

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

**2018**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A For the 2018 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> PROJECT ACCESS NORTHWEST		<b>D Employer identification number</b> 20-4377921	
	Doing business as		E Telephone number 206-788-4204	
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1111 HARVARD AVENUE		G Gross receipts \$ 2,581,982.	
	City or town, state or province, country, and ZIP or foreign postal code SEATTLE, WA 98122-4205		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	F Name and address of principal officer: GARY RENVILLE SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	

I Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

J Website: WWW.PROJECTACCESSNW.ORG

K Form of organization:  Corporation  Trust  Association  Other

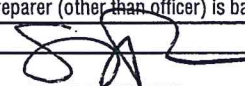
L Year of formation: 2006 M State of legal domicile: WA

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PROVIDE LOW-INCOME FAMILIES ACCESS TO MEDICAL AND DENTAL CARE.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	18
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	30
	6 Total number of volunteers (estimate if necessary)	6	1800
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	13.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,098,063.	2,210,599.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	371,135.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	237.	231.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,098,300.	2,560,257.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	251,277.	178,006.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,352,634.	1,374,910.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	141,693.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	510,328.	473,341.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,114,239.	2,026,257.
19 Revenue less expenses. Subtract line 18 from line 12	-15,939.	534,000.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	976,208.	1,524,148.
	22 Net assets or fund balances. Subtract line 21 from line 20	152,829.	166,769.
		823,379.	1,357,379.

**Part II Signature Block**

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

Sign Here	Signature of officer 	Date 11/7/2019			
	SCOTT COMBS, TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name HOWARD DONKIN, CPA	Preparer's signature HOWARD DONKIN, CPA	Date 10/11/19	Check if self-employed <input type="checkbox"/>	PTIN P00147726
	Firm's name JACOBSON JARVIS & CO, PLLC	Firm's EIN 91-2011386	Firm's address 200 FIRST AVE WEST, SUITE 200 SEATTLE, WA 98119-4219	Phone no. (206)-628-8990	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No