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<u>;:</u>
2017

•	EXTENDED TO NOV	EMBI	ER 15, 2017			
<sub>3</sub> Forπ 990-T	Exempt Organization Bu	sine	ss Income T	ax Return	۱	OMB No 1545-0687
<u>ر</u>	(and proxy tax und	der se	ction 6033(e))			
	For calendar year 2016 or other tax year beginning		, and ending			2016
Department of the Treasury	▶ Information about Form 990-T and its instru				  -	
Internal Revenue Service	Do not enter SSN numbers on this form as it ma			tion is a 501(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed	Name of organization ( Check box if name	(Empl	oyer identification number loyees' trust, see			
	PLANNED PARENTHOOD OF Print NORTHWEST AND HAWAIIAN				1	1 0696012
<b>B</b> Exempt under section [X] 501(C)(3)	Print NORTHWEST AND HAWAIIAN  or Number, street, and room or suite no. If a P.O. by			1-0686012 ated business activity codes		
408(e) 220(e)	Type 2001 EAST MADISON STRE		istructions.			nstructions)
408A 530(a)	City or town, state or province, country, and ZIP		n nostal code		1	
529(a)	SEATTLE, WA 98122-295		postar dodo		523	000 531120
C Book value of all assets at end of year	F Group exemption number (See instructions.)	<b></b>				
68,398,799.	G Check organization type ► X 501(c) corporation	on [	501(c) trust	401(a) trust	[	Other trust
	n's primary unrelated business activity.	SEE	STATEMENT 1			
	the corporation a subsidiary in an affiliated group or a pare	ent-subs	idiary controlled group?	▶ [	Ye	es X No
	and identifying number of the parent corporation.				<u> </u>	200 6014
	▶ JOE ALBERS d Trade or Business Income		(A) Income	one number > 2 (B) Expenses		328-6814 (C) Net
1a Gross receipts or sale		τ	(A) illicollie	(B) Expenses	<u>`</u> —-	(c) Net
b Less returns and allo	<del></del>	10				1
2 Cost of goods sold (S		2				
3 Gross profit. Subtract	•	3				
4a Capital gain net incor		4a				
	4797, Part II, line 17) (attach Form 4797)	4b				
c Capital loss deduction	ı for trusts	4c				
5 Income (loss) from p	artnerships and S corporations (attach statement)	5	-3,820.			-3,820.
6 Rent income (Schedu	ile C)	6				
	ed income (Schedule E)	7_	77,633.	44,5	12.	33,121.
	yalties, and rents from controlled organizations (Sch. F)	8				
	f a section 501(c)(7), (9), or (17) organization (Schedule G					<u> </u>
,	vity income (Schedule I)	10				
11 Advertising income (\$ 12 Other income (See in:	structions, attach schedule)	12				
13 Total. Combine lines		13	73,813.	44,5	12.	29,301.
	ns Not Taken Elsewhere (See instructions f					
	contributions, deductions must be directly connecte			income )		
14 Compensation of off	icers, directors, and trustees (Schedule K)				14	
15 Salaries and wages					15	
16 Repairs and mainter	ance				16	
17 Bad debts					17	
18 Interest (attach sche	dule)				18	
19 Taxes and licenses	ons (See instructions for limitation rules) STATEM	ייונים	4 SEE STAT	EMENT 2	19 20	0.
			21	5,521.	-20-	<u> </u>
22 Less depreciation cli	Form 4562) aimed on Schedule A and elsewhere on returECEIV	<i></i>	22a	5,521.	22b	0.
23 Depletion	miles on schools A and elsewhole of Flacting Co.	ED	1 [220]	3,3221	23	
	erred compensation plans NOV 2 0 2		781		24	
25 Employee benefit pro	ograms OF TOP 202	U17	ΙΫÍ		25	
26 Excess exempt expe	nses (Schedule I)	•			26	
27 Excess readership co	osts (Schedule J)	IT	7=		27	
28 Other deductions (at	tach schedule)	<u>~</u>	SEE STAT	EMENT 3	28	4,125.
	dd lines 14 through 28				29	4,125.
	axable income before net operating loss deduction. Subtraction	ct line 29			30	25,176.
	eduction (limited to the amount on line 30)			EMENT 5	31	<u>25,176.</u>
	axable income before specific deduction. Subtract line 31 f		30		32	1,000.
	Generally \$1,000, but see line 33 instructions for exception		than line 22 anter the	aller of zero e-	33	Τ,000.
	taxable income. Subtract line 33 from line 32. If line 33 is	yreater	man me 32, enter the sm	aner or zero or	34	0.
line 32	or Paperwork Reduction Act Notice, see instructions.				34 1	Form <b>990-T</b> (2016) -

	correct, and complete Declaration of preparer	commence this return, including accompanying schedicother than taxpayer) is based on all information of who	nich preparer has any knowled	Ma the	y the IRS discuss this return with e preparer shown below (see structions)? X Yes No.
Paid	Print/Type preparer's name  WENDY CAMPOS	Preparer's signature WENDY CAMPOS	Date 11/10/17	Check if self- employed	PTIN P00448102
Preparer Jse Only	Firm's name ► MOSS ADA	MS LLP IRD AVENUE, SUITE 2	800	Firm's EIN Phone no. 2	91-0189318 06-302-6500
				11 110110 110. =	Form 990-T (201

623711 01-18-17

Schedule A - Cost of Goods	Sold. Enter method of inver	itory valuation N/A			
1 Inventory at beginning of year	1	6 Inventory at end of year	r	$\top$	6
2 Purchases	2	7 Cost of goods sold. St	ubtract line 6		
3 Cost of labor	3	from line 5. Enter here	and in Part I,		
4a Additional section 263A costs		line 2			7
(attach schedule)	4a	8 Do the rules of section	263A (with respect to		Yes No
<ul> <li>Other costs (attach schedule)</li> </ul>	4b	property produced or a	equired for resale) apply to		
5 Total. Add lines 1 through 4b	5	the organization?			
Schedule C - Rent Income (I (see instructions)	From Real Property and	l Personal Property L	eased With Real Pro	oper	ty)
Description of property			<del></del>		<del></del>
(1)	<del></del>	<del></del>	<del></del>		<del></del>
(2)					
(3)					
(4)					
	2. Rent received or accrued		0(1) 0.1		
(a) From personal property (if the perconent for personal property is more 10% but not more than 50%)	than 'of rent for p	and personal property (if the percentag personal property exceeds 50% or if nt is based on profit or income)	ge 3(a) Deductions dire	a) and 2	nected with the income in (b) (attach schedule)
(1)					
(2)					
(3)					
(4)					
Total	0 . Total		0.		
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	(A) <b>&gt;</b>		(b) Total deductions Enter here and on page Part I, line 6 column (B)		0.
Schedule E - Unrelated Deb	t-Financed Income (see	instructions)			
		2. Gross income from	<ol> <li>Deductions directly to debt-fir</li> </ol>		
1. Description of debt-fina	anced property	or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
			STATEMENT 7		STATEMENT 8
(1) BELLEVUE PROPERTY	<u> </u>	60,517.	5,03	_	24,230.
(2) TACOMA PROPERTY		17,116.	49	0.	14,761.
(3)					
(4)				_	<del></del>
4. Amount of average acquisition debt on or allocable to debt-financed properly (attach schedule)  STATEMENT 9	5. Average adjusted basis of or allocable to debt-financed property STATEMENT 10	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)		8, Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1) 505,844.	489,410.	100.00%	60,51	7.	29,261.
(2) 3,321,959.	246,457.		17,11		15,251.
(3)		%			
(4)		%			
			Enter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals		<b>▶</b>	77,63	3.	44,512.
Total dividends-received deductions inc	cluded in column 8				0.
					Form 990-T (2016

Form 990-T (2016) NORTHW Schedule F - Interest,	VEST AND HA	WAIIA	N ISL	ANDS	: A	10		91-06		
Schedule P - Interest, A	Annuities, Roya	aities, and		Controlled O			tions	(see ins	tructions	<del></del> -
1. Name of controlled organiza	iden	Employer tification umber	3. Net unr	related income e instructions)	4. Tot	tal of specified ments made	include	of column 4 ted in the contraction's gross i	olling	6. Deductions directly connected with income in column 5
/1\										<del></del>
(1)	<del></del>						-			<del></del>
(3)							_			
(4)				· · · · · · · · · · · · · · · · · · ·						
Nonexempt Controlled Organi	ızatıons		<u> </u>				·			
7. Taxable Income	8. Net unrelated inco (see instruction		9. Total	of specified payn made	nents	10. Part of colur in the controlli gross	mn 9 that ing organi s income	is included zation's		luctions directly connected income in column 10
(1)	<del> </del>		<del></del>							
(2)										
(3)	<del> </del>									
(4)	<del> </del>		<del></del>							
17/	<b>!</b> ,		<u> </u>		_	Add colum Enter here and line 8, c		1, Part I,	Enter he	d columns 6 and 11 are and on page 1, Part I, line 8, column (B)
Totals								0.	!	0.
Schedule G - Investme	ent Income of a ructions)	Section	501(c)(7	'), (9), or (1	17) Org	janization				
1. Desc	cription of income	_		2. Amount of	income	<ol> <li>Deduction directly connected (attach sched)</li> </ol>	cted	4. Set-a (attach s		5. Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)				<u> </u>			}			<u> </u>
(3)										<u> </u>
(4)										<u> </u>
				Enter here and of Part I, line 9, col	umn (A)					Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited	Evernt Activit	v Income	Other	Than Adv	0.	a Income				0.
(see instru	-	y 11100111C	, Ouici	man Auv	CITIONI	g mcome				
Description of exploited activity	2. Gross unrelated business income from trade or business	3. Exp directly of with pro of unre business	onnected duction elated	4. Net incom from unrelated business (col minus column gain, compute through	trade or lumn 2 i 3) If a cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)		<del> </del>								<del></del>
(2)	t									<del>                                     </del>
(3)	1	1								
(4)										
Totals	Enter here and on page 1, Part I, line 10, col (A)	Enter her page 1 line 10,	, Part I,							Enter here and on page 1, Part II, line 26
Schedule J - Advertision	ng Income (see	instruction		<del></del>						·
Part I Income From	Periodicals Rep	oorted or	a Cons	solidated	Basis			·	-	
1. Name of periodical	2. Gross advertising income		3. Direct rtising costs	4. Advertion (loss) (color) If a ga	1 2 minus in, compute	5. Circulate		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))	<b>&gt;</b>	0.	0	•				<del>-</del>		0 . Form <b>990-T</b> (2016)

Form 990-T (2016) NORTHWEST AND HAWAIIAN ISLANDS 91-06860

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)							
(3)							
(4)							
Totals from Part I	▶	0.	0.				0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, fine 11, col (B)	]			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	<b>&gt;</b>	0.	0.	1			0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	·
Total. Enter here and on page 1, Part II, line 14	····	<b>&gt;</b>	0.

Form 990-T (2016)

DECORTORION	OF ODGANITES MICHIGA	DOTAGED COMPANY	
DESCRIPTION	OF ORGANIZATION S	PRIMARY UNRELATED	STATEMENT 1
	DIICTNIECC ACMINITA	IV	
	DOSTNESS WOLLATA	·I	
	DESCRIPTION		DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY

#### PASS THROUGH INVESTMENTS AND DEBT FINANCED RENTAL

TO FORM 990-T, PAGE 1

FORM 990-T	CONTRIBUTIONS	STATEMENT	2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV .	AMOUNT	
FROM K-1-BNY MELLON PRIVATE EQUITY FUND VIII, LP	N/A		16.
TOTAL TO FORM 990-T, PAGE 1, L	INE 20		16.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT	3
	OTHER DEDUCTIONS	STATEMENT AMOUNT	3
FORM 990-T  DESCRIPTION  TAX PREPARATION FEES	OTHER DEDUCTIONS	AMOUNT	3

ORM 990-T	CONTRIBUTIONS SUMMARY	STAT	EMENT 4
QUALIFIED CONTRIBUTION	ONS SUBJECT TO 100% LIMIT		
CARRYOVER OF PRIOR YE FOR TAX YEAR 2011 FOR TAX YEAR 2012	EARS UNUSED CONTRIBUTIONS		
FOR TAX YEAR 2013 FOR TAX YEAR 2014 FOR TAX YEAR 2015	80		
TOTAL CARRYOVER TOTAL CURRENT YEAR 10	% CONTRIBUTIONS	80 16	
TOTAL CONTRIBUTIONS A		96 0	
EXCESS 10% CONTRIBUTI EXCESS 100% CONTRIBUT TOTAL EXCESS CONTRIBU	PIONS	96 0 96	
ALLOWABLE CONTRIBUTIO	ONS DEDUCTION		(
TOTAL CONTRIBUTION DE	EDUCTION		(

FORM 990-T	NET	OPERATIN	G LOSS D	EDUCTI	ON	STATEMENT 5	
TAX YEAR	LOSS PREVIOUSLY LOSS LOSS SUSTAINED APPLIED REMAINING		AVAILABLE THIS YEAR				
12/31/14	40,563.		9,844.	30,719.		30,719.	
NOL CARRYOV	ER AVAILABLE THIS	YEAR			30,719.	30,719.	
FORM 990-T	INCOL	ME (LOSS)	FROM PA	RTNERS	HIPS	STATEMENT 6	
PARTNERSHIP	NAME	·	GROSS I	NCOME	DEDUCTIONS	NET INCOME OR (LOSS)	
BNY MELLON	NAME PRIVATE EQUITY FUI PRIVATE EQUITY FUI		-1	,421.	DEDUCTIONS	OR (LOSS) -1,421	
BNY MELLON L.P. BNY MELLON VIII, LP METROPOLITA	PRIVATE EQUITY FUI PRIVATE EQUITY FUI N REAL ESTATE PAR	ND	-1			OR (LOSS) -1,421 -2,825	
BNY MELLON L.P. BNY MELLON VIII, LP METROPOLITA GLOBAL VI,	PRIVATE EQUITY FUI PRIVATE EQUITY FUI N REAL ESTATE PAR	nd Tners	-1	,421.	0.	OR (LOSS)	

FORM 990-T	SCHEDULE E - DEPREC	IATION DEDUCT	ION	STATEMENT 7
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION			5,031.	
DEPRECIATION	- SUBTOTAL	<b>-</b> . <b>1</b>	490.	5,031.
DEFRECIATION	- SUBTOTAL	- 2	430.	490.
TOTAL OF FORM 99	0-T, SCHEDULE E, COLUMN	N 3(A)		5,521.

FORM 990-T	SCHEDULE E - OTHER	DEDUCTIONS		STATEMENT 8
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
PROPERTY TAXES MANAGEMENT FEES UTILITIES INSURANCE INTEREST EXPENSE OTHER EXPENSES			7,371. 4,171. 1,819. 401. 9,913.	
PROPERTY TAXES MANAGEMENT FEES UTILITIES INSURANCE	- SUBTOTAL -	1	8,135. 1,078. 1,918. 3,630.	24,230.
INDUIGNED	- SUBTOTAL -	2	3,030.	14,761.
TOTAL OF FORM 990-T	, SCHEDULE E, COLUMN	3(B)		38,991.

	AGE ACQUISITION BLE TO DEBT-FIN			STATEMENT 9
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE AQUISITION DEBT	G11D TIOTE 1		505,844.	505.044
AVERAGE AQUISITION DEBT	- SUBTOTAL -	1	3,321,959.	505,844
	- SUBTOTAL -	2	0,000,000	3,321,959
TOTAL OF FORM 990-T, SCHEI	OULE E, COLUMN	4		3,827,803

	ERAGE ADJUSTED ABLE TO DEBT-F1			STATEMENT 10
DESCRIPTION		ACTIVITY NUMBER	AMOUNT	TOTAL
AVERAGE ADJUSTED BASIS  AVERAGE ADJUSTED BASIS	- SUBTOTAL -	1	489,410. 246,457.	489,410.
AVERAGE ADOUGHED BASIS	- SUBTOTAL -	2	240,457.	246,457.
TOTAL OF FORM 990-T, SCHE	DULE E, COLUMN	5		735,867.

### SCHEDULE D (Form 1120) Internal Revenue Service

**Capital Gains and Losses** 

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120

OMB No 1545-0123

Name

PLANNED PARENTHOOD OF THE GREAT

Employer identification number

NORTHWEST AND HAWAIIAN ISLANDS 91-0686012 Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts to enter on the lines below. (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) (h) Gain or (loss) Subtract column (e) from column (d) and ombine the result with column (g) This form may be easier to complete if you round off cents to whole dollars. (sales price) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b Totals for all transactions reported on Form(s) 8949 with Box A checked Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on 9 Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 SEE STATEMENT 11 ,740,937. 6 Unused capital loss carryover (attach computation) 6 740,946 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 7 Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts to enter on the lines below. (**g**) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) (h) Gain or (loss) Subtract olumn (e) from column (d) and nbine the result with column (g) This form may be easier to complete if you (sales price) (or other basis) round off cents to whole dollars. 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on 1,052. 1,052. Form(s) 8949 with Box F checked 11 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions 14 1,052 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Part III Summary of Parts I and II

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

the corporation has qualified timber gain, also complete Part IV Note: If losses exceed gains, see Capital losses in the instructions.

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)

17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)

18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If

Schedule D (Form 1120) 2016

0.

16

17

NORTHWEST AND HAWATTAN ISL		91-0000012	Page 2
Part IV Alternative Tax for Corporations with Qualified Ti	mber Gain. Complete Pa	rt IV only if the corporation has	
qualified timber gain under section 1201(b). Skip this part if you are filing	Form 1120-RIC. See instruction	ns.	
19 Enter qualified timber gain (as defined in section 1201(b)(2))	19		
20 Enter taxable income from Form 1120, page 1, line 30, or the applicable line			
of your tax return	20		
21 Enter the smallest of, (a) the amount on line 19, (b) the amount on line 20; or			
(c) the amount on Part III, line 17	21		
22 Multiply line 21 by 23.8% (0.238)		22	
23 Subtract line 17 from line 20. If zero or less, enter -0-	23		
24 Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) at	ppropriate for		
the return with which Schedule D (Form 1120) is being filed		24	
<b>25</b> Add lines 21 and 23	25		
26 Subtract line 25 from line 20. If zero or less, enter -0-	26		
27 Multiply line 26 by 35% (0.35)		27	
28 Add lines 22, 24, and 27		28	
29 Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) a	ppropriate for the		
return with which Schedule D (Form 1120) is being filed		29	
30 Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedule	J, line 2, or the		
applicable line of your tax return		30	
		Schedule D (For	m 1120) 2016

12101110 146892 86680

## Form

Sales and Other Dispositions of Capital Assets

Department of the Treasury Internal Revenue Service

▶ Information about Form 8949 and its separate instructions is at www irs.gov/form8949. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

Name(s) shown on return

Social security number or

PLANNED PARENTHOOD OF THE GREAT taxpayer identification no. NORTHWEST AND HAWAIIAN ISLANDS 91-0686012 Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your and may even tell you which box to check Short-Term. Transactions involving capital assets you held 1 year or less are short-term. For long-term transactions, see page 2 Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in column (f). See instructions. (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) (Mo., day, yr) disposed of Note below and from column (d) & (Mo, day, yr) (g) Amount of adjustment see *Column (e)* In combine the result Code(s) with column (g) the instructions CLAREANT GLOBAL CREDIT ALTERNATIVES FUND VARIOUS VARIOUS 9. <9.:

Totals. Add the amounts in columns (d), (e), (g) and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis See Column (g) in the separate instructions for how to figure the amount of the adjustment.

623011 12-07-16 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

<9.>

. PLANNED PARENT				snown on other sid	ie		rity number or entification no.
NORTHWEST AND			ı			1	686012
Before you check Box D. F. or F. beld	ow see whether	you received any	Form(s) 1099-B o	or substitute statem	ent(s) from vo	our broker A su	hetituta
statement will have the same information broker and may even tell you which it	atıon aş Form 10	99-B. Either will	show whether you	r basıs (usually you	r cost) was re	eported to the IF	RS by your
Part II   Long-Term. Transact	tions involving ca	apital assets you	held more than 1	year are long term	. For short-ter	rm transactions,	see page 1.
codes are required. Enter the	totals directly on	tions reported on F Schedule D, line 8a	orm(s) 1099-B showing you aren't required	ng basis was reporte to report these trans	d to the IRS an actions on For	nd for which no adj n 8949 (see instru	ustments or ctions).
You must check Box D, E, or F below. 6	Check only one bo	OX. If more than one b	ox applies for your long-	term transactions, compl	ete a separate Fo	rm 8949, page 2, for	each applicable box
(D) Long-term transactions rep							
(E) Long-term transactions rep		•	•	•		-,	
X (F) Long-term transactions no							
1 (a)	(b)	(c)	(d)	(e)		if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other		enter an amount ), enter a code in	Gain or (loss).
(Example. 100 sh XYZ Co)	(Mo, day, yr)	disposed of	(Sales price)	Note below and	column (f). S	ee instructions.	Subtract column (e) from column (d) &
		(Mo , day, yr)		see Column (e) In the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
METROPOLITAN REAL							
ESTATE PARTNERS							
GLOBAL VI, LP	VARIOUS	VARIOUS	1,027.	0.			1,027.
CLAREANT GLOBAL							
CREDIT	<u> </u>	<u></u>					
ALTERNATIVES FUND,	\			<u> </u>			
LLC	VARIOUS	VARIOUS	25.	ļ			25.
	ļ <del></del>	ļ	ļ. <u></u>				
		ļ	ļ	ļ <u>.</u>	ļ		
	ļ			ļ <u> </u>	<u> </u>		
	<del></del>		ļ		<u> </u>		
					ļ		
	}						<del></del>
	<del> </del>	<del></del>	<del></del>	<del>                                     </del>	<b></b>	<del> </del>	· · · · · · · · · · · · · · · · · · ·
			<del></del>		<del> </del>		<u> </u>
	<del> </del>			<del> </del>	<del>  -</del>		
	<del> </del>	<del></del>		<del> </del>			
				<del> </del>	<del>                                     </del>		
	<del></del>						
					<del> </del>		
	<del>                                     </del>			<del> </del>			
	<u> </u>						
							-
<del></del> ,							
2 Totals. Add the amounts in colu	mns (d), (e), (g) a	ınd (h) (subtract		]			
negative amounts) Enter each to	otal here and inc	lude on your		]			
Schedule D, line 8b (If Box D ab	•		4 2-2		[		
above is checked), or line 10 (if	Box F above is o	checked)	1,052.	<u> </u>			1,052.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

623012 12-07-16

## 4562

## **Depreciation and Amortization**

(Including Information on Listed Property)

E-

OMB No 1545-0172

Internal Revenue Service

Attach to your tax return.

1

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562 Sequence No 179 Name(s) shown on return PLANNED PARENTHOOD OF THE GREAT NORTHWEST AND HAWAIIAN ISLANDS BELLEVUE PROPERTY 91-0686012 Part I | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 500,000. 1 Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 3 2,010,000. Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 5 Dollar limitation for tax year Subtract line 4 from line 1 lf zero or less, enter -0- If married filing separately, see instructions (a) Description of property (c) Elected cost (b) Cost (business use only) 7 Listed property Enter the amount from line 29 7 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 9 9 10 Carryover of disallowed deduction from line 13 of your 2015 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction Add lines 9 and 10, but don't enter more than line 11 12 13 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Don't include listed property) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year 14 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 MACRS Depreciation (Don't include listed property ) (See instructions) Section A 5,031 17 MACRS deductions for assets placed in service in tax years beginning before 2016 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System (b) Month and year placed in service (c) Basis for depreciation (business/investment use only - see instructions) (d) Recovery (f) Method (g) Depreciation deduction (a) Classification of property <u>1</u>9a 3-year property 5-year property 7-year property d 10-year property 15-year property 20-year property 25 yrs S/L 25-year property q 27 5 yrs. MM S/L h Residential rental property 27 5 yrs. MM S/I MM S/L 39 yrs. i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 <u>yrs</u> S/L 12-year b MM 40-year 40 yrs. S/L Part IV Summary (See instructions) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. <u>5,031.</u> Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23 Form 4562 (2016)

616251 12-21-16 LHA For Paperwork Reduction Act Notice, see separate instructions.

## PLANNED PARENTHOOD OF THE GREAT

Form 4562 (2016)		THWEST .										<u>-0686</u>		Page 2
Part V Listed	Property (Include au ion, or amusement )	utomobiles, ce	rtaın oth	ner vehic	les, cer	taın aırcı	raft, ce	rtain comp	outers, ar	nd prop	erty use	d for ent	ertaınme	nt,
	or any vehicle for w	hich you are us	sing the	standard	d milea	ge rate o	r dedu	cting leasi	expens	e. comi	olete or	ılv 24a. 2	24b. colu	ımns
(a) throi	ugh (c) of Section A,	all of Section	B, and	Section (	of app	licable								
Sec	tion A - Depreciation	on and Other I	nforma	tion (Ca	ution:	See the	ınstruc	tions for li	mits for p	asseng	er autor	nobiles )		
24a Do you have evide			nt use cla	aimed?	1	/es	No	24b If "Y	es," is th	e evide	nce writ	ten?	Yes	No
_ (a)	( <b>b)</b> , Date	(c) Business/	1	(d)		(e)		(f)	1 (	g)	1	(h)		(i)
Type of property (list vehicles first	/ Infoord in	investment	_,	Cost or		isis for depr usiness/inve		Recovery period		hod/		eciation uction		cted on 179
(iist venicles iiisi	service	use percentag	e o	ther basis		use ont	y)	perioa	Conv	ention	ueu	uction		ost
25 Special deprecia	tion allowance for q	ualified listed p	property	placed :	n servi	ce during	the ta	x year and	ı	ŀ	l			
used more than	50% in a qualified bi	usiness use								25	<u> </u>		<u> </u>	
26 Property used m	ore than 50% in a q	ualified busine:	ss use											
		9	6											
		9	6											
		9	6		7									
27 Property used 50	0% or less in a qualif	fied business u	se											
		9	6						S/L -					
		9	6						S/L·				1	
		9	6						S/L -				1	
28 Add amounts in	column (h), lines 25	through 27. Er	ter here	and on	line 21	, page 1				28	<u> </u>		1	
29 Add amounts in	, -	-				, page .						29		
20 Frad Giffodirko III	00147117 (7) 11110 2251 2			B - Infor		on Use	of Veh	icles					·	
Complete this sectio	n for vehicles used b		-				+		related (	nerson	If you n	rovided v	vehicles	
to your employees, fi		•											.01110100	
to your cripicyces, ii	not unower the quee		0 10 3	cc ii you	111001	an caccp	1101110	completin	9 11113 30	CHOILIC	1 11030	vernoies		
			,	a)		(b)	T	(c)	(0	4) 		(e)	(1	<u></u>
30 Total business/investment miles driven during the		uring the	-	ncle		hicle	\ \	/ehicle	Veh	-	1	hicle		ncle
year (don't include		uring the	V 61	11010		illicie	<del>                                     </del>	eniore		1016	VC	IIICIC	V 61	icie_
- '	= ,	thowar					┼~~		<del></del>		├		<del> </del> -	
31 Total commuting		· ·					-		<u> </u>		╁		<del></del>	
32 Total other perso	onai (noncommuting	) miles					Į .				l		Į.	
driven							ļ		├		├		<del></del>	
33 Total miles driver											ļ			
Add lines 30 thro	•					T	<del>├</del>	<del></del>	<del></del>		<del>  .</del>	T	<del>                                     </del>	
34 Was the vehicle	• •	al use	Yes	No	Yes	No_	Yes	No_	Yes	No	Yes	No	Yes	No
during off-duty h				-		<del>                                     </del>	┼				<b></b> -	<del> </del>		<b></b>
35 Was the vehicle	• • •	more		[ [		1	į	1	l ł		l	[		ĺ
	or related person?							<del>                                     </del>				<del>├</del>		
36 is another vehicle	e available for perso	nal		] [		İ	1	1			l			l
use?						<u> </u>	<u> </u>				<u>l</u>	<u> </u>	<u> </u>	L
		- Questions fo	-	-				_						
Answer these question	-	ou meet an ex	ception	to comp	leting S	Section E	3 for ve	hicles use	d by em	ployees	who a	ren't mo	re than s	5%
owners or related per														
37 Do you maintain	a written policy stat	ement that pro	hibits a	II person	al use d	of vehicle	es, ınclı	uding com	muting,	by your			Yes	No
employees?														<b>↓</b>
38 Do you maintain	a written policy stat	ement that pro	hibits p	ersonal u	use of v	ehicles,	except	commuti	ng, by yo	ur				
	the instructions for		•		cers, d	irectors,	or 1%	or more o	wners					<del> </del>
39 Do you treat all u	ise of vehicles by en	nployees as pe	rsonal u	ıse?									<u> </u>	<del> </del>
40 Do you provide n	nore than five vehicl	es to your emp	loyees,	obtain ir	nformat	tion from	your e	mployees	about					
the use of the ve	hicles, and retain the	e information r	eceived	7										1
41 Do you meet the	requirements conce	erning qualified	autome	obile den	nonstra	ition use	?						L	
Note: If your ans	wer to 37, 38, 39, 40	0, or 41 is "Yes	s," don't	complet	te Sect	ion B for	the co	vered veh	cles					
Part VI Amortiza	ation													
	(a)		(b)		(c)			(d)		(e)			(f)	_
Desc	cription of costs		imortization pegins	•	Amortiza amoun	ble it		Code section	1.	Amortiza eriod or per		Ar fo	nortization or this year	
42 Amortization of c	osts that begins dui			r										
							$\top$							
	<del> </del>						$\dashv$							
43 Amortization of c	osts that began before	ore your 2016	tax vea	,							43			
44 Total. Add amou	_	-	-		report						44			
	iii colamin (i) Co				· · ·									

616252 12-21-16

# Form **4562**

# **Depreciation and Amortization** (Including Information on Listed Property)

E-

2

► Attach to your tax return. ▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

Name(s) snown on return			1	Business or a	ctivity to wh	ich this form relates	1	Identifying number
PLANNED PARENTHOOD OF	THE GREAT	•						
NORTHWEST AND HAWAIIAN			П	ACOMA	PRO	PERTY		91-0686012
Part I Election To Expense Certain Propert		9 Note: If yo					V before vo	
1 Maximum amount (see instructions)				<del></del>			1	500,000.
2 Total cost of section 179 property place	d in service (see i	nstructions)					2	
3 Threshold cost of section 179 property I							3	2,010,000.
4 Reduction in limitation. Subtract line 3 fr	om line 2. If zero	or less, ente	er -0-				4	
5 Dollar limitation for tax year Subtract line 4 from line 1	If zero or less, enter -0	)- If married filin	ng separately,	see instruction	ons		5	
6 (a) Description of pro				business use		(c) Elected	cost	
				,				
	* <b></b>							
7 Listed property. Enter the amount from I	ine 29				7		-	
8 Total elected cost of section 179 proper	ty Add amounts	ın column (c	), lines 6 a	and 7			8	
9 Tentative deduction Enter the smaller	•		,,				9	
10 Carryover of disallowed deduction from	line 13 of your 20	15 Form 45	62				10	
11 Business income limitation. Enter the sm	•			zero) or li	ne 5		11	
12 Section 179 expense deduction. Add lin		•		•			12	
13 Carryover of disallowed deduction to 20					13		<del>- '</del>	
Note: Don't use Part II or Part III below for II					1 .0 1			
Part II Special Depreciation Allowan			<del></del>	clude liste	d proper	tv )		
14 Special depreciation allowance for qualif			•			<del></del>		
the tax year	(		- 6,060,	, p.acca		carning .	14	
15 Property subject to section 168(f)(1) elec	tion						15	
16 Other depreciation (including ACRS)							16	
Part III MACRS Depreciation (Don't	nclude listed proj	perty ) (See	ınstructior	ns.)				
, , , , , , , , , , , , , , , , , , , ,			ection A	,				
17 MACRS deductions for assets placed in	service in tax vea	rs beginning	a before 2	016			17	
18 If you are electing to group any assets placed in service	<del>-</del>	•	•		ck here	<b>&gt;</b>	ղ <del>  ՝՝՝  </del>	
Section B - Assets F						eral Deprecia	ion Systen	n
(a) Classification of property	(b) Month and year placed in service	(c) Basis fo (business/ir	r depreciation nvestment use instructions)	n (d)	Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property								
<b>b</b> 5-year property					•			
c 7-year property	l i							
d 10-year property	·							
e 15-year property	Ī							
f 20-year property								
g 25-year property	Ī			2	5 yrs		S/L	
	/				7 5 yrs	ММ	S/L	
h Residential rental property	,				7.5 yrs.	ММ	S/L	
	,				9 yrs	MM	S/L	
Nonresidential real property	, ,				. ,	MM	S/L	<del></del>
Section C - Assets Pl	aced in Service I	During 2016	Tax Year	r Using th	e Altern	<del></del>		em
20a Class life				1			S/L	
b 12-year	Ī			1	2 yrs.		S/L	
c 40-year	/				0 yrs	ММ	S/L	
Part IV Summary (See instructions )				•			· · · · ·	
21 Listed property Enter amount from line 2	28	•	•				21	<del> </del>
22 Total. Add amounts from line 12, lines 1		s 19 and 20	ın columi	n (g), and l	ine 21.			
Enter here and on the appropriate lines of the same and placed in second	f your return Par	tnerships ar	nd S corpo	orations - s		·	22	490.
portion of the basis attributable to section	•	current year	, enter tile	•	23			

	•	PLA	NNED PA	RENT	доон	OF	тне	GRE	<b>አ</b> ጥ						
Fo	rm 4562 (2016)		THWEST									91-	0686	012	Page 2
	art V Listed Propert recreation, or a	y (Include a	utomobiles, ce	ertain ot	her vehic	les, cer	tain aircr	aft, ce	rtain comp			erty use	d for ent	ertainme	nt,
_	Note: For any (a) through (c)	of Section A,	all of Section	B, and	Section i	C if app	licable			_				24b, colu	ımns
_	Section A -	Depreciation	on and Other	Informa	tion (Ca	ution:	See the i	nstruc	tions for li	mits fo	r passeng	er autor	nobiles.)	_	
24	a Do you have evidence to s	upport the bu	siness/investme	ent use cl	aimed?	`	/es	No	24b If "Y	es," ıs	the evide	nce writ	ten?	Yes [	No
	(a)	(b)	(c)		(d)		(e)		(f)		(g)	I	(h)		(ı)
	Type of property (list vehicles first)	Date placed in service	Business/ investment use percenta	١ ,	Cost or ther basis	/b	isis for depr usiness/inve use only	stment	Recovery period		lethod/ ovention		eciation uction	section	cted on 179
25	Special depreciation allo	L	<u> </u>	<u> </u>	. =1====					<u> </u>		<del>                                     </del>			ost
25				property	piaced	ın servi	ce auring	tne ta	x year and	1					1
26	used more than 50% in a Property used more than			ec neo.							25			L	<del></del>
20	Troperty used more than	1 30 /0 111 2 41							Т			т		Τ	
				<u>%</u>						-		<del> </del> -		<del> </del>	
_				%					-			<del> </del>			
_	D			%					İ			i		<u> </u>	
27	Property used 50% or le	ss in a qualit	· · · · · · · · · · · · · · · · · · ·						1	1		Τ	-		
_				<u>%  </u>						S/L·		<del> </del>			
_				%						S/L -		ļ			
_				%						S/L·		ļ			
28	Add amounts in column	(h), lines 25	through 27 E	nter her	e and on	line 21	, page 1				28	<u> </u>			
<u>29</u>	Add amounts in column	(i), line 26. E	nter here and	on line	7, page 1								29		
			\$	Section	B - Infor	mation	on Use	of Veh	ucles						
_	our employees, first ansv				(a)		(b)		(c)		(d)	<del>                                     </del>	e)	(1	
30	Total business/investment r	niles driven di	uring the	Ve	hicle	Ve	hicle	<u> </u>	'ehicle	<u> </u>	ehicle	Ve	hicle	Veh	ıcle
	year (don't include commut	ing miles)						<u> </u>							
31	Total commuting miles of	lrıven durıng	the year					ļ							
32	Total other personal (nor driven	ncommuting)	) miles												
33	Total miles driven during	the vear.						Ì							
	Add lines 30 through 32	, ,													
34	Was the vehicle available	e for persona	aluse	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
•	during off-duty hours?			1.00	1	1.55	1	1.00	1		<del>                                     </del>	1	1		
35	Was the vehicle used pr	ımarıly by a r	more	-	1		1		+						
-	than 5% owner or related							ļ							
36	Is another vehicle availal	•	nal		1		1	<b>†</b>	<del>-  </del>				<del> </del> -		
00	use?	oic for person	ilai												
_	user	Contine C	- Questions f		lawana Mi	lha Dea	Lida Val	iolog (	ion Hoo bu	Therin		<u> </u>			
۸				•	-									41 1	-0.4
	swer these questions to d	etermine ir y	ou meet an ex	ception	to comp	eting s	Section E	s tor ve	nicies use	a by e	npioyees	wno a	ren't mo	re than :	0%
	ners or related persons													Т	<del></del>
37	Do you maintain a writte	n policy state	ement that pro	ohibits a	III person	al use o	of vehicle	s, ınclı	uding com	muting	, by your			Yes	No_
	employees?														<u> </u>
38	Do you maintain a writte			-				•			our/				
	employees? See the inst	ructions for	vehicles used	by corp	orate off	icers, d	rectors,	or 1%	or more ov	vners					<u> </u>
	Do you treat all use of ve	•												ļ	<del> </del>
40	Do you provide more that	in five vehicl	es to your em	ployees,	obtaın ı	nformat	ion from	your e	mployees	about				ı	
	the use of the vehicles, a	and retain the	e information i	received	?										<u> </u>
41	Do you meet the require	ments conce	ming qualified	d autom	obile der	nonstra	tion use?	?							<u></u>
_	Note: If your answer to 3	37, 38, 39, 40	0, or 41 is "Ye	s," don'	t comple	te Sect	on B for	the co	vered vehi	cles					
P	art VI Amortization														
	(a)			(b)		(c)			(d)		(e)			(f)	

Part VI | Amortization | (a) | (b) | (c) | (d) | (d) | (e) | (f) |

616252 12-21-16

Form **4562** (2016)

SCHEDULE D	C.	STATEMENT 11		
	LOSS YEAR	ORIGINAL LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING
	2011	0.012		0.013
	2012 2013	8,013		8,013 1,503
	2013 2014 2015	1,503 1,731,421		1,731,421
CAPITAL LOSS	CARRYOVER TO	CURRENT TAXABLE YEAR		1,740,937