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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No. 1545-1150

2008**Open to Public
Inspection**

A For the 2008 calendar year, or tax year beginning **7/1/2008**, and ending **6/30/2009**

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

C Name of organization
IAF Northwest
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
649 Strander Blvd B
 City, town, or country State ZIP + 4
Tukwila WA 98188

D Employer identification number
91-1499816

E Telephone number
(206) 575-2252

F Group Exemption Number . . . ▶

G Accounting method: ☐ Cash ☒ Accrual
 Other (specify) ▶

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **justicealliancefund.org**

J Organization type (check only one)— ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **610,572**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	448,200
	2 Program service revenue including government fees and contracts	2	83,952
	3 Membership dues and assessments	3	77,025
	4 Investment income	4	1,395
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	0
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
	b Less: direct expenses other than fundraising expenses	6b	0
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe ▶)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	610,572	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	258,053
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	100,957
	13 Professional fees and other payments to independent contractors	13	94,530
	14 Occupancy, rent, utilities, and maintenance	14	
	15 Printing, publications, postage, and shipping	15	706
	16 Other expenses (describe ▶ See attached statement)	16	145,690
	17 Total expenses. Add lines 10 through 16	17	599,936
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,636
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	192,542
	20 Other changes in net assets or fund balances (attach explanation)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	203,178

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.
 (See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	104,516	187,214
23 Land and buildings		
24 Other assets (describe ▶ Accounts Receivable & Equipment less Depreciation)	100,673	18,852
25 Total assets	205,189	206,066
26 Total liabilities (describe ▶ Accounts Payable & Accrued Expenses)	12,647	2,888
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	192,542	203,178

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.
(HTA)Form **990-EZ** (2008)

SCANNED MAY 24 2010

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

What is the organization's primary exempt purpose? leadership development & organizing for economic justice
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28	Leadership and Organizer Development- see attached description		
	(Grants \$ <u>234,000</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	353,794
29	Strategic Initiatives- see attached description		
	(Grants \$ <u>24,053</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	190,505
30			
	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
31	Other program services (attach schedule)		
	(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32	Total program service expenses. (add lines 28a through 31a)	32	544,299

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address		(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>Joe Chrastil</u>	Str <u>649 Strander Blvd, Su</u>	Title <u>Lead Organizer</u>			
City <u>Tukwila</u>	ST <u>WA</u> ZIP <u>98188</u>	Hr/WK <u>20.00</u>	<u>41,798</u>	<u>2,090</u>	<u>0</u>
Name <u>Terry Moe</u>	Str <u>649 Strander Blvd, Su</u>	Title <u>President & Bd mem</u>			
City <u>Tukwila</u>	ST <u>WA</u> ZIP <u>98188</u>	Hr/WK <u>2.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Shirley Bondon</u>	Str <u>649 Strander Blvd, Su</u>	Title <u>Vice Pres & Bd mem</u>			
City <u>Tukwila</u>	ST <u>WA</u> ZIP <u>98188</u>	Hr/WK <u>1.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Margaret Klubben</u>	Str <u>649 Strander Blvd, Su</u>	Title <u>Secretary & Bd mem</u>			
City <u>Tukwila</u>	ST <u>WA</u> ZIP <u>98188</u>	Hr/WK <u>1.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Don Mitchell</u>	Str <u>649 Strander Blvd, Su</u>	Title <u>Treasurer & Bd mem</u>			
City <u>Tukwila</u>	ST <u>WA</u> ZIP <u>98188</u>	Hr/WK <u>1.50</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Austin DePaolo</u>	Str <u>649 Strander Blvd, Su</u>	Title <u>Board member</u>			
City <u>Tukwila</u>	ST <u>WA</u> ZIP <u>98188</u>	Hr/WK <u>.50</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Cherry Harris</u>	Str <u>649 Strander Blvd, Su</u>	Title <u>Board member</u>			
City <u>Tukwila</u>	ST <u>WA</u> ZIP <u>98188</u>	Hr/WK <u>.50</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Charles Lienert</u>	Str <u>649 Strander Blvd, Su</u>	Title <u>Board member</u>			
City <u>Tukwila</u>	ST <u>WA</u> ZIP <u>98188</u>	Hr/WK <u>.50</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Maggie Crain</u>	Str <u>649 Strander Blvd, Su</u>	Title <u>Board member</u>			
City <u>Tukwila</u>	ST <u>WA</u> ZIP <u>98188</u>	Hr/WK <u>.50</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name <u>Lynn Macdonald</u>	Str <u>649 Strander Blvd, Su</u>	Title <u>Board member</u>			
City <u>Tukwila</u>	ST <u>WA</u> ZIP <u>98188</u>	Hr/WK <u>.50</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name	Str	Title			
City	ST ZIP	Hr/WK	<u>.00</u>	<u>0</u>	<u>0</u>
Name	Str	Title			
City	ST ZIP	Hr/WK	<u>.00</u>	<u>0</u>	<u>0</u>
Name	Str	Title			
City	ST ZIP	Hr/WK	<u>.00</u>	<u>0</u>	<u>0</u>
Name	Str	Title			
City	ST ZIP	Hr/WK	<u>.00</u>	<u>0</u>	<u>0</u>
Name	Str	Title			
City	ST ZIP	Hr/WK	<u>.00</u>	<u>0</u>	<u>0</u>
Name	Str	Title			
City	ST ZIP	Hr/WK	<u>.00</u>	<u>0</u>	<u>0</u>
Name	Str	Title			
City	ST ZIP	Hr/WK	<u>.00</u>	<u>0</u>	<u>0</u>

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved. N/A 38b 0		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9. N/A 39a		
b	Gross receipts, included on line 9, for public use of club facilities. N/A 39b		
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	Section 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I.		X
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. ▶ 0		
d	Enter amount of tax on line 40c reimbursed by the organization. ▶ 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
41	List the states with which a copy of this return is filed. ▶ WA		
42 a	The books are in care of ▶ Name Joe Chrastil Telephone no. ▶ (206) 575-2252 Located at ▶ 649 Strander Blvd, Suite B City Tukwila ST WA ZIP + 4 ▶ 98188		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42b			X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ▶		X
42c			X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year. ▶ 43 N/A		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51.

- 46 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. **Yes** **No**
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **46** **47** **48** **49a** **49b**
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. **X** **X** **X** **X** **X**
- 49 a Did the organization make any transfers to an exempt non-charitable related organization? **49a** **49b**
- b If "Yes," was the related organization(s) a section 527 organization? **X** **X**
- 50 Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Total number of other employees paid over \$100,000 ▶		0	0	0

- 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str		
City ST ZIP		0
Name Str		
City ST ZIP		0
Name Str		
City ST ZIP		0
Name Str		
City ST ZIP		0
Name Str		
City ST ZIP		0
Total number of other independent contractors each receiving over \$100,000 . . . ▶		0

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

Signature of officer Joe Chrostil Date 4/13/2010

Type or print name and title Joe Chrostil, Lead Organizer

Paid Preparer's Use Only Preparer's signature Kathy Donaldson Date 3/24/2010 Check if self-employed ☒ Preparer's Identifying Number (See instructions) EIN ▶

Firm's name (or yours if self-employed), address, and ZIP +4 Kathryn Donaldson 1924 SE 35th Avenue, Portland, OR 97214 Phone no. (503) 233-6078

May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

Employer identification number

IAF Northwest

91-1499816

Part I Reason for Public Charity Status (All organizations must complete this part.) (see instructions)

The organization is not a private foundation because it is: (Please check only one organization.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H)
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 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 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
- a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports.

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	392,325	293,049	370,120	434,118	448,200	1,937,812
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
4 Total. Add lines 1-3	392,325	293,049	370,120	434,118	448,200	1,937,812
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)						1,206,132
6 Public support. Subtract line 5 from line 4.						731,680

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	392,325	293,049	370,120	434,118	448,200	1,937,812
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	735	1,638	3,610	3,701	1,395	11,079
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
11 Total support. Add lines 7 through 10						1,948,891
12 Gross receipts from related activities, etc. (see instructions.)					12	248,533
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	37.54%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	36.32%
16a 33 1/3% support test—2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances-test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0			0
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	0	0	0			0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
6 Total. Add lines 1-5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c 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 IV.)	0	0	0			0
13 Total support. (Add lines 9, 10c, 11, and 12.)						0
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.00%
19a 33 1/3% support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 33 1/3% support tests—2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	<input type="checkbox"/>	

Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

[illegible]

Part I, Line 10 Grants and similar amounts paid

Sound Alliance PO Box 508, Kent, WA 98035 Grants for leadership development; and organizing, public education and energy policy related research.	120,500
Spokane Alliance 1526 E. 11 th Avenue, Spokane, WA 99202 Grants for leadership development; and organizing, public education and energy policy related research.	92,053
Metropolitan Alliance for the Common Good 1244 NE 39 th Avenue, Portland, OR 97232 Grants for leadership development; and organizing, public education and energy policy related research.	45,500
Total	258,053

Part I, Line 16 Other Expenses

IAF Training contract	\$92,525
Conferences & meetings	24,512
Travel	15,587
Management & Fundraising services by Sound Alliance	4,801
Liability insurance	3,771
Telephone & internet	2,364
Supplies	1,070
Fees & misc	<u>1,060</u>
Total	\$145,690

Part III, Program Service Accomplishments

Accomplishments for the IAF Northwest are focused in the areas of Leadership & Organizer Development and Strategic Initiatives. Support is provided to both fully operational affiliated organizations and to more informal "sponsoring committees" working to build new broad based organizations in their communities. Affiliates include: Metropolitan Alliance for Common Good (Portland OR); Spokane Alliance; Sound Alliance (Seattle-Tacoma), Greater Edmonton Alliance (Alberta) and Sydney Alliance (Australia). Sponsoring committees exist in the North Sound, Vancouver and Calgary.

Part III, Program Service Accomplishments (cont.)

Line 28. Leadership & Organizer Development \$353,794

Supported the development of leaders and organizers by:

- Providing weekly phone consultation and on-site mentoring support to organizers in affiliated organizations and to key leader-organizers in sponsoring committees;
- Conducting two Advanced 6-Day Leadership Institutes for over 70 people, including the first of its kind in Australia (in conjunction with the newly forming Sydney Alliance);
- Organizing 3 multi-day seminars for the professional organizers employed by the IAF NW affiliates;
- Conducting two strategic planning retreats for key leaders and organizers from all IAF NW affiliates and local retreats for leaders in Portland, Vancouver, North Sound;
- Raising funds and making controlled grants the affiliates for strategic charitable activities.

Line 29. Strategic Initiatives \$190,505

Continued to develop SustainableWorks as an effective model for creating jobs for disadvantaged constituencies, reducing energy consumption & costs for low and moderate income home and small business owners, cutting carbon emissions and building community capacity by:

- Refining and testing a 48-hour "building systems" training program for members of the mechanical trades (plumbers and pipefitters, sheet metal workers, and electricians).
- Replicating the training and organizational infrastructure in the Puget Sound area.
- Training building systems trainers in both Spokane and the Puget Sound.
- Training 80 trades people in the systems approach.
- Developing a 44 hour energy auditor training program in conjunction with Washington State University and training 14 energy auditors
- Auditing and retrofitting eight homes in the Spokane area as a pilot project.
- Creating a Business Advisory Committee to develop a business plan for taking the project to mass scale.

Part V, Income from Program Service Activities not reported on 990-T

Leadership development fees. Fees earned in the course of work to train leaders and organizing staff. (\$33,952)

Consulting fees. Fees earned through organizing consulting work that benefits community organizing initiatives in the northwest region. (\$50,000)

Membership dues. Dues and assessments are paid by IAF affiliates in the northwest who pay to participate in IAF NW's social and economic justice work as well as leadership and organizer development programs. (\$55,012)

STATE OF WASHINGTON



SECRETARY OF STATE

IAF NORTHWEST

JOE CHRASTIL
649 STRANDER BLVD STE B
TUKWILA WA 98188

AMENDMENT

I, Sam Reed, Secretary of State of the State of Washington and custodian of its seal, hereby certify that documents meeting Washington statutory requirements have been filed and processed with the Secretary of State on behalf of:

IAF NORTHWEST

A Washington Non-Profit Corporation
UBI: 601 275 726
Filing Date: July 10, 2009
Effective Date: July 10, 2009

Previous Name:

JUSTICE ALLIANCE EDUCATION FUND



Given under my hand and the seal of the State of Washington at Olympia, the State Capital.

Sam Reed, Secretary of State