nployees, and	d Independe	ent Contrac	ctors			

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	oox, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar	laaa	recio	n/trus			from related	other
	(list any hours for	ndividual trustee or director						the	organizations	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	ruste	l trus		/ee	m pen		1099-NEC)	1033-NEO)	and related
	below	dual t	Institutional trustee	<u> </u>	Key employee	st co	Ŀ	,		organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			0
(1) GARY RENVILLE	50.00									
EXECUTIVE DIRECTOR				х				154,854.	Ο.	12,806.
(2) THERESA RAMBOSEK	1.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) PRATHIBA PINNAMANENI	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) GREGORY CLARK	1.00									
TREASURER		Х		Х				0.	0.	0.
(5) GREGG AOYAMA	1.00									
SECRETARY		Х		Х				0.	0.	0.
(6) D. CHRIS DOUGLAS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(7) KATHLEEN FONDREN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) WILLIAM GERARDI	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) ROBIN LARMER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) MAKIE MADDEN	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(11) ROBERT SIMS	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(12) KEVIN WANG	1.00									_
BOARD MEMBER		Х						0.	0.	0.
		l								
						<u> </u>				
				l						

Form 990 (2022) PROJECT A	ACCESS N	IOR	тн	WE	SI	1			20-437	7921	. P	age <b>8</b>
Part VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		· · /			
(A)	(B) Average			(C Posi		h		(D)	(E)		(F)	
Name and title	hours per		not c	heck i	more	than d is both		Reportable compensation	Reportable compensation		stimate mount	
	week					or/trus		from	from related	1 a	other	01
	(list any	ector						the	organizations	con	npensa	ation
	hours for related	In dividual trustee or director	ee			ated		organization	(W-2/1099-MISC/		from th	
	organizations	rustee	In stit utio nal tru stee		ee	npens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	1	ganizat nd relat	
	below	idual t	utiona	ar I	Key employee	est col	er	1000 1120)			ganizati	
	line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former					
							—					
1b Subtotal								154,854.	0	$\frac{1}{1}$	2,8	06.
c Total from continuation sheets to Part VI								0.	0			0.
d Total (add lines 1b and 1c)								154,854.	0	. 1	.2,8	06.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100	,000 of reportable			
compensation from the organization											Vee	1
3 Did the organization list any former officer,	divector truct				~ ~ ~	~ ~ ~	hia	best compensated one			Yes	No
3 Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	,					'	0	· · ·	,	3		x
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	-		-					-	-	4	Х	
5 Did any person listed on line 1a receive or a											(	
rendered to the organization? <i>If "Yes," com</i>	plete Schedule	e J fo	or su	ich r	oers	on .				5	<u> </u>	X
Section B. Independent Contractors	manage to d ind	000	ndor		t.r.	- ot o	in th	act reactived mare than	100 000 of compon			
1 Complete this table for your five highest con the organization. Report compensation for the	-									sation in	om	
(A)	ine salendar ye		- TGII	<u>ig ii</u>				(B)		(	C)	
Name and business	address	NC	ONE	2				Description of s	services	Compe		n
							$ \downarrow$					
2 Total number of independent contractors (ii		ot lin	nitor	1 + ~ +	ther		ted	above) who received m	ore than			
\$100.000 of compensation from the organiz	•	JL 11(1	met	1 10	(105	-	.eu	above, who received m				

				ESS NORTH	WEST		20-4377	921 Page <b>9</b>
Pa	rt VI	II Statement of Re	venue					
		Check if Schedule O	contains a respo	onse or note to any		( <b>P</b> )	(0)	
					(A) Total revenue	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
					Total revenue		business revenue	from tax under
								sections 512 - 514
nts nts	1 a	Federated campaigns			_			
àrai our	b		<u>1b</u>		_			
s, G	c	Fundraising events	<u>1c</u>	120,100	<u>.</u>			
Sift ar	c	Related organizations	1d					
s, (	e	Government grants (contr	ributions) <b>1e</b>	345,418	<u>.</u>			
ron	f	All other contributions, gifts,	grants, and					
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included	l above 1f	1,033,070	<u>•</u>			
d Tri	ç	Noncash contributions included in	lines 1a-1f	6				
aCo	h	Total. Add lines 1a-1f			1,498,588.			
				Business Cod	e			
ø	2 a	l						
e vic	b	)						
Se	c							
am	c							
Program Service Revenue	e	)						
Pr	f	All other program service	revenue					
	g	<b>Total.</b> Add lines 2a-2f						
	3	Investment income (includ						
		other similar amounts)			60.			60.
	4	Income from investment of						
	5	Royalties	<u>.</u>					
			(i) Rea	l (ii) Personal				
	6 a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	c	I Net rental income or (loss	)					
	7 a	Gross amount from sales of	(i) Securit					
		assets other than inventory	7a					
	b	Less: cost or other basis						
ne		and sales expenses	7b					
venue	c	Gain or (loss)	7c					
Rev		Net gain or (loss)						
Other	8 a	Gross income from fundraisi						
đ		including \$ 120	<b>),100.</b> of					
		contributions reported on	line 1c). See					
		Part IV, line 18		8a 0				
	b	Less: direct expenses		8b 18,422				
	c	Net income or (loss) from	fundraising ever	nt <u>s</u>	-18,422.			-18,422.
	9 a	Gross income from gamin	ng activities. See					
		Part IV, line 19		9a				
	b	Less: direct expenses		9b				
	c	Net income or (loss) from	gaming activitie	s				
	10 a	Gross sales of inventory, I	less returns					
		and allowances		10a				
	b	Less: cost of goods sold		10b				
	c	Net income or (loss) from	sales of invento	ry				
6				Business Cod	e			
Miscellaneous Revenue	11 a	I						
ane	b	)						
cell	c							
Misc	c	All other revenue						
~	e	• Total. Add lines 11a-11d						
	12	Total revenue. See instruction	ons		1,480,226.	0.	0.	-18,362.

Form 990 (2022)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

6       Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <ul> <li>7</li> <li>Other salaries and wages</li> <li>8</li> <li>8</li> <li>9</li> <li>Other employee benefits</li> <li>123,079.</li> <li>104,813.</li> <li>12,701.</li> <li>5,718.</li> <li>68,378.</li> <li>8,286.</li> <li>3,71</li> <li>Fees for services (nonemployees):</li> <li>a Management</li> <li>b Legal</li> <li>20,894.</li> <li>20,894.</li> <li>20,894.</li> <li>20,894.</li> <li>20,894.</li> <li>20,894.</li> <li>20,894.</li> <li>21,578.</li> <li>5,273.</li> <li>48.</li> <li>9 Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)</li> <li>12,695.</li> <li>14,695.</li> <li>14,695.</li> <li>14,695.</li> <li>14,695.</li> <li>14,695.</li> <li>14,695.</li> <li>14,695.</li> <li>14,695.</li> <li>16,695.</li> <li< th=""><th></th></li<></ul>	
and domestic governments. See Part IV, line 21	
2       Grants and other assistance to domestic individuals. See Part IV, line 22       108,174.       108,174.         3       Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16       108,174.       108,174.         4       Benefits paid to or for members       5       5       5         5       Compensation of current officers, directors, trustees, and key employees       154,854.       90,644.       59,564.       4,         6       Compensation not included above to disqualified persons described in section 4958(0(3)(B)       810,936.       696,060.       48,548.       66,         7       Other salaries and wages       810,936.       696,060.       48,548.       66,         9       Other employee benefits       123,079.       104,813.       12,701.       5,         10       Payroll taxes       80,295.       68,378.       8,286.       3,         11       Fees for services (nonemployees):       20,894.       20,89	
individuals. See Part IV, line 22       108,174.       108,174.         3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16       108,174.       108,174.         4 Benefits paid to or for members       5       Compensation of current officers, directors, trustees, and key employees       154,854.       90,644.       59,564.       4,         6 Compensation not included above to disqualified persons (as defined under section 4958(r)(3)(8)       810,936.       696,060.       48,548.       66,         7 Other salaries and wages       810,936.       696,060.       48,548.       66,         8 Pension plan accruits and contributions (include section 401(k) and 403(b) employer contributions)       123,079.       104,813.       12,701.       5,         9 Other employee benefits       123,079.       104,813.       12,701.       5,         10 Payroll taxes       20,894.       20,894.       20,894.       48.         6 Legal       20,894.       20,894.       48.         9 Other. (If line 11g amount exceeds 10% of line 25, column (i.a), amount, list line 11g expenses on Sch C).       43,591.       26,811.       14,099.       2,         13 Office expenses       46,378.       21,183.       16,565.       8,         14 Information technology       79,515. <td< td=""><td></td></td<>	
3       Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 <ul> <li>Benefits paid to or for members</li> <li>Compensation of current officers, directors, trustees, and key employees</li> <li>Compensation not included above to disqualified persons described in section 4958(c)(3)(B)</li> </ul> <ul> <li>State and wages</li> <li>Other salaries and wages</li> <li>Other salaries and wages</li> <li>Other employee benefits</li> <li>Person plan accruals and contributions (include section 4058(c)(3)(B)</li> <li>Other employee benefits</li> <li>Degal</li> <li>Fees for services (nonemployees):</li></ul>	
organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16           4         Benefits paid to or for members           5         Compensation of current officers, directors, trustees, and key employees         154,854.         90,644.         59,564.         4,           6         Compensation not included above to disqualified persons (as defined under section 4958(r)(1)) and persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(8)         810,936.         696,060.         48,548.         66,           7         Other salaries and wages         810,936.         696,060.         48,548.         66,           8         Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)         123,079.         104,813.         12,701.         5,           9         Other employee benefits         20,894.         20,894.         20,894.         20,894.           a         Management         2         5,578.         5,273.         48.         9           9         Other (If line 110 amount exceeds 10% of line 25, column (A), amount six line 110 expenses on Sch 0.         43,591.         26,811.         14,099.         2, 1,695.           13         Office expenses         46,378.         21,183.         16,565.         8, 79,515.         66,868.         6,830. <t< td=""><td></td></t<>	
individuals. See Part IV, lines 15 and 16         4       Benefits paid to or for members         5       Compensation of current officers, directors, trustees, and key employees         1       154,854.       90,644.         6       Compensation not included above to disgualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(B)       810,936.       696,060.       48,548.       66,7         7       Other salaries and wages       810,936.       696,060.       48,548.       66,7         8       Pension plan accruals and contributions (include section 4058(r)(1)) and persons described in section 4058(r)(3)(B)       123,079.       104,813.       12,701.       5,         9       Other employee benefits       123,079.       104,813.       12,701.       5,         10       Payroll taxes       80,295.       68,378.       8,286.       3,         11       Fees for services (nonemployees):       a       a       40,20,894.       20,894.	
4       Benefits paid to or for members         5       Compensation of current officers, directors, trustees, and key employees         6       Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)         7       Other salaries and wages         8       810,936.       696,060.       48,548.       66,         8       Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)       123,079.       104,813.       12,701.       5,         9       Other employee benefits       123,079.       104,813.       12,701.       5,         10       Payroll taxes       80,295.       68,378.       8,286.       3,         11       Fees for services (nonemployees):       20,894.       20,894.       0 <t< td=""><td></td></t<>	
5       Compensation of current officers, directors, trustees, and key employees       154,854.       90,644.       59,564.       4,         6       Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(3)(B)       810,936.       696,060.       48,548.       66,         7       Other salaries and wages       810,936.       696,060.       48,548.       66,         8       Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)       123,079.       104,813.       12,701.       5,         9       Other employee benefits       123,079.       104,813.       12,701.       5,         10       Payroll taxes       80,295.       68,378.       8,286.       3,         11       Fees for services (nonemployees):       80,295.       68,378.       8,286.       3,         11       Fees for services (nonemployees):       20,894.       20,894.       0,894.       0,894.         12       Accounting       20,894.       20,894.       0,995.       1,695.         14       Indiraising services. See Part IV, line 17       5,578.       5,273.       48.       9         13       Office expenses       0% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	
trustees, and key employees       154,854.       90,644.       59,564.       4,         6 Compensation not included above to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(c)(3)(8)       810,936.       696,060.       48,548.       66,         7 Other salaries and wages       810,936.       696,060.       48,548.       66,         8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)       123,079.       104,813.       12,701.       5,         9 Other employee benefits       123,079.       104,813.       12,701.       5,         10 Payroll taxes       80,295.       68,378.       8,286.       3,         11 Fees for services (nonemployees):       a Management       20,894.       20,894.       20,894.       20,894.       20,894.       20,894.       20,894.       20,894.       20,894.       20,894.       20,894.       20,894.       20,894.       20,894.       20,894.       20,895.       1,695	
6       Compensation not included above to disqualified persons (as defined under section 4958(r)(1)) and persons described in section 4958(r)(3)(B)       8       810,936.696,060.48,548.66,         7       Other salaries and wages       810,936.696,060.48,548.66,       66,060.48,548.66,060.48,556.86,06,060.48,556.86,06,060.48,556.86,06,060.48,556.86,06,060.48,556.86,06,060.48,556.86,06,060.48,556.86,06,060.48,556.86,06,060.48,556.86,06,060.48,556.86,06,060.48,556.86,06,060.48,556.86,06,060.48,556.86,06,060.48,556.86,06,060.48,556.86,06,060.45,556.86,06,060.45,556.86,06,060.45,556,06,06,06,06,06,06,06,06,06,06,06,06,06	
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)       810,936.696,060.48,548.66,         7       Other salaries and wages       810,936.696,060.48,548.66,         8       Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)       123,079.104,813.12,701.5,         9       Other employee benefits       123,079.04,813.12,701.5,         10       Payroll taxes       80,295.68,378.8,286.3,         11       Fees for services (nonemployees):       80,295.68,378.20,894.         a       Management       20,894.         b       Legal       20,894.         c       Accounting       20,894.         d       Lobbying	646.
persons described in section 4958(c)(3)(B)       8       8       8       9       8       10       9       9       6       9       6       9       6       9       6       9       6       9       6       9       6       9       6       9       6       9       6       9       6       9       6       9       6       9       6       9       6       9       6       9       7       0       10       12       0       7       0       10       12       0       7       0       12       0       7       0       12       0       7       0       12       0       7       0       12       0       7       0       12       0       7       0       12       0       7       0       12       0       7       0       12       0       7       0       12       0       7       0       12       0       12       0       12       0       12       0       12       0       12       0       12       0       12       0       12       0       12       0       12       0       12       0       12       0	
7       Other salaries and wages       810,936.       696,060.       48,548.       66,         8       Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)       123,079.       104,813.       12,701.       5,         9       Other employee benefits       123,079.       104,813.       12,701.       5,         10       Payroll taxes       80,295.       68,378.       8,286.       3,         11       Fees for services (nonemployees):       a       80,295.       68,378.       8,286.       3,         11       Fees for services (nonemployees):       a       80,295.       68,378.       8,286.       3,         12       Accounting       20,894.       20,894.       20,894.       0 <td></td>	
8       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 (nonemployees):         a Management       80,295.68,378.8,286.3,         b Legal       20,894.         c Accounting       20,894.         d Lobbying       20,894.         e Professional fundraising services. See Part IV, line 17       5,578.5,273.48.         f Investment management fees       5,578.5,273.48.         g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)       1,695.         12       Advertising and promotion       1,695.         13       Office expenses       46,378.21,183.16,565.8,         14       Information technology       79,515.66,868.6,830.5,         15       Royalties       44,426.35,760.5,211.3,         16       Occupancy       44,426.55,760.5,211.3,	
section 401(k) and 403(b) employer contributions)         9       Other employee benefits         10       Payroll taxes         11       Fees for services (nonemployees):         a       Management         b       Legal         c       Accounting         d       Lobbying         e       Professional fundraising services. See Part IV, line 17         f       Investment management fees         g       Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)         12       Advertising and promotion         13       Office expenses         46 6, 378.       21, 183.         16       Occupancy         44 4, 426.       35, 760.         5, 578.       5, 271.	328.
9 Other employee benefits $123,079.$ $104,813.$ $12,701.$ $5,$ 10 Payroll taxes $80,295.$ $68,378.$ $8,286.$ $3,$ 11 Fees for services (nonemployees):       a Management       a $a$ $a$ $a,286.$ $3,$ a Management       b       Legal $a$ $a$ $a,20,894.$ $a$ $a,20,894.$ $a$ c Accounting $a$ $20,894.$ $a$ $a$ $a$ $a$ $a$ e Professional fundraising services. See Part IV, line 17 $f$ $f$ $f$ $a$ $a$ $a$ $a$ $a$ g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.) $f$ <td></td>	
10       Payroll taxes       80,295.68,378.8,378.8,286.3,         11       Fees for services (nonemployees):       80,295.68,378.8,378.8,286.3,         11       Fees for services (nonemployees):       10         11       Fees for services (nonemployees):       10         12       Accounting       20,894.         13       Check (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)       12         12       Advertising and promotion       1,695.         13       Office expenses       46,378.21,183.16,565.8, 79,515.66,868.6,868.6,830.5, 10,515.         14       Information technology       79,515.66,868.6,6,830.5, 5,211.3, 3, 10,565.         14       Occupancy       44,426.35,760.5,211.3, 10,062.	
11       Fees for services (nonemployees):         a Management       b         b Legal       20,894.         c Accounting       20,894.         d Lobbying       20,894.         e Professional fundraising services. See Part IV, line 17	565. 631.
11       Fees for services (nonemployees):         a       Management         b       Legal         c       Accounting         d       Lobbying         e       Professional fundraising services. See Part IV, line 17         f       Investment management fees         g       Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)         12       Advertising and promotion         13       Office expenses         14       Information technology         15       Royalties         16       Occupancy         12       44, 426.         35, 760.       5, 211.         30, 760.       5, 211.	631.
b Legal       20,894.       20,894.         c Accounting       20,894.       20,894.         d Lobbying	
c Accounting       20,894.       20,894.         d Lobbying	
d Lobbying	
e       Professional fundraising services. See Part IV, line 17         f       Investment management fees         g       Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)         12       Advertising and promotion         13       Office expenses         46,378.       21,183.         14       Information technology         15       Royalties         16       Occupancy         14       Occupancy         15       Royalties         16       0ccupancy	
f       Investment management fees       5,578.       5,273.       48.         g       Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)       43,591.       26,811.       14,099.       2,         12       Advertising and promotion       1,695.       1,695.       1,695.         13       Office expenses       46,378.       21,183.       16,565.       8,         14       Information technology       79,515.       66,868.       6,830.       5,         15       Royalties       44,426.       35,760.       5,211.       3,         16       Occupancy       16,666       5,044       10,062	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)       43,591.       26,811.       14,099.       2,         12 Advertising and promotion       1,695.       1,695.       1,695.         13 Office expenses       46,378.       21,183.       16,565.       8,         14 Information technology       79,515.       66,868.       6,830.       5,         15 Royalties       44,426.       35,760.       5,211.       3,	
column (A), amount, list line 11g expenses on Sch 0.)       43,591.       26,811.       14,099.       2,         12       Advertising and promotion       1,695.       1,695.       1,695.         13       Office expenses       46,378.       21,183.       16,565.       8,         14       Information technology       79,515.       66,868.       6,830.       5,         15       Royalties       16       0ccupancy       44,426.       35,760.       5,211.       3,	257.
13 Office expenses       46,378.       21,183.       16,565.       8,         14 Information technology       79,515.       66,868.       6,830.       5,         15 Royalties	
13 Office expenses       46,378.       21,183.       16,565.       8,         14 Information technology       79,515.       66,868.       6,830.       5,         15 Royalties	681.
15 Royalties       44,426.35,760.5,211.3,         16 Occupancy       16,666         16 Occupancy       16,666	
15 Royalties       44,426.35,760.5,211.3,         16 Occupancy       16,666         16 Occupancy       16,666	<u>630.</u>
16         Occupancy         44,426         35,760         5,211         3,           16         566         5044         10,062         3,	<u>817.</u>
17 Travel 16,666. 5,944. 10,062.	455.
	660.
18 Payments of travel or entertainment expenses	
for any federal, state, or local public officials	
19 Conferences, conventions, and meetings	
20 Interest	
21 Payments to affiliates	
22         Depreciation, depletion, and amortization         16,441.         13,152.         2,262.         1,	027.
	644.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)	
a	
b	
c	
d	
e All other expenses	
	341.
26 Joint costs. Complete this line only if the organization	
reported in column (B) joint costs from a combined	
educational campaign and fundraising solicitation.	
Check here X if following SOP 98-2 (ASC 958-720)	0 (0000

PROJECT A	ACCESS	NORTHWEST
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20-4377921 Page 11

art X	Balance Sneet						
	Check if Schedule O contains a response of	note to any line	e in this Part X				
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year	
1	Cash - non-interest-bearing			861,678.	1	1,290,325	
2				320,031.	2	(* ) (* )	
3				227,989.	3	67,983	
4					4		
5							
	trustee, key employee, creator or founder, s	ibutor, or 35%					
	controlled entity or family member of any of		5				
6	Loans and other receivables from other disc						
	under section 4958(f)(1)), and persons desc	ibed in section	4958(c)(3)(B)		6		
7	Notes and loans receivable, net				7		
8	Inventories for sale or use				8		
9				2,007.	9	5,320	
10:	a Land, buildings, and equipment: cost or oth						
	basis. Complete Part VI of Schedule D		348,312.				
1	<b>b</b> Less: accumulated depreciation	10b	240,559.	49,957.	10c	107,75	
11	Investments - publicly traded securities				11		
12	Investments - other securities. See Part IV, I	ine 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 33)		1,461,662.	16	1,471,38	
17	Accounts payable and accrued expenses	81,259.	17	78,10			
18	Grants payable		18	30,51			
19	Deferred revenue	Deferred revenue					
20	Tax-exempt bond liabilities				20		
21	Escrow or custodial account liability. Comp	ete Part IV of So	chedule D		21		
22	Loans and other payables to any current or	former officer, c	lirector,				
	trustee, key employee, creator or founder, s	ubstantial contr	ibutor, or 35%				
22	controlled entity or family member of any of	these persons	·····		22		
23		•	·····		23		
24	1 3				24		
25	( U						
	parties, and other liabilities not included on	lines 17-24). Co	mplete Part X	•		<b>FO</b> 407	
	of Schedule D		······ -	0.	25	70,48	
26	<b>V</b>			81,259.	26	179,104	
	Organizations that follow FASB ASC 958,	check here	X				
	and complete lines 27, 28, 32, and 33.			006 407		1 0 2 0 0 1	
27		896,497.	27	1,030,91			
28		483,906.	28	261,36			
	Organizations that do not follow FASB AS						
		and complete lines 29 through 33.					
29					29		
30					30		
27 28 29 30 31 32	<b>C</b> <i>i i</i>			1 200 402	31	1 202 204	
				1,380,403.	32	1,292,280	
33	Total liabilities and net assets/fund balances	s		1,461,662.	33	1,471,384 Form <b>990</b> (20	

Form **990** (2022)

Form 990 (2022)
Part X Balance Sheet

Form	1 990 (2022) PROJECT ACCESS NORTHWEST	20-43	77921	Pag	<sub>ge</sub> 12
Pa	rt 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	1,480		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,568		
3	Revenue less expenses. Subtract line 2 from line 1	3	-88		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,380	,4(	<u>)3.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,292	, 28	<u>30.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			1
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				1
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			1
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form 990 (2022)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2022
Open to Public

Inspection Employer identification number

# Name of the organization

									0-4377921
Par	tl	Reason for Public (	Charity Status.	(All organizations must c	omplete th	is part.) S	ee instructions	3.	
The o 1 [ 2 [ 3 [ 4 [ 5 [	brganization is not a private foundation because it is: (For lines 1 through 12, check only one box.)  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in								
6 [ 7 [ 8 [ 9 [	X	<ul> <li>section 170(b)(1)(A)(iv). (Complete Part II.)</li> <li>A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).</li> <li>An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)</li> <li>An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or</li> </ul>							
10 [		An organization that norma activities related to its exen income and unrelated busin See section 509(a)(2). (Co	npt functions, subjec ness taxable income	t to certain exceptions; a	ınd (2) no ı	more than	33 1/3% of its	support f	rom gross investment
11 [ 12 [ a b	<ul> <li>An organization organized and operated exclusively to test for public safety. See section 509(a)(4).</li> <li>An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.</li> <li>Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.</li> </ul>								
c d		organization(s). You mus Type III functionally inter its supported organization Type III non-functionally that is not functionally intrequirement (see instruct	grated. A supportin n(s) (see instructions / integrated. A supp regrated. The organiz	g organization operated i ). <b>You must complete F</b> porting organization oper- ation generally must sati	Part IV, Se ated in cor sfy a distri	ctions A, nnection w bution rec	<b>D, and E.</b> vith its support juirement and	ed organiz	zation(s)
	Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.								
	(i) Name of supported organization (iii) EIN (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary support (see instructions) (v) Amount of monetary support (see instructions) (v) Amount of monetary support (see instructions)								
Total									

# PROJECT ACCESS NORTHWEST

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2210599.	1083612.	1783606.	1948933.	1498588.	8525338.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge $\dots$						
4	Total. Add lines 1 through 3	2210599.	1083612.	1783606.	1948933.	1498588.	8525338.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1294693.
6	Public support. Subtract line 5 from line 4.						7230645.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2210599.	1083612.	1783606.	1948933.	1498588.	8525338.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	231.	195.	79.	45.	60.	610.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	17.					17.
11	Total support. Add lines 7 through 10						8525965.
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	753,864.
13	First 5 years. If the Form 990 is for th	e organization's fir	rst, second, third, t	fourth, or fifth tax y	vear as a section 5	01(c)(3)	
	organization, check this box and stop						
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	olumn (f))		14	84.81 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	90.59 %
16a	33 1/3% support test - 2022. If the c	organization did no	t check the box or	n line 13, and line <sup>-</sup>	14 is 33 1/3% or m	ore, check this bo>	
	${\color{black} \text{stop}}$ here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organization	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	r <b>e.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is <sup>-</sup>	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
						Schedule A	(Form 990) 2022

Schedule A	(Form	990	202
		000	1 202

# PROJECT ACCESS NORTHWEST

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed below, please complete Part II.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
•	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						_
	Public support. (Subtract line 7c from line 6.)						
	••	(-) 0010	(1-) 0010	(-) 0000	(1) 0001	(1) 0000	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest,						
102	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
Ł	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on	L					
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)	ļ					
	Total support. (Add lines 9, 10c, 11, and 12.)	L					
14	First 5 years. If the Form 990 is for th	-		-			
Sol	check this box and stop here	c Support Par					·····
	Public support percentage for 2022 (I			olump (f))		15	04
16	Public support percentage from 2022 (i Public support percentage from 2021					16	<u>%</u> %
	ction D. Computation of Inves						70
	Investment income percentage for 20			ne 13. column (fl)		17	%
18	Investment income percentage from					18	%
	<b>33 1/3% support tests - 2022.</b> If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2021. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

Schedule A (Form 990) 2022

PROJECT ACCESS NORTHWEST

Yes

No

# Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

# Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

#### Schedule A (Form 990) 2022 PROJECT ACCESS NORTHWEST

1

2

1

Yes No

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	<sub>detail in</sub> Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported</i>			

organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If* "Yes," *explain in* **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised or controlled the supporting organization

Section C. Type II Supporting Organizations
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Part IV Supporting Organizations (continued)

1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If* "*No*," *describe in* **Part VI** *how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).* 

Section D. All T	ype III Supporting	Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
_	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a \_\_\_\_ The organization satisfied the Activities Test. *Complete* line 2 *below.*
- **b** \_\_\_\_ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

<b>c</b> [		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).	
------------	--	---	---	--

- 2 Activities Test. Answer lines 2a and 2b below.
- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

Part V	Type III Non-Fu	nctionally Integra	ated 509(a)	(3) Supporting
Schedule A	(Form 990) 2022	PROJECT	ACCESS	NORTHWEST

# ally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.

All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	_	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
-				

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

1

and 4c. 8 Breakdown of line 7: a Excess from 2018 b Excess from 2019 c Excess from 2020 d Excess from 2021 e Excess from 2022

7 Excess distributions carryover to 2023. Add lines 3j

_	dule A (Form 990) 2022         PROJECT ACCES           t V         Type III Non-Functionally Integrated 509		nizations (		<u>0-4377921 ра</u>
	on D - Distributions		inizations (continu	<u>lea)</u>	Current Year
1		matauraaaa		1	Current rear
2	Amounts paid to supported organizations to accomplish exer Amounts paid to perform activity that directly furthers exemp				
2	organizations, in excess of income from activity	ic purposes of supported		2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organization		3	
4	Amounts paid to acquire exempt-use assets	s of supported organization	5	4	
5	Qualified set-aside amounts (prior IRS approval required - pro	avida dataila in Dort VI)		5	
6	Other distributions ( <i>describe in</i> <b>Part VI</b> ). See instructions.			6	
-	Total annual distributions. Add lines 1 through 6.			7	
8		o organization in roomanaiva		<b>_</b> ^	
0	Distributions to attentive supported organizations to which the	e organization is responsive		8	
9	(provide details in <b>Part VI</b> ). See instructions. Distributable amount for 2022 from Section C, line 6			<u> </u>	
	2			10	
10	Line 8 amount divided by line 9 amount	(i)	(ii)	10	(iii)
Sect	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributior Pre-2022	าร	Distributable Amount for 202
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
	From 2019				
	From 2020				
	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Carryover from 2017 not applied (see instructions)				
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				

Schedule A (Form 990) 2022

Page 7

Schedule A	(Form 990) 2022 PROJECT ACCESS NORTHWEST	20-4377921 Page 8
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lire 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; F Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any ad (See instructions.)	Part V, Section B, line 1e; Part V,

# \*\* PUBLIC DISCLOSURE COPY

# Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2022

Employer identification number

0	000,		
onortm	ont of th	Tropourse	

(Form 000)

Schedule B

Internal Revenue Service

Name of the organization

PROJECT	ACCESS	NORTHWEST	
Organization type (check one):			

20-4377921

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

# General Rule

📙 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

#### Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Schedule I	B (Form 990) (2022)		Pag
	rganization	Emple	oyer identification numbe
PROJE	CT ACCESS NORTHWEST	20	)-4377921
Part I	Contributors (see instructions). Use duplicate copies of Part I if an	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$225,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$30,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$120,699.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No	(b) Name address and <b>Z</b> IP + 4	(c) Total contributions	(d) Type of contribution
<u>No.</u>	Name, address, and ZIP + 4	\$131,600.	Person     X       Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6			Person X

Payroll

Noncash

(Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

300,000.

\$

(a)

No.

Schedule	B (Form 990) (2022)		Pag
	organization	Em	ployer identification numbe
PROJE	CT ACCESS NORTHWEST		20-4377921
Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 40,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$40,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$50,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>   10</u>		\$93,121	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$200,000	Person X Payroll Noncash (Complete Part II for

	\$ <u>200,000.</u>	Payroll Noncash (Complete Part II for noncash contributions.)
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
	1	Schedule B (Form 990) (2022)

Name of organization

PROJECT ACCESS NORTHWEST

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

20-4377921

Employer identification number

rganization		Employer identification number
CT ACCESS NORTHWEST		20-4377921
Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) the completing Part III, enter the total of exclusively religious, charitable, completing Part III, enter the total of exclusively religious, charitable, completing Part III, enter the total of exclusively religious, charitable, completing Part III, enter the total of exclusively religious, charitable, completing Part III, enter the total of exclusively religious, charitable, completing Part III, enter the total of exclusively religious, charitable, completing Part III, enter the total of exclusively religious, charitable, completing Part III, enter the total of exclusively religious, charitable, completing Part III, enter the total of exclusively religious, charitable, completing Part III, enter the total of exclusively religious, charitable, completing Part III, enter the total of exclusively religious, charitable, completing Part III, enter the total of exclusively religious, charitable, completing Part III, enter the total of exclusively religious, charitable, completing Part III, enter the total of exclusively religious, charitable, completing Part III, enter the total of exclusively religious, charitable, completing Part III, enter the total of exclusively religious, charitable, completing Part III, enter the total of exclusively religious, charitable, completing Part III, enter the total of exclusively religious, charitable, completing Part III, enter the total of exclusively religious, charitable, completing Part III, enter the total of exclusively religious, charitable, completing Part III, enter the total of exclusively religious, charitable, completing Part III, enter the total of exclusively religious, charitable, completing Part III, enter the total of exclusively religious, charitable, completing Part III, enter the total of exclusively religious, charitable, completing Part III, enter the total of exclusively religious, charitable, completing Part III, enter the total of exclusively religious, cha	through (e) and the following line ent aritable, etc., contributions of <b>\$1,000 or l</b>	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	t
Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(1) D		
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	[
Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gif	t
Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
· · · ·	(e) Transfer of gif	t
Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
	CT ACCESS NORTHWEST         Exclusively religious, charitable, etc., contributio         from any one contributor. Complete columns (a) i         completing Part III, enter the total of exclusively religious, ct         Use duplicate copies of Part III if additional s         (b) Purpose of gift	2T ACCESS NORTHWEST         Exclusively religious, charitable, etc., contributions to organizations described in see from any one contributor. Complete columns (a) through (e) and the following line enticompleting Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or I Use duplicate copies of Part III if additional space is needed.         (b) Purpose of gift       (c) Use of gift         (b) Purpose of gift       (c) Use of gift         (c) Transferee's name, address, and ZIP + 4       (c) Use of gift         (b) Purpose of gift       (c) Use of gift         (b) Purpose of gift       (c) Use of gift         (c) Use of gift       (c) Use of gift         (b) Purpose of gift       (c) Use of gift         (b) Purpose of gift       (c) Use of gift         (c) Transferee's name, address, and ZIP + 4       (e) Transfer of gift         (b) Purpose of gift       (c) Use of gift         (c) Transferee's name, address, and ZIP + 4       (e) Transfer of gift         (c) Transfer of gift       (c) Use of gift

SC	HEDULE D	Supplementa						DMB No. 15	545-0047
(Forn	n 990)	Complete if the orgar Part IV, line 6, 7, 8, 9, 10,						ZUZ	22
	ment of the Treasury I Revenue Service		ttach to Form 990.					Open to Inspecti	
	e of the organizati				mation	Emp	oloyer ide		n number
		PROJECT ACCESS NORT						43779	
Par		ations Maintaining Donor Advised		er Similar Fund	ds or Ac	cour	nts. Con	nplete if th	ne
	organizatio	n answered "Yes" on Form 990, Part IV, line I		viood fundo		<b>h)</b> [	do opd ot		into
	<b>T</b>	-	(a) Donor ac	vised funds	(	b) Fun	ids and ot	her accou	Ints
1		nd of year f contributions to (during year)							
2 3		of grants from (during year)							
4		t end of year							
5		on inform all donors and donor advisors in w	vriting that the asset	s held in donor ad	lvised fund	s			
•	-	on's property, subject to the organization's e	-					Yes	No
6		on inform all grantees, donors, and donor ac						_	
	for charitable purp	poses and not for the benefit of the donor or	donor advisor, or fo	r any other purpo	se conferri	ng			
	impermissible priv							Yes	No
Par	rt II Conserv	ation Easements. Complete if the org	anization answered	"Yes" on Form 99	0, Part IV,	line 7.			
1		servation easements held by the organizatio	• • • •	oly).					
		n of land for public use (for example, recreat	ion or education)	Preservation	n of a histo	rically	important	land area	a
		of natural habitat		Preservation	n of a certif	ied his	storic strue	cture	
_		n of open space							
2	Complete lines 2a day of the tax yea	through 2d if the organization held a qualifi	ed conservation cor	tribution in the fo	rm of a cor	iserva			ne last Ie Tax Year
						0-			ie lax feai
a L		onservation easements				2a 2b			
a o	0	ricted by conservation easements	uctura includad in (a)			20 2c			
с С		vation easements included in (c) acquired a				20			
u						2d			
3		vation easements modified, transferred, rele					durina the	e tax	
	year			,			j		
4	Number of states	where property subject to conservation eas	ement is located						
5	Does the organiza	tion have a written policy regarding the peri	odic monitoring, ins	pection, handling	of				
	violations, and en	forcement of the conservation easements it	holds?					Yes	No
6	Staff and voluntee	er hours devoted to monitoring, inspecting, h	nandling of violation	s, and enforcing c	onservatio	n ease	ments du	ring the ye	ear
7	Amount of expense	ses incurred in monitoring, inspecting, handl	ing of violations, and	d enforcing conse	rvation eas	emen	ts during t	he year	
8		vation easement reported on line 2(d) above						7.4	—
•	and section 170(h							Yes	No No
9		be how the organization reports conservatio							
		d include, if applicable, the text of the footne	ote to the organizati	on's financial state	ements tha	t desc	ribes the		
Par		counting for conservation easements. ations Maintaining Collections of	Art. Historical	Freasures, or	Other Si	mila	r Assets	3.	
		f the organization answered "Yes" on Form	-					,	
1a		elected, as permitted under FASB ASC 958		revenue statemer	nt and hala	nce sł	neet works		
	•	easures, or other similar assets held for pub	•					-	
		Part XIII the text of the footnote to its finan					23010		
b	· •	elected, as permitted under FASB ASC 958				sheet	works of		
	-	sures, or other similar assets held for public	· ·					е,	
		ing amounts relating to these items:	, 2010	,		1- 34			
	•	ided on Form 000 Boot VIII line 1					ф		

	Experimental Deduction Act Nation and the last mations for Experimental	0 - h h - h - D / E
b	Assets included in Form 990, Part X	\$
а	Revenue included on Form 990, Part VIII, line 1	\$
	the following amounts required to be reported under FASB ASC 958 relating to these items:	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide	e
	(ii) Assets included in Form 990, Part X	\$
	(i) Revenue included on Form 990, Part VIII, line 1	\$

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

Schedule D (Form 990) 2022

Sche		ACCESS NO						20-43			<sub>age</sub> 2
Par	rt III Organizations Maintaining C	ollections of Ar	t, Histor	rical Tre	asures, or	<sup>·</sup> Other	r Simila	r Assets	(contir	nued)	
3	Using the organization's acquisition, accession	on, and other record	s, check a	ny of the f	ollowing that	make si	gnificant u	use of its			
	collection items (check all that apply):										
а	Public exhibition	d	1 🗌 La	oan or exc	hange progra	m					
b	Scholarly research	e	• 🗌 O	ther							
с	Preservation for future generations										
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.					XIII.						
5	During the year, did the organization solicit o	or receive donations of	of art, histo	orical treas	sures, or othe	r similar	assets		_		_
	to be sold to raise funds rather than to be ma								Yes		No
Par	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pai		ete if the o	rganizatio	n answered "	Yes" on	Form 990	), Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custodi		liarv for co	ntributions	s or other ass	ets not i	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII										
	, , , , , , , , , , , , , , , , , , , ,		5						Amoun	t	
с	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
f	Ending balance						1f				
2a	Did the organization include an amount on F						ity?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.										
Par	rt V Endowment Funds. Complete i	if the organization an	swered "Y	′es" on Fo	rm 990, Part	IV, line 1	10.				
		(a) Current year	(b) Prie	or year	(c) Two year	s back	(d) Three y	/ears back	(e) Four	years	back
1a	Beginning of year balance										
b	Contributions										
с	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g,	column (a)	) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that a	are held ar	d administer	ed for th	e				
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requir	ed on Sch	edule R?					3b		
4	Describe in Part XIII the intended uses of the		wment fur	nds.							
Pai	rt VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	), Part IV, I	ine 11a. S	ee Form 990,	Part X,	line 10.				
	Description of property	(a) Cost or o basis (investr		<b>(b)</b> Cost basis	or other (other)	• •	ccumulate preciation	ed	( <b>d)</b> Boo	k value	e
1a	Land										
	Buildings				2,971.					2,9'	71.
с	Leasehold improvements										
d	Equipment										
е	Other			34	5,341.		240,5	59.		4,78	
Tota	I. Add lines 1a through 1e. <i>(Column (d) must e</i>	equal Form 990, Part	<u>X, column</u>	(B). line 10	0c.)				10'	7,7	53.

Schedule D (Form 990) 2022

Schedule D	) (Form 990) 2022	PROJECT	ACCESS	NORTHWEST
Part VII	Investments -	Other Securitie	es.	

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
) Financial derivatives			-
) Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
rait in Uther Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
-	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
-		11d. See Form 990, Part X, line 15.	(b) Book value
(a)		11d. See Form 990, Part X, line 15.	(b) Book value
(a)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8)		11d. See Form 990, Part X, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) vtal. (Column (b) must equal Form 990, Part X, col. (B) line vart X Other Liabilities. Complete if the organization answered "Yes"	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) vtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITI	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITI (3)	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITI (3) (4) (5)	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITI (3) (4) (5) (6)	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Detal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITI (3) (4) (5) (6) (7)	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) OPERATING LEASE LIABILITI (3) (4) (5) (6)	Description		(b) Book value

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2022 PROJECT ACCESS NORTHWEST			20-4	4377921 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With I	Revenue per Re	eturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l.			
1	Total revenue, gains, and other support per audited financial statements			1	1,498,648.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		18,422.		
е	Add lines 2a through 2d			2e	18,422.
3	Subtract line 2e from line 1			3	1,480,226.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,480,226.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per l	Returr	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				
1	Total expenses and losses per audited financial statements			1	1,586,771.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	. I			
а	Donated services and use of facilities	. 2a		_	
b	Prior year adjustments	. 2b		_	
С	Other losses	2c		_	
d	Other (Describe in Part XIII.)	. 2d	18,422.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	18,422.
3	Subtract line 2e from line 1			3	1,568,349.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII.)	. 4b			
с	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,568,349.
Pa	rt XIII Supplemental Information.				

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.

# PART XI, LINE 2D - OTHER ADJUSTMENTS:

# SPECIAL EVENT EXPENSES

PART XII, LINE 2D - OTHER ADJUSTMENTS:

# SPECIAL EVENT EXPENSES

18,422.

18,422.

SCHEDULE G	Suppleme	ntal Information Regarding	Func	Iraisi	ng or Gaming A	ctiv	ities	OMB	No. 1545-0047	
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2	022	
Department of the Treasury		Attach to Form 990						Open to Public Inspection		
Internal Revenue Service		o www.irs.gov/Form990 for instru	ctions	and th	ne latest information	า.	<b>F</b> armelesser	-		
Name of the organization		ACCESS NORTHWEST					20-43	identification number 77921		
Part I Fundrais		Complete if the organization answe	orod "V	os" or	Form 990 Part IV/	ino 1				
	complete this part		ieu i	63 01	110m 330, 1 at 10, 1		7.10111330		salenot	
<ul> <li>a Mail solicitat</li> <li>b Internet and</li> <li>c Phone solicitat</li> <li>d In-person so</li> <li>2 a Did the organization</li> <li>key employees list</li> </ul>	tions email solicitations tations licitations on have a written o ed in Form 990, Pa ) highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-g gover aising e ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?			<b>Yes</b> o be	No No	
	ast \$5,000 by the	organization.								
(i) Name and addres or entity (fund		(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)		<sup>(V)</sup> to (	Amount paid or retained by) organization	
			Yes	No						
Total				<u></u>						
3 List all states in whi or licensing.	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is (	exempt fron	n registra	ation	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990) 2022

PROJECT ACCESS NORTHWEST

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b, List events with gross receipts greater than \$5,000

	-	of fundraising event contributions and gro				s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			STRIKE DOWN		NONE	(add col. (a) through
			BARRIERS			col. (c)
d)			(event type)	(event type)	(total number)	
Revenue						
eve	1	Gross receipts	120,100.			120,100.
£						
	2	Less: Contributions	120,100.			120,100.
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
ses						
ens	6	Rent/facility costs				
Direct Expenses						
š	7	Food and beverages				
Dir						
	8	Entertainment				
	9	Other direct expenses	18,422.			18,422.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			18,422.
	11	Net income summary. Subtract line 10 from li	ne 3, column (d)			-18,422.
Pa	nrt I	<b>Gaming.</b> Complete if the organization	answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.				
đ			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(u) Billigo	bingo/progressive bingo		col. (a) through col. (c))
leve						
щ	1	Gross revenue				
ŝ	2	Cash prizes				
Expenses						
be	3	Noncash prizes				
山						
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			<b>Yes</b> %	└── Yes %	<b>Yes</b> %	
	6	Volunteer labor	No No	No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condu				
		he organization licensed to conduct gaming a				Yes No
b	) If "	No," explain:				
		ere any of the organization's gaming licenses re			/ear?	Yes No
b	) If "	Yes," explain:				

232082 10-27-22

Sch	edule G (Form 990) 2022	PROJECT ACCESS N	NORTHWEST	20-4377	921	Page 3
11	Does the organization conduct ga	ning activities with nonmembers	5?	······································	Yes	No
12	Is the organization a grantor, bene	ficiary or trustee of a trust, or a r	member of a partnership or other entity formed			
				······	Yes	No
	Indicate the percentage of gaming					
						%
			······			%
14	Enter the name and address of the	person who prepares the organ	nization's gaming/special events books and record	S.		
	Name					
	Address					
15a	Does the organization have a cont	ract with a third party from whor	m the organization receives gaming revenue?		Yes	No
			· ·· <b>A</b> ···			
t	<ul> <li>If "Yes," enter the amount of gami of gaming revenue retained by the</li> </ul>		nization \$ and the amo	ount		
	If "Yes," enter name and address					
		n the third party.				
	Name					
	Address					
16	Gaming manager information:					
	Namo					
	Name					
	Gaming manager compensation	\$				
	Description of services provided					
	Director/officer	Employee	Independent contractor			
17	Mandatory distributions:					
	•	state law to make charitable dis	tributions from the gaming proceeds to			
	retain the state gaming license?				Yes	No No
ł	Enter the amount of distributions r	equired under state law to be di	stributed to other exempt organizations or spent ir	ו the		
	organization's own exempt activiti					
Pa			ons required by Part I, line 2b, columns (iii) and (v);	and Part III, line	es 9, 9	9b, 10b,
	טר, וסכ, וס, מח ז/ס, מכו, מכו	applicable. Also provide any add	ditional information. See instructions.			

Part IV	Supplemental Information	(continued)

SCHEDULE I		G	irants and Oth	ner Assistan	ce to Organ	izations.		OMB No. 1545-0047
(Form 990)		Go	vernments, ar	nd Individua	ls in the Ŭni	ted States		2022
Department of the Traceury		Compl	ete îl the organizatio			rt iv, inte z i or zz.		Open to Public
Internal Revenue Service			Go to www.irs			ation.		Inspection
Name of the organizati	on			-				Employer identification number
		CCESS NOR	THWEST					20-4377921
-			-			-		
						anization answered "Y	'es" on Form 990, Par	t IV, line 21, for any
Governments, and Outler Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Attach to Form 990. Mare of the organization PROJECT ACCESS NORTHWEST       Open to Public Inspection         Part I       General Information on Grants and Assistance       Employer identification number 20-4377921         Part I       General Information on Grants and Assistance?       Image: Complete if the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?       Image: Complete if the grant of the gran								
		(b) EIN	• • •	1	noncash	valuation (book, FMV, appraisal,		
			I	1	I	1	1	

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

3 Enter total number of other organizations listed in the line 1 table ....

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

#### Schedule I (Form 990) 2022

PROJECT	ACCESS	NORTHWEST
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Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
52	108,174.	٥.			
	recipients	recipients cash grant	recipients cash grant cash assistance		

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

REQUIRE ANNUAL REPORTS ON HOW GRANT FUNDS ARE USED.

SCI	IEDULE J	Compensatio	on Information	1	OMB No. 1	1545-004	47			
(Fo	rm 990)		ustees, Key Employees, and Highest		<b><b></b></b>	<b>7</b> 7	)			
			ed Employees ed "Yes" on Form 990, Part IV, line 23.		20	22	-			
Denar	ment of the Treasury		o Form 990.		Open to					
Interna	I Revenue Service	Go to www.irs.gov/Form990 for ins	structions and the latest information.		Inspection					
Name of the organization Employer iden										
		PROJECT ACCESS NORTHW	EST	20-43	7792	1				
Pa		Regarding Compensation								
	<b>.</b>					Yes	No			
1a		ate box(es) if the organization provided any of the f		990,						
		ine 1a. Complete Part III to provide any relevant in								
	First-class or c		Housing allowance or residence for person							
	Travel for com		Payments for business use of personal res							
			Health or social club dues or initiation fees							
	Discretionary s	pending account	Personal services (such as maid, chauffeu	r, chet)						
h	If any of the bayes	n line to are checked, did the exercition follow	a written policy recording poyment or							
b	•	In line 1a are checked, did the organization follow			16					
2		rovision of all of the expenses described above? If require substantiation prior to reimbursing or allo			1b					
2	0	s, including the CEO/Executive Director, regarding	<b>6</b> 1 <b>,</b> ,		2					
	trustees, and onice	s, including the OEO/Executive Director, regarding								
3	Indicate which if an	y, of the following the organization used to establi	sh the compensation of the organization's							
•		ctor. Check all that apply. Do not check any boxes								
		tion of the CEO/Executive Director, but explain in	, ,							
	Compensation		Written employment contract							
			Compensation survey or study							
			Approval by the board or compensation of	ommittee						
4	During the year, did	any person listed on Form 990, Part VII, Section A	A. line 1a. with respect to the filing							
	organization or a re		, , , , , , , , , , , , , , , , , , , ,							
а	•	e payment or change-of-control payment?			4a		X			
b	Participate in or rec	eive payment from a supplemental nonqualified rel			4b		X			
с	Participate in or rec	eive payment from an equity-based compensation	arrangement?		4c		X			
	If "Yes" to any of lir	es 4a-c, list the persons and provide the applicable	e amounts for each item in Part III.							
	Only section 501(c	(3), 501(c)(4), and 501(c)(29) organizations must	t complete lines 5-9.							
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did the or	ganization pay or accrue any compensatio	n						
	contingent on the re	evenues of:								
а	The organization?				5a		X			
b	Any related organiz	ation?			5b		X			
	If "Yes" on line 5a c	r 5b, describe in Part III.								
6	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the org	ganization pay or accrue any compensatio	n						
	contingent on the n	et earnings of:								
а	The organization?				6a		X X			
b	Any related organiz	ation?			6b		X			
		r 6b, describe in Part III.								
7		n Form 990, Part VII, Section A, line 1a, did the or								
		es 5 and 6? If "Yes," describe in Part III			7		X			
8	Were any amounts	eported on Form 990, Part VII, paid or accrued pu	irsuant to a contract that was subject to th	e						
		otion described in Regulations section 53.4958-4(a			8		X			
9		d the organization also follow the rebuttable presu								
		53.4958-6(c)?			9					
LHA	For Paperwork Re	duction Act Notice, see the Instructions for For	rm 990.	Schedule	e J (Forn	n <b>990</b> )	2022			

Schedule J (Form 990) 2022

20-4377921

Page 2

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			
(1) GARY RENVILLE	(i)	154,854.	0.	0.	4,646.	8,160.	167,660.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2022

# Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2022

SCHEDULE O (Form 990)

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



Employer identification number 20 - 4377921

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND ACCOUNTANT, THEN PASSED TO BOTH THE FINANCE COMMITTEE AND THE EXECUTIVE COMMITTEES OF THE BOARD FOR THEIR REVIEW. FINALLY, THE 990 IS SUBMITTED TO THE GOVERNING BODY FOR THEIR REVIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

ON AN ANNUAL BASIS AND AT HIRE, ALL EMPLOYEES SIGN A WRITTEN

PROJECT ACCESS NORTHWEST

CONFLICT-OF-INTEREST DISCLOSURE. EXECUTIVE DIRECTOR REVIEWS FOR ALL STAFF.

EXECUTIVE DIRECTOR'S CONFLICT-OF-INTEREST DISCLOSURE IS SIGNED AND REVIEWED

BY THE BOARD CHAIR.

FORM 990, PART VI, SECTION B, LINE 15:

EXECUTIVE DIRECTOR PARTICIPATES IN AN ANNUAL COMPENSATION SURVEY CONDUCTED

BY ARCHBRIGHT HR CONSULTING FIRM - AND THEN COMPARES RESULTS OF SURVEYS

WITH OTHER SIMILAR ORGANIATIONS (BUDGETS/LOCATION/POSITION DESCRIPTIONS) -

PAY INCREASES ARE AWARDED IN CONSULTATION AND APPROVAL OF THE BOARD'S

FINANCE COMMITTEE AND/OR EXECUTIVE COMMITTEE AND FULL BOARD OF DIRECTORS -

PAY INCREASES ARE AND RECORDED ON PAY CHANGE FORM SUBMITTED TO

ACCOUNTANT/BOOKKEEPER FOR PROCESSING AND REPORTING TO CONTRACTED PAYROLL OF PAY NORTHWEST.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES AND FINANCIAL

STATEMENTS ARE AVAILABLE UPON REQUEST.

Schedule O (Form 990) 2022	Page 2
Name of the organization PROJECT ACCESS NORTHWEST	Employer identification number 20-4377921
FORM 990, PART XII, LINE 2C:	
THERE HAS BEEN NO CHANGE IN THE AUDIT COMMITTEE PROCESS.	

## 2022 DEPRECIATION AND AMORTIZATION REPORT

FORM 99	DRM 990 PAGE 10 990														
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	BUILDINGS														
3	BUILDINGS	VARIOUS	SL	39.00	MM	16	2,971.				2,971.			0.	
	* 990 PAGE 10 TOTAL BUILDINGS						2,971.				2,971.	٥.		٥.	0.
	FURNITURE & FIXTURES														
1	FURNITURE AND EQUIPMENT	VARIOUS	SL	7.00		16	221,630.				221,630.	179,931.		10,243.	190,174.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES						221,630.				221,630.	179,931.		10,243.	190,174.
	OTHER														
2	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	15.00		16	31,859.				31,859.	21,079.		6,198.	27,277.
4	RIGHT OF USE ASSETS	VARIOUS	SL	.000		16	91,852.				91,852.	23,108.		0.	23,108.
	* 990 PAGE 10 TOTAL OTHER						123,711.				123,711.	44,187.		6,198.	50,385.
	* GRAND TOTAL 990 PAGE 10 DEPR						348,312.				348,312.	224,118.		16,441.	240,559.

228111 04-01-22

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone