2019 Federal Exempt Organiz Pacific Northwest Park Parkour Vis	Page 1 26-1856160		
REVENUE	2019	2018	Diff
Contributions and grants Program service revenue Other revenue	101,601 127,390 0	65,513 181,483 1,914	36,088 -54,093 -1,914
Total revenue	228,991	248,910	-19,919
EXPENSES Salaries, other compen., emp. benefits Other expenses	196,013 66,697	167,208 96,281	28,805 -29,584
Total expenses	262,710	2,634,589	-2,371,879
NET ASSETS OR FUND BALANCES Revenue less expenses Total assets at end of year Total liabilities at end of year Net assets/fund balances at end of year.	-33,719 37,884 35,036 2,848	-14,579 51,168 14,601 36,567	-19,140 -13,284 20,435 -33,719

2019	Federal Worksheets Pacific Northwest Parkour Association Parkour Visions	Page 1 26-1856160		
Form 990, Part III, Line 4e Program Services Totals				
	Program Services Total Form 990 Source			
Total Expenses Grants Revenue	225,909. 225,909. Part IX, Line 25, Col 0. 0. Part IX, Lines 1-3, Col 127,390. 127,390. Part VIII, Line 2, Col	L. B Col. B Dl. A		
Form 990, Part IX, Line 11g Other Fees For Services				
CONTRACT INSTRUCTORS FUNDRAISING PROFESSIONAL SERVICES	(A) (B) (C) Management & General 7,119. 7,119. 343. 343. 911. \$ 911. \$ 100	(D) Fund- raising		
Form 990, Part IX, Line 24e Other Expenses				
FIRST AID LICENSE, FEE REFUND	(A) (B) (C) Program Management Services & General 179. 110. 110. 110. 200. 200. Total \$ 489. \$ 489. \$ 0.	(D) Fundraising 0.		

Form **990**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

For the 2019 calendar year, or tax year beginning

Return of Organization Exempt From Income Tax

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

► Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

2019, and ending

OMB No. 1545-0047

Open to Public Inspection

Form **990** (2019)

В	Check	if applicable:	C) Employ	er identifi/	cation number	
	Ad	ddress change	Pacific N	orthwes	st Parkou	r Associat	ion			26-	18561	60	
	Na	ame change	Parkour V	isions/					E	Telepho	one numbe	r	
	In	itial return	9549 Lake	Share	Boulevar	d NE				(20	6) 92	3-8864	
	-	nal return/terminated	Seattle,	WA 9811	.5					(20	0, 32	0 0001	
		mended return							، ا	2 0	eceipts \$	220	991.
	Н		F	, , , ,	1 "			lu.	(a) Is this a d				11
	Ap	pplication pending	r Name and add	ress of princip	^{αι οπιςετ:} Cai	tlin Pontr	ella		.,	'		163	X No
			Same As C					''"	(b) Are all su If "No," a	ibordinates ttach a list	. (see inst	ructions) Yes	No
<u> </u>	Tax-	exempt status:	X 501(c)(3)	501(c) () ∢ (in	sert no.) 494	7(a)(1) or	527					
J	We	bsite: ► ht	tps://par	kourvis	ions.org			H	(c) Group ex	emption n	umber 🟲		
K	Form	n of organization:	X Corporation	Trust	Association	Other ►	L Year	of formation	: 2007	Ms	State of leg	gal domicile: WA	
Pa	rt I	Summar	v				•						
	1	Briefly descri	be the organiza	ation's miss	sion or most s	significant activit	ies:Parko	our Vi	sions :	is a	non-p	rofit	
4						ing the po							
2		teaching	, design	and adv	ocacv.								
Governance													
<u>s</u>	2	Check this bo	ox ► lif the	organizatio	on discontinue	ed its operations	or dispose	ed of more	e than 259	% of its	net ass	 ets.	
						Part VI, line 1a)					3		5
•ಶ	4	Number of in-	dependent voti	ng membei	s of the gove	rning body (Par	t VI, line 1b	o)			4		5 5
Activities &	5	Total number	of individuals	employed i	n calendar ye	ar 2019 (Part V	line 2a)				5		26
≅	6	Total number	of volunteers	(estimate if	necessary)						6		0
Ac	7a	Total unrelate	ed business rev	enue from	Part VIII, colu	umn (C), line 12					7a		0.
	b	Net unrelated	l business taxa	ble income	from Form 9	90-T, line 39					7b		0.
									Prie	or Year	•	Current Ye	ear
4.	8	Contributions	and grants (Pa	art VIII, line	e 1h)					65,5	513.	101	,601.
Revenue	9	Program serv	ice revenue (P	art VIII, lin	e 2g)					181,4			,390.
Ķ	10					, and 7d)							, , , , ,
8	11		-			, 9c, 10c, and 1				1.0	914.		
	12		•			Part VIII, colum	•			248,9		228	,991.
						A), lines 1-3)							, , , , , ,
	14), line 4)							
						art IX, column (167,2	200	106	,013.
es										107,2	200.	190,	,013.
Expenses			_	•		ine 11e)							
×	b	Total fundrais	sing expenses ((Part IX, co	olumn (D), Iine	e 25) 🕨							
ш	17	Other expens	ses (Part IX, co	lumn (A), I	ines 11a-11d,	11f-24e)				96,2	281.	66,	,697.
	18	Total expense	es. Add lines 1	3-17 (must	equal Part IX	(, column (A), lir	ne 25)			263,4	189.	262	710.
	19	Revenue less	expenses. Su	btract line	18 from line 1	2				-14,5			,719.
. e									Beginning			End of Ye	
ets	20	Total assets ((Part X, line 16	5)					99	51,1			,884.
			es (Part X, line							14,6			,036.
Net Ass Fund Ba	22	Net assets or	fund halances	Subtract	ine 21 from li	ine 20				36,5			,848.
	rt II	Signatur		. Oubtract	IIIC ZI IIOIII II	1110 20				30,	007.	۷,	,040.
_	-												
com	er penal olete. D	Ities of perjury, I de Jeclaration of prepa	eclare that I have example that I have example than office	amined this ref er) is based or	urn, including acc all information of	ompanying schedules which preparer has a	and statement iny knowledge.	ts, and to the	e best of my l	knowledge	and belie	, it is true, correct	, and
٥.		Signatu	ire of officer						Date				
Sig	jn												
He	re		delia Stor		ingsworth	า			Execut	cive 1	Direc	tor	
		31			1								
			oreparer's name		Preparer's sign		Da	ate	С	heck	」 "	TIN	
Pa	id	Simone	e Bachaud		Simone	Bachaud			Se	elf-employ	ed E	01482043	
Pre	epare	er Firm's name	→ Clear	Accoun	ting								
Us	e On	ily Firm's addre			D ST STE	100			F	irm's EIN	► 84-	3592911	
			KIRKL		98034					hone no.		529-4955	
May	the I	IRS discuss th				e? (see instruct	ons)				<u>-</u>	X Yes	No

TEEA0101L 01/21/20

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

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Χ
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If 'Yes,' complete Schedule C, Part II</i>	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If 'Yes,' complete Schedule D, Part I</i>	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If 'Yes,' complete Schedule D, Part III.</i>	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If 'Yes,' complete Schedule D, Part IV</i> .	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If 'Yes,' complete Schedule D, Part V.</i>	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
á	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a		Х
ŀ	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b		Х
(: Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	11 c		Х
(Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d	Х	
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
ŀ	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Χ
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
ŀ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If 'Yes,' complete Schedule F, Parts III and IV</i>	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.	19		Х
20 a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
	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		Х

BAA TEEA0103L 07/31/19 Form **990** (2019)

Form 990 (2019) Pacific Northwest Parkour Association 26-1856160 Page 4 Part IV Checklist of Required Schedules (continued) 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 Χ Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Χ Schedule J..... 23 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 Χ **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.... 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c **d** Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?..... 24d 25 a 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 Χ **b** Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I..... 25h Χ 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% controlled entity or family member of any of these persons? *If 'Yes,' complete Schedule L, Part II.* Χ 26 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 entity (including an employee thereof) or family member of any of these Χ persons? If 'Yes,' complete Schedulé L, Part III. 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If Χ 'Yes,' complete Schedule L, Part IV..... 28a Χ **b** A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV..... 28h c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV. 28c Χ Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M...... X 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M..... 30 Χ X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I...... 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II..... Χ 32 33 Χ 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1..... Χ 34 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?..... X **b** 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 36 Χ 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 37 Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Χ Part 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

1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable..... 0 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?..... TEEA0104L 07/31/19 BAA Form **990** (2019)

Form 990 (2019) Pacific Northwest Parkour Association

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-					
	ments, filed for the calendar year ending with or within the year covered by this return 2a 26		V			
t	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X			
2.	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2.0		X		
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a 3 b		Λ		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	30				
4 6	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a	l	Χ		
ŀ	olf '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).					
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X		
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b	<u> </u>	Х		
(: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c	<u> </u>			
6 a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		Х		
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?						
7	Organizations that may receive deductible contributions under section 170(c).					
á	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?	7 a		X		
	olf 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b	<u> </u>			
(Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7с		Х		
	I If 'Yes,' indicate the number of Forms 8282 filed during the year					
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х		
Ç	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g				
ŀ	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h				
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring					
	organization have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a	<u> </u>			
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b				
	Section 501(c)(7) organizations. Enter:					
	a Initiation fees and capital contributions included on Part VIII, line 12					
	Section 501(c)(12) organizations. Enter:					
	a Gross income from members or shareholders					
	Gross income from other sources (Do not net amounts due or paid to other sources					
	against amounts due or received from them.)					
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>			
	of If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year					
	Section 501(c)(29) qualified nonprofit health insurance issuers.	12-				
č	a 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.					
	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans					
	Enter the amount of reserves on hand	14-		X		
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b		Λ		
		14D		-		
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 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.					
BAA	TEEA0105L 07/31/19	Form	990	(2019)		

Form 990 (2019) Pacific Northwest Parkour Association 26-1856160 Page 6 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year. 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 O. **b** Enter the number of voting members included on line 1a, above, who are independent. . . . 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Χ 2 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?..... Χ 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Χ 4 X Did the organization become aware during the year of a significant diversion of the organization's assets?.... 5 5 Did the organization have members or stockholders?..... Χ 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . 7 a Χ **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... Χ 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?.... X 8 a X **b** Each committee with authority to act on behalf of the governing body?..... 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses on Schedule Q..... 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10 a Did the organization have local chapters, branches, or affiliates?.... 10 a Χ b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?..... Χ b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O Χ 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13...... 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Χ to conflicts?..... 12b **c** Did the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this was done* ... See .Schedule .O Χ 12c 13 Did the organization have a written whistleblower policy?..... 13 Χ Χ 14 Did the organization have a written document retention and destruction policy?..... Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official.. See . Schedule.. 0...... X 15 a **b** Other officers or key employees of the organization...See.Schedule.Q..... X If 'Yes' to line 15a or 15b, describe the process in 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?..... Χ 16 a b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?. 16 b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > 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) available for public inspection. Indicate how you made these available. Check all that apply X Upon request Own website X Another's website 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 financial statements available to the public during the tax year. See Schedule O State the name, address, and telephone number of the person who possesses the organization's books and records

TEEA0106L 07/31/19 Form **990** (2019

BAA

Pacific Northwest Parkour Association 9549 Lake Shore Blvd NE Seattle WA 98115 (206)

Form 990 (2	2019) F	Pacific	Northwest	Parkour	Association

2	6-	. 1	Q	5	61	6	Λ
_	U		O	J	OI	v	u

Page **7**

Form 990 (2019)

Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

BAA

Check this box if neither the organization nor any relate	ed organiz	ation	con	nper	ısate	ed any	y cu	rrent officer, direct	or, or trustee.	
	(C)									
(A) Name and title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) Caitlin Pontrella	40									
Executive Dir.	0			Χ				51,716.	0.	0.
(2) Juliet Vong	2	.,		.,					0	
Director	0	Χ		Χ				0.	0.	0.
(3) Joe McSwiney	1	17		37				0	0	0
Treasurer	0	Х		Χ				0.	0.	0.
	0	Х		Х				0.	0.	0.
(5) Zachary Cohn	1	Λ		Λ				0.	0.	0.
Foundation Mgr.	0	Х						0.	0.	0.
(6)		Λ						0.	0.	0.
(10)										
(11)										
(12)										
(13)										
(14)										

As-Filed Client Copy

TEEA0107L 07/31/19

Part V	II Section A. Officers, Directors, Tru	1	Key	Em			es,	and	d Highest Com	pensated Emp	loyees	(continued)
		(B)			((•						
	(A) Name and title	Average hours per	box.	, unle	SS DE	erson	than is both or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from	Estimate	F) ed amount other
		week (list any hours for related organiza	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest co	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compens the orga and r	ration from anization related izations
		- tions below dotted line)	trustee r	al trustee		oyee	Highest compensated employee					
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Sub	ototal							>	51,716.	0.	!	0.
c Tot	al from continuation sheets to Part VII, Secti	on A						>	0.	0.		0.
	al (add lines 1b and 1c)al number of individuals (including but not limited							► ved	51,716. more than \$100,00	0. 0 of reportable comp	ensation	0.
	m the organization ► 0											Vac No
3 Did	the organization list any former officer, directline 1a? If 'Yes,' complete Schedule J for suc	tor, truste	ee, ke	y er	mple	oyee	e, or	high	nest compensated	employee	3	Yes No
	any individual listed on line 1a, is the sum of organization and related organizations greate										. 3	X
suc	h individual										. 4	Х
for	any person listed on line 1a receive or accru services rendered to the organization? If 'Yes	e comper s,' comple	isatio ete Sc	n fro	om Iule	any <i>J fo</i>	unre r suc	late ch p	ed organization or erson	ındıvıdual 	. 5	Х
1 Cor	n B. Independent Contractors Implete this table for your five highest compen Impensation from the organization. Report compen	sated ind	epend	dent	COI	ntrac	ctors	tha	it received more th	nan \$100,000 of		
	(A) Name and business add		tile Co	aleri	uai .	yeai	Ciluii	ng v	(B) Description of		(C) Compens	sation
										-	1	
	al number of independent contractors (including b 00,000 of compensation from the organization		ited to	tho	se I	isted	abo	ve)	who received more	than		
BAA	·		TEFAO	1001	07/3	21/10					Form 9	90 (2019)

. u.	Check if Schedule O contains a response or note to any	line in this Part VII	l		П
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns 1 a b Membership dues 1 b 21,022 c Fundraising events 1 c d Related organizations 1 d				
ontributions, nd Other Sim	e Government grants (contributions)	101 601			
e G	Business Code	101,601.			
enn	2a Academy Service Revenue 713940	60,892.	60,892.		
Rev	b AS Partner Camp Programs 713940	54,707.	54,707.		
Program Service Revenue	c Parkour Design 541900	11,791.	11,791.		
am	e				
ogr	f All other program service revenue				
<u>~</u>	g Total. Add lines 2a-2f	127,390.			
	 Investment income (including dividends, interest, and other similar amounts)				
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross rents 6a				
	b Less: rental expenses 6b				
	c Rental income or (loss) 6c				
	d Net rental income or (loss) ▶				
	7 a Gross amount from (i) Securities (ii) Other				
	sales of assets				
	other than inventory b Less: cost or other basis				
	and sales expenses 7b				
	c Gain or (loss)				
	d Net gain or (loss)				
Other Revenue	8 a Gross income from fundraising events (not including \$				
eve	of contributions reported on line 1c).				
rВ	See Part IV, line 18				
the	b Less: direct expenses 8b				
Ō	c Net income or (loss) from fundraising events				
	9 a Gross income from gaming activities. See Part IV, line 19				
	See Part IV, line 19				
	c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less				
	returns and allowances 10a b Less: cost of goods sold 10b				
	c Net income or (loss) from sales of inventory				
_	Business Code				
Miscellaneous Revenue					
E E	11a				
음 Ver	c				
SC.	d All other revenue				
Σ	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	228,991.	127,390.	0.	0.
BAA	TEEA	0109L 07/31/19	, , , , , ,	<u> </u>	Form 990 (2019)

Part IX | Statement of Functional Expenses

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

Do i 6b,	check if Schedule O contains a remot include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			3 1	·
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	51,716.	36,201.	15,515.	0.
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	123,350.	123,350.	0.	•
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1237330.	123/330.		
9	Other employee benefits	7,086.	2,246.	4,840.	
10	Payroll taxes	13,861.	12,697.	1,164.	
11	Fees for services (nonemployees):				
ā	Management				
ŀ) Legal	984.		984.	
(Accounting	4,510.		4,510.	
C	Lobbying				
6	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)	8,373.	7,462.	911.	
12	Advertising and promotion.	2,617.	2,617.	J11.	
13	Office expenses	9,452.	9,452.		
14	Information technology	2,079.	2,079.		
15	Royalties	_/ = /	_/ 5 - 5 - 5		
16	Occupancy	11,942.	11,942.		
17	Travel	180.	180.		
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				
23	Insurance	7,160.	7,160.		
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 O.)				
a	OTHER_EXPENSES	5,644.		5,644.	
ŀ	BUSINESS TAXES	5,384.	5,384.		
	PROGRAM EXPENSES	4,650.	4,650.		
	SHARE	3,233.		3,233.	
•	All other expenses	489.	489.		
25	Total functional expenses. Add lines 1 through 24e	262,710.	225,909.	36,801.	0.
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 ► ☐ if following SOP 98-2 (ASC 958-720).				

BAA TEEA0110L 07/31/19 Form **990** (2019)

Escrow or custodial account liability. Complete Part IV of Schedule D.....

controlled entity or family member of any of these persons

Unsecured notes and loans payable to unrelated third parties.....

Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.

Capital stock or trust principal, or current funds.....

Paid-in or capital surplus, or land, building, or equipment fund.....

Retained earnings, endowment, accumulated income, or other funds......

Total net assets or fund balances.....

Total liabilities and net assets/fund balances.....

Loans and other payables to any current or former officer, director, trustee,

key employee, creator or founder, substantial contributor, or 35%

Total liabilities. Add lines 17 through 25.....

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Organizations that follow FASB ASC 958, check here ▶

Net assets without donor restrictions

Organizations that do not follow FASB ASC 958, check here >

Net assets with donor restrictions.....

21

23

25

27

31

32

33

Fund Balances

ö

21

22

23

24

25

26

27

28

29

30

31

32

33

35,036.

35,036.

2,848.

2,848.

37,884.

11,473

14,601.

36,567.

36,567.

51,168.

Part X Balance Sheet (A) Beginning of year **(B)** End of year 1 39,271. Cash — non-interest-bearing. 49,251 Savings and temporary cash investments..... 2 2 3 Pledges and grants receivable, net..... Accounts receivable, net 1,305 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons..... 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)..... 6 7 Notes and loans receivable, net..... -12,8968 Inventories for sale or use..... 4,014. Prepaid expenses and deferred charges..... 9 612. 476. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D..... 10 a 10 c Investments – publicly traded securities..... 11 11 12 Investments – other securities. See Part IV, line 11..... 12 13 Investments – program-related. See Part IV, line 11..... 13 14 14 Intangible assets..... Other assets. See Part IV, line 11..... 15 7,019. 15 51,168. 16 37,884. 16 Total assets. Add lines 1 through 15 (must equal line 33).... 3,128 17 Accounts payable and accrued expenses..... 17 18 Grants payable 18 19 19 20 20

TFFA0111I 07/31/19 BAA Form 990 (2019)

Pa	rt XI Reconciliation of Net Assets			<u> </u>
	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	228,	991.
2	Total expenses (must equal Part IX, column (A), line 25)	2	262,	
3	Revenue less expenses. Subtract line 2 from line 1	3	-33,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		567.
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	2.	848.
Pa	rt XII Financial Statements and Reporting	 		<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XII			П
			Yes	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		103	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis	ed on a		
	b Were the organization's financial statements audited by an independent accountant?		2 b	X
•	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separ basis, consolidated basis, or both:	ate		
	Separate basis Consolidated basis Both consolidated and separate basis			
(c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi review, or compilation of its financial statements and selection of an independent accountant?	,	2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3 a	Х
1	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required au	dit		
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u> </u>	3 b	<u> </u>
BAA	TEEA0112L 01/21/20		Form 990	(2019)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

2019

Open to Public Inspection

lame o	f the	^{e organization} Pacific No:	rthwest Parkou	ır Association			Employer identific	ation number		
		Parkour Vi					26-185616			
Part		Reason for Public Cha						ctions.		
The o	rga	nization is not a private found	dation because it is: (I	For lines 1 through 12,	check o	nly one	box.)			
1		A church, convention of church	ies, or association of ch	nurches described in sect	tion 1 70 (b)(1)(A)(i).			
2		A school described in section 1	1 70(b)(1)(A)(ii). (Attach	Schedule E (Form 990 or	990-EZ).)				
3		A hospital or a cooperative h	ospital service organi	zation described in sec	tion 170	0(b)(1)(A	۸)(iii).			
4		A medical research organiza	tion operated in conju	inction with a hospital o	describe	d in sec	ction 170(b)(1)(A)(iii). E	Enter the hospital's		
		name, city, and state:								
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	L	An organization that normally r in section 170(b)(1)(A)(vi).	receives a substantial p Complete Part II.)	art of its support from a	governm	ental uni	it or from the general pu	iblic described		
8		A community trust described	in section 170(b)(1)(A)(vi). (Complete Part I	l.)					
9		An agricultural research organi	zation described in sec	tion 170(b)(1)(A)(ix) opera	ated in c	onjunctio	on with a land-grant coll	ege		
	_	or university or a non-land-grai								
		university:								
10	X	An organization that normally r from activities related to its investment income and unre June 30, 1975. See section	exempt functions—sub lated business taxable	e income (less section	ns, and	(2) no i	more than 33-1/3% of	its support from gross		
11		An organization organized a	nd operated exclusive	ly to test for public safe	ety. See	section	1 509(a)(4).			
12		An organization organized a	nd operated exclusive	ly for the benefit of, to	perform	the fun	ctions of, or to carry o	out the purposes of one		
		or more publicly supported of	rganizations describe	d in section 509(a)(1) d	r sectio	n 509(a)(2). See section 509(a	a)(3). Check the box in		
а	Г	lines 12a through 12d that de Type I. A supporting organizati	, ,							
u		organization(s) the power to re complete Part IV, Sections A	gularly appoint or elect	a majority of the director	rs or trus	stees of t	the supporting organizat	ion. You must		
b		Type II. A supporting organize management of the supporting must complete Part IV, Sect	organization vested in	ontrolled in connection the same persons that co	with its ontrol or	support manage	ted organization(s), by the supported organiza	having control or tion(s). You		
С		Type III functionally integrated organization(s) (see instruction	A supporting organizat	ion operated in connection	n with, ai	nd function d E.	onally integrated with, its	supported		
d		Type III non-functionally integ functionally integrated. The c instructions). You must com	rated. A supporting orgorganization generally	anization operated in cor must satisfy a distribu	nection	with its s	supported organization(s	s) that is not		
е		Check this box if the organiz	ation received a writte	en determination from t	the IRS	that it is	s a Type I, Type II, Typ	e III functionally		
f	Fr	integrated, or Type III non-function into the number of supported in								
a.		ovide the following information	-							
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv)	s the	(v) Amount of monetary	(vi) Amount of other		
				(described on lines 1-10 above (see instructions))	organizat in your g docur	ion listed overning nent?	support (see instructions)	support (see instructions)		
					Yes	No				
A)										
B)										
C)										
D)										
E)										
[otal										

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 begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
	Tax revenues levied for the organization'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						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4						
Sec	tion B. Total Support			_			
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	nird, fourth, or fifth	tax year as a sectio	on 501(c)(3)	▶ □
Sec	tion C. Computation of Pul	olic Support P	ercentage				
14	Public support percentage for 20	19 (line 6, columi	n (f) divided by li	ne 11, column (f))		14	%
15	Public support percentage from 2	2018 Schedule A,	Part II, line 14.			15	%
16a	33-1/3% support test—2019. If the and stop here. The organization	ne organization di qualifies as a pul	id not check the lolicly supported o	oox on line 13, an organization	d line 14 is 33-1/3	3% or more, check	this box
b	33-1/3% support test—2018. If th and stop here. The organization	e organization did qualifies as a pu	d not check a box blicly supported o	on line 13 or 16a organization	a, and line 15 is 3	3-1/3% or more, ch	neck this box
17a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstance	s' test, check this	box and stop her	e. Explain in Part	VI how
	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-ad-circumstances'	and-circumstance test. The organiz	s' test, check this ation qualifies as	box and stop her a publicly support	e. Explain in Part ed organization	VI how the►
18	Private foundation. If the organiz	zation did not che	ck a box on line	13, 16a, 16b, 17a	, or 17b, check th	is box and see inst	ructions ►

Schedule A (Form 990 or 990-EZ) 2019

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

Sac	tion A. Public Support	ssis listed below, p	nease complete r	art II.)			
	lar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions.	(a) 2015	(b) 2016	(c) 2017	(u) 2016	(e) 2019	(I) 10tai
	and membership fees received. (Do not include any 'unusual grants.')	4,776.	7,522.	123,826.	65,513.	101,601.	303,238.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's						
_	tax-exempt purpose	593,768.	517,333.	442,936.	181,483.	127,390.	1,862,910.
3	Gross receipts from activities that are not an unrelated trade or business under section 513.						0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	facilities furnished by a governmental unit to the organization without charge						0.
	Total. Add lines 1 through 5	598,544.	524,855.	566,762.	246,996.	228,991.	2,166,148.
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	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.	0.	0.	0.	0.	0.	0.
c	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
-	Public support. (Subtract line 7c from line 6.)	0.	0.	0.	0.	0.	2,166,148.
Sec	tion B. Total Support						2/200/2101
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	598,544.	524,855.	566,762.	246,996.	228,991.	2,166,148.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources				.,	.,	0.
С	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).						0.
13	Total support. (Add lines 9,	500 511	501 2	F.C	046.655	000 655	
14	First five years. If the Form 990 organization, check this box and	598,544. is for the organiza	524,855. tion's first, second	566,762. d, third, fourth, o	246,996. r fifth tax year as	228,991. a section 501(c)(3	2,166,148. B) □
Sec	tion C. Computation of Pul						
	Public support percentage for 20			ne 13, column (f)))	15	100.00 %
16	Public support percentage from 2	2018 Schedule A,	Part III, line 15			16	99.98 %
Sec	tion D. Computation of Inv	estment Incon	ne Percentage			'	
17	Investment income percentage for	or 2019 (line 10c,	column (f), divide	d by line 13, colu	ımn (f))	17	0.00 %
18	Investment income percentage for	rom 2018 Schedul	e A, Part III, line	17		18	0.00 %
	33-1/3% support tests—2019. If t is not more than 33-1/3%, check	this box and stop	here. The organi	zation qualifies a	s a publicly suppo	orted organization	d line 17
	33-1/3% support tests—2018. If the line 18 is not more than 33-1/3%	, check this box a	nd stop here. The	e organization qua	alifies as a publicl	y supported orgai	nization •
20	Private foundation. If the organiz	zation did not che	ck a box on line 1	4, 19a, or 19b, cl	heck this box and	see instructions.	
BAA	TEEA0403L 07/03/19 Schedule A (Form 990 or 990-EZ) 2019						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
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.	1		
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).	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
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.	3b		
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.	3с		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
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.	4b		
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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) 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).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5с		
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? <i>If 'Yes,' provide detail in Part VI.</i>	6		
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 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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 .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If 'Yes,' provide detail in Part VI.</i>	9b		
c	: Did a disqualified person (as defined in 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 .	9с		
l0a	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 10b below.	10a		
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.)	10b		

BAA TEEA0404L 07/03/19 Schedule A (Form 990 or 990-EZ) 2019

Pä	art IV Supporting Organizations (continued)			
11	1. Has the organization appented a gift or contribution from any of the following persons?		Yes	No
11	 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the 			
	governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	11b		
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Se	ection B. Type I Supporting Organizations			
			Yes	No
1	1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supported 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.	2		
Se	ection C. Type II Supporting Organizations	<u> </u>		
	such of type in outpertuing organizations		Yes	No
1	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).	1		
Se	ection D. All Type III Supporting Organizations			
			Yes	No
1	1. Did the executantian available each of the comparted executantians, by the local day of the fifth mouth of the			
orga yea	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?			
	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 in (2), 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		
Se	ection E. Type III Functionally Integrated Supporting Organizations			
1	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. <i>Complete line 3 below.</i>			
	c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstruc	tions).	
2	2 Activities Test. Answer (a) and (b) below.		Yes	No
	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.	2a		
	b Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
•	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? <i>Provide details in Part VI.</i>	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If 'Yes,' describe in Part VI</i> the role played by the organization in this regard.	3b		
ВА	AA TEEA0405L 07/03/19 Schedule A (Form 99	0 or 99	0-EZ)	2019

BAA

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	anizat	ions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on No	ov. 20, 1970 (explain ir st complete Sections A	n Part VI). See through E.
Sec	ction 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		
Sec	tion 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):			
- 1	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	d Total (add lines 1a, 1b, and 1c)	1d		
	e 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 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ction C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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 interest (see instructions).	egrated	Type III supporting or	ganization

Schedule A (Form 990 or 990-EZ) 2019

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)	
Sec	tion D – Distributions	Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in Part VI). See instructions.	
7	Total annual distributions. Add lines 1 through 6.	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9	Distributable amount for 2019 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

Section E — Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			
DAA		Calaadala A /Ea	000 000 E7\ 0010

BAA

Schedule A (Form 990 or 990-EZ) 2019

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes' on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

Pacific Northwest Parkour Association

	Parkour Visions	ASSOCIACION		26-1856160
Par	t Organizations Maintaining Dono	or Advised Funds or Other	Similar Funds or	
	Complete if the organization answ	wered 'Yes' on Form 990, P	art IV, line 6.	
		(a) Donor advised fund	ds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dor are the organization's property, subject to the			
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	of the donor or donor advisor, or	for any other purpos	se conferring
D				
Par	Conservation Easements. Complete if the organization answers	wordd 'Vos' on Form 990 P	art IV line 7	
1	Purpose(s) of conservation easements held by			
•	Preservation of land for public use (for example)	,	<u></u> ,,	historically important land area
	Protection of natural habitat	sic, recreation of education,		a certified historic structure
	Preservation of open space			Tookinga matana anadara
2	Complete lines 2a through 2d if the organization hast day of the tax year.	neld a qualified conservation contribu	ition in the form of a c	conservation easement on the
				Held at the End of the Tax Year
a	Total number of conservation easements		2	2a
ŀ	Total acreage restricted by conservation easer	ments	2	?b
(: Number of conservation easements on a certif	fied historic structure included in ((a) 2	?c
C	Number of conservation easements included in structure listed in the National Register	n (c) acquired after 7/25/06, and r	not on a historic	ł d
3	Number of conservation easements modified, trar tax year ►	nsferred, released, extinguished, or to	erminated by the orga	nization during the
4	Number of states where property subject to conse	ervation easement is located >		
5	Does the organization have a written policy re and enforcement of the conservation easemer			
6	Staff and volunteer hours devoted to monitoring, i	inspecting, handling of violations, an	d enforcing conservati	ion easements during the year
7	Amount of expenses incurred in monitoring, insper ▶\$	ecting, handling of violations, and en	forcing conservation e	easements during the year
8	Does each conservation easement reported or and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requir	rements of section 1	70(h)(4)(B)(i)
9	In Part XIII, describe how the organization repinclude, if applicable, the text of the footnote conservation easements.	orts conservation easements in it to the organization's financial stat	s revenue and exper ements that describe	nse statement and balance sheet, and es the organization's accounting for
Par	Organizations Maintaining Colle Complete if the organization answ	ctions of Art, Historical Tre wered 'Yes' on Form 990, P	easures, or Othe Part IV, line 8.	r Similar Assets.
1 a	If the organization elected, as permitted under historical treasures, or other similar assets he Part XIII the text of the footnote to its financia	ld for public exhibition, education,	or research in furth	nt and balance sheet works of art, erance of public service, provide in
ŀ	If the organization elected, as permitted under historical treasures, or other similar assets held for following amounts relating to these items:	or public exhibition, education, or res	earch in furtherance o	of public service, provide the
	(i) Revenue included on Form 990, Part VIII,			
	(ii) Assets included in Form 990, Part X \dots			
	If the organization received or held works of art, hamounts required to be reported under FASB	ASC 958 relating to these items:		
	Revenue included on Form 990, Part VIII, line			
	Assets included in Form 990, Part X			
BAA	For Paperwork Reduction Act Notice, see the	Instructions for Form 990.	TEEA3301L 8/22/19	Schedule D (Form 990) 2019

rait iii Organizations maintaining cont	ctions of Art, misto	ilcai ilcasaics, oi	Other Similar A33	C13 (CO	Turiu	<i>5u)</i>
3 Using the organization's acquisition, accession, a items (check all that apply):	and other records, check ar	ny of the following that m	nake significant use of its	collection		
a Public exhibition	d Loan o	or exchange program				
b Scholarly research	e Other					
c Preservation for future generations	Ш					
4 Provide a description of the organization's collect Part XIII.	tions and explain how they	further the organization'	s exempt purpose in			
5 During the year, did the organization solicit or to be sold to raise funds rather than to be ma	r receive donations of art	, historical treasures, cranization's collection	or other similar assets	Yes	Γ	No
Part IV Escrow and Custodial Arranger line 9, or reported an amount on	nents. Complete if the	ne organization an			, Part	īV,
1 a Is the organization an agent, trustee, custodia	an or other intermediary	for contributions or oth	er assets not included			
on Form 990, Part X?				Yes	_	No
3		3		Amount		
c Beginning balance			1c			
d Additions during the year						
e Distributions during the year						
f Ending balance.						
· · · · · · · · · · · · · · · · · · ·				V		TN-
2a Did the organization include an amount on Fo			-		L	No
b If 'Yes,' explain the arrangement in Part XIII.	Check here if the explan	ation has been provide	ed on Part XIII		· · · · L	_
Part V Endowment Funds. Complete if	the organization and			<u>าе 10. </u>		
(a) Curren	t year (b) Prior year	(c) Two years back	(d) Three years back	(e) Fo	our years	back
1 a Beginning of year balance						
b Contributions						
- N. I.						-
c Net investment earnings, gains, and losses						
d Grants or scholarships				+		
'				+		
e Other expenditures for facilities and programs						
f Administrative expenses				+		
q End of year balance				+		
2 Provide the estimated percentage of the curre	and constant and halance (lin	- 1				
, -	ent year end balance (iin	e rg, column (a)) neid	as:			
a Board designated or quasi-endowment ▶						
b Permanent endowment ►	5					
c Term endowment ► %						
The percentages on lines 2a, 2b, and 2c should e	equal 100%.					
3 a Are there endowment funds not in the possession	of the organization that a	ro hold and administored	1 for the			
organization by:	i oi tile organization tilat a	re neiu anu auministeret	i ioi tile	_	Yes	No
(i) Unrelated organizations				3a(i)		-
(ii) Related organizations						
b If 'Yes' on line 3a(ii), are the related organiza						
				JU		
4 Describe in Part XIII the intended uses of the	-	iit iulius.				
Part VI Land, Buildings, and Equipmen		000 5	11 0 =			
Complete if the organization ans	swered 'Yes' on Forn	n 990, Part IV, line	: 11a. See Form 99	0, Part	X, lir	ne 10.
Description of property	(a) Cost or other basis	(b) Cost or other	(c) Accumulated	(d) B	ook va	lue
	(investment)	basis (other)	depreciation			
1 a Land						
b Buildings						
c Leasehold improvements						
d Equipment						
e Other	-					
Total. Add lines 1a through 1e. (Column (d) must e		olumn (R) line 10c)	>			0.
(a) made of the contract of the contr		(-), 100.)				U.

Schedule D (Form 990) 2019

BAA

Part VII Investments – Other Securities.		N/A	
Complete if the organization answered		ľ	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-	year market value
(1) Financial derivatives			
(2) Closely held equity interests			
+			
(A) (B)			
(C)			
(D)			
(D) (E)			
(F)			
(G)			
(H)			
(1)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •		NT / 7	
Part VIII Investments — Program Related. Complete if the organization answered	'Yes' on Form 990). Part IV. line 11c. See Form 99	0. Part X. line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	
(1)			
(2)			
(3)			
_ (4)			
_ (5)			
(6)			
<u>(7)</u>			
(8) (9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶			
Part IX Other Assets.	IV I	Down IV lines 11 d. Coo Forms Of	00 Dawl V III. 15
Complete if the organization answered	scription	J, Part IV, line 11d. See Form 95	(b) Book value
(1) RENT/UTLITIES DEPOSITS	50.150.011		5,699.
(2) UNDEPOSITED FUNDS			1,320.
(3)			
<u>(4)</u>			
(5) (6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (E	3) line 15.)	>	7,019.
Part X Other Liabilities. Complete if the organization answered 'Yes' on Fo	orm 990 Part IV line 1	1e or 11f See Form 990 Part X line 25	
	ption of liability	10 01 111. 000 1 0111 000, 1 are X, 1110 20.	(b) Book value
(1) Federal income taxes	·		
(2) OTHER			35,036.
(3)			
(4) (5)			
(6)			
(7)			
(8)			
(9)			
<u>(10)</u> (11)			
i otai. (ουιαιτιί (μ) πιαδι σγααί FULΠΙ 330, Falt Λ, CUIUΠΠΙ (D) ΠΠΕ 23.)		.	35 N3 <i>6</i>
		nancial statements that reports the organization's I	35,036.
2. Liability for uncertain tax positions. In Part XIII, provide the text of the foctax positions under FASB ASC 740. Check here if the text of the footnote has	otnote to the organization's fi	nancial statements that reports the organization's I	iability for uncertain

Part XI Reconciliation of Revenue per Audited Financial Statement		eturn N/A
Complete if the organization answered 'Yes' on Form 990, Pa	-	.taiii. 11/ 22
1 Total revenue, gains, and other support per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2 a	
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d.		2 e
3 Subtract line 2e from line 1.		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
b Other (Describe in Part XIII.)	4 b	
c Add lines 4a and 4b		4 c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5
Part XII Reconciliation of Expenses per Audited Financial Statement Complete if the organization answered 'Yes' on Form 990, Part XII		Return. N/A
1 Total expenses and losses per audited financial statements		1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities	2 a	
b Prior year adjustments	2 b	
c Other losses.	2 c	
d Other (Describe in Part XIII.)	2 d	
d Other (Describe in Part XIII.) e Add lines 2a through 2d.		2 e
,		2 e 3
e Add lines 2a through 2d		
 e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 	4a	
e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. b Other (Describe in Part XIII.)	4 a 4 b	3
 e Add lines 2a through 2d. 3 Subtract line 2e from line 1. 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b. 	4 a 4 b	

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

BAA Schedule D (Form 990) 2019

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Pacific Northwest Parkour Association Parkour Visions

Employer identification number 26–1856160

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

Our financials were prepared and presented to the Board throughout the year by the Treasurer and the Executive Director. The 990 is sent out to the board via email before submittal but no formal review is done.

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

Whenever any member of the Board or senior staff raises the potential of something being a conflict of interest (regardless of if it involves them) we review the policy and determine. We also review our conflict of interest in our bylaws each year and sign off on it.

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

Executive session of the Board of Directors reviewed salaries on the basis of Wages and Benefits Summary reports of other nonprofits and the entire Board voted on raising the percentage of gross expenses allowed to payroll. This review was last done in 2019 for all full-time staff members.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Executive session of the Board of Directors reviewed salaries on the basis of Wages and Benefits Summary reports of other nonprofits and the entire Board voted on raising the percentage of gross expenses allowed to payroll. This review was last done in 2019 for all full-time staff members.

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

Upon request and on review of sensitive information. 990 on GuideStar