

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the 2	2009 cale	ndar yea	ar, or tax year begins	ning			, a	nd en	ding					
В	Check if appl	6cable	Please	C Name of organization	on Northwe	st Federation	of Com	nmunity	Orga	nizatio	D Employe	r identifi	cation numl	per	
	Address ch	range	use IRS label or	Doing Business As							91-163555	4			
	Name char	nge	print or type.	Number and street	(or P O. box if mail	s not delivered to	street ad	idress)	Roc	om/suite	E Telephon		er .	_	
Ц	Initial retur	n	See	3518 S. Edmunds	Street						(206) 568-	5400			
Ц	Terminated	đ	Specific Instruc-	City or town, state of	or country, and ZIP			_		1					
니	Amended r	Ť	tions.	Seattle		W	Α	981	<u> 18</u>		G Gross rec	ceipts \$		<del></del>	1,709
Ш	Application	n pending	F N	lame and address of p	orincipal officer				- {	H(a) is t	ns a group re	turn for a	ffiliates?	Yes_	X No
			LeeAnn	Hall 3518 S. Edmu	unds Street, Sea	attle, WA 981	118			H(b) Are	all affiliates ii	ncluded?	· [	Yes	No
Ι.	Гах-exem	pt status	X 50	)1(c) ( 3) <b>∢</b> (i	nsert no.)	4947(a)(1) o	r 🗍	527		H "I	No," attach a l	ıst. (see	instructions)		
J	Nebsite:	► www	v.nwfco.	orq		<del>_</del>	<del></del>			H(c) Gro	up exemption	number	•		
	orm of org		F	orporation Trust	Association	Other ▶			Year	of forma			State of legal	dominie.	1010
	Part (		nmary	TPOTABOTT TRASE						Or IOTHIA	1994	+ 1 - 1 - 1	Oute or legal		WA
	_			the organization's m	niesion or most	significant ac	hvitiae:	NNA/I	FCO :	focusor	d on provid	ing out	reach edu	cation	
				ing to community or		-									
8				oncems of small bu											
Activities & Governance				aining program for											
9				▶ if the organ											
ဓ				g members of the g		•		•				3	l asseis.		13
8			-	endent voting mem		•	•					4			13
ž	3			employees (Part V,	_				-			5	<b>-</b>		17
支				volunteers (estimat	•							6			375
_				lated business reve								7a	<del></del>		0
		_		isiness taxable inco								7b			<del></del> 0
	<del>                                     </del>	1100 01110	iotoo bo	ionicoo usadoic inoc	<u> </u>	000 1, 1110 0	· · · · · · · · · · · · · · · · · · ·	····	Ė		Prior Year		Cur	rent Year	
	8	Contribu	tions an	d grants (Part VIII,	line 1h)							12,070	<del> </del>		6,216
97				revenue (Part VIII,	•							36,869	<del> </del>		3,627
Revenue	10	-		me (Part VIII, colum								4,857	<del></del>		1,866
8	11			Part VIII, column (A		•			-			.,			0
			-	ld lines 8 through 11 (	-						1 2	53,796		1 34	1,709
				ar amounts paid (P								23,000	+		4,375
	1			or for members (Pa					i						0
	15		-	compensation, empl	•	•					4	13,114		38	32,393
868	16a			draising fees (Part											0
Expenses	b			jexperises (Part IX					3.202	-			1		
ă	17			(Part IX, column (A							2	67,742		26	51,523
				Add lines 13-17 (n							7	03,856		72	28,291
	19	Revenue	elless ex	cpensesilSuptract li	ne 18 from line	12					5	49,940			3,418
Assets or		141		lirl						Beginn	ing of Curre	nt Year	En	of Year	
<b>8</b>	20	totaras	sets (Pa	ırt X, line (16)							1,5	89,112		2,88	34,047
Š.				Part X=line-26)=								83,349		76	34,866
X No.		Net asse	ets or fur	nd balances. Subtra	act line 21 from	line 20	· · · · ·	<u></u>	<u></u>		1,5	<u>05,763</u>		2,11	9,181
Р	art II		nature									· · · · · · · · · · · · · · · · · · ·			
				s of perjury, I declare tha											
		ano c	xelier it is	true, comect, and comple	ete. Decupitation of p	reparer (omer tri	an omcer)	is based	on all	mormau	on or which pr	eparer na	as any known	eage	
		[ ].	-(//)	100/100	Arey	•					1	81	1411	$\wedge$	
Si	gn			of officer	<u> </u>						i Date	0	<del>- 110</del>	<u> </u>	
Н	ere		Le	eann Ha	U も	xectiv	~ ]	Je vx	6×6		- Date		•		
		<b> </b>	Type or n	nnt name and title	بر بر	ALC: N	<u>~_ ^</u>	311		·UV		<del></del>			
_		Prepa		for 1	$\overline{}$		Date		Ch	neck if	····	Prepa	arer's identify	ng numbe	г
Pa	id	signa		Mala	Laurela	_			se		ু তো	(see m	structions)	_	
	eparer's	8/10/2010 emptoyed • X													
	e Only	Fum:	Firm's name (or yours f self-employed),							EIN I	<u> </u>				
	<b>,</b>	address, and ZIP + 4 1924 SE 35th Ave, Portland, OR 97214						Phone no ► (503) 233-6078							
M	v the IR			turn with the prepar										Yes	No
_	<del></del>			ork Reduction Act No		<del></del>				<u> </u>	· · · · ·			om 990	
(HT.	•	ALL AIIU	abetwo	ar vocacanu Act MC	/uve, see are 30	Zeraus miðu utt	4VII).				<b>ر</b> م	)7	r	July 330	(2003)

4e Total program service expenses ▶

Pa	Statement of Program Service Accomplishments	
1	Briefly describe the organization's mission:	
	To support community organizing that promotes social welfare of poor and working people, and to provide financial support f	or
	ctivities that promote social welfare, and other charitable and educational purposes.	
2	Did the organization undertake any significant program services during the year which were not listed on	٦
	he prior Form 990 or 990-EZ?	No
_	f "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	٦
	services?X Yes	No
4	f "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	
	anocations to outlood, the total expenses, and referred, if any, for each program control reported.	
4a	Code: ) (Expenses \$ 351,830 including grants of \$ 84,375 ) (Revenue \$ 31,802	2)
	Research, Issue Education and Outreach. NWFCO provided technical assistance, policy updates, and educational materials	~ *
	nealth care and grassroots organizations across the country through the Health Rights Organizing Project website and listse	
	egular conference calls, and in-person meetings. NWFCO also organized educational activities around the country to highli-	
	acial disparities in health. NWFCO trained 200 grassroots leaders, organizational heads, and faith leaders to educate other	s on
	mmigration and the immigration system, as well as distributing a board game and video to facilitate these conversations.	
	NWFCO produced reports on: living wage and the job gap; Native health; racial disparities and health. Following their public	ation,
	provisions on Native health and health disparities were included in health/health care policy proposals. NWFCO also worked	<u>l</u>
	with Main Street Alliance to research and produce reports on small business health care issues and financial reform.	
	0 \	
4b	Code:  (Code: (C	ر ب
	educational forums attended by over 900 participants. Leaders and staff from more than 70 organizations nationwide	
	participated in these trainings. They included skills trainings (public speaking, community organizing, etc.) and issue training	 IS
	on topics ranging from racial disparities in health to the causes of the recession. Events ranged from our Summer Leadershi	
	Conference, providing training and relationship-building for over 300 grassroots leaders from the region and the country,	
	o webinars in which NWFCO trained organizers from 45 states on health equity issues. NWFCO supported national, state,	
	and local organizing campaigns to increase access to health care, address racial disparities, advance economic equity, and	
	support immigrant rights. NWFCO also worked to support the development of a national network of 11 small business	
	organizations called Main Street Alliance. Staff went on site to train staff and leaders on outreach, public education and	
	eadership development.	
_	/O-d	2.
4c	(Code: ) (Expenses \$ 29,319 including grants of \$ 0 ) (Revenue \$ 1,200	•
	Organizational Development. NWFCO invested significant resources in developing our member organizations' and partners' management skills and technology. NWFCO organized three Executive Director meetings with member organizations, focus	
	on fundraising, development and review of annual plans. NWFCO held a financial management training for 27 administrative	
	and board members from Seattle-based social justice organizations. In addition, NWFCO provided two trainings on board	2 01011
	participation for board members in Oregon and Washington, as well as providing time management and supervision training	s.
	NWFCO also held one on one meetings with Executive Directors of immigrant organizations on an as-needed basis. These	/31
	meetings included reviewing model Board of Director policies and staff management strategies. NWFCO also continued to	
	nvest in supporting the emerging small business organizations that are part of Main Street Alliance.	
4d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ 9,201 including grants of \$ 0 ) (Revenue \$ 0)	
4e	Total program service expenses ► 595,585	

Part IV

			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?	2	X	
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	- 1	Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			$\overline{}$
•	Part II	4	х	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice.		$\stackrel{\sim}{}$	
•	and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			<b> </b>
U	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			l
		ا ۽ ا		V
-	complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	_	- 1	
_	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			Á
	Schedule D, Part VI.			
•	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.			
•	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.			
•	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.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax Yes No			
•	year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
_	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			<u> </u>
10	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	<del>ٺ</del> ا		<del>  ^`</del>
11	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
10				<del>  ^</del>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	40		
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	40		
	If "Yes," complete Schedule G, Part III	19		X
<u> 20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х

· Part IV **Checklist of Required Schedules** (continued)

		1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		<u>X</u>
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 25	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? NIA	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defense any tax exempt heads?	١		
_	to delease any tax-exempt bonds:	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? N/A	24d		<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	[		
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	054		l
	990-EZ? If "Yes," complete Schedule L, Part I	25b		<u> </u>
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	20		
^=	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?  If "Yes." complete Schedule L. Part III.	27		х
20	If "Yes," complete Schedule L, Part III	21		┝
28	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i>	28a		х
	A family member of a current or former officer, director, trustee, or key employee? <i>If</i> "Yes," <i>complete</i>	200		<del>-^-</del>
	Schedule L, Part IV	28b		х
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			<u> </u>
Ŭ	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
••	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		<u> </u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	Х	<u></u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	l		
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	1		
	organization? If "Yes," complete Schedule R, Part V, line 2	36	X	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part		1	
	VI	37	<u> </u>	<u> X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		ĺ	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	Щ_
		Ear	uun	(2000)

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		1	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	-'-	<del>^</del>	
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 17			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	ĺ	ľ	
	this return?	3a	İ	Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶		İ	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		Х
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6Ь		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
_	and services provided to the payor?	7a		Х
b	100, and the organization from the define of the goods of contract provided in the contract	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	-/-		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
•	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? N/A	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
_	organization, nave excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.  Did the organization make any tayable distributions under section 49662	9a		
a b	Did the organization make any taxable distributions under section 4966?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	-25		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . NIA 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)		ļ	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? NIA	12a		ļ
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A   12b			
			DOD.	

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 in Schedule O. See instructions.

Sect	on A. Governing Body and Management	<del>-                                    </del>		<u>.                                    </u>
12	Enter the number of voting members of the governing body		Yes	No
1a b	Enter the number of voting members that are independent	1 1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Χ	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u>X</u>
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	x	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
_	The governing body?	8a	X	
a b	Each committee with authority to act on behalf of the governing body?	8b	^	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	-		
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a	1	х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters.	405		
44	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13.	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		<del> </del>
С	describe in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
•••	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ļ		
а	The organization's CEO, Executive Director, or top management official.	15a	Х	<u> </u>
b	Other officers or key employees of the organization	15b		
	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?	16a		x
_	with a taxable entity during the year?	100		<u> </u>
þ	its posticipation in joint venture arrangements under applicable federal tay law, and taken stens to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		1
Sec	tion C. Disclosure	,	Ļ	<del></del>
<u>360</u> 17	List the states with which a copy of this Form 990 is required to be filed ► OR, WA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only	ν)	********	
	available for public inspection Indicate how you make these available Check all that apply.	.,		
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interes	t		
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► LeeAnn Hall (206) 568-54			
	3518 S. Edmunds Street, Seattle, WA 98118			

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- 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. 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			(6	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Post Individual trustee or director	•		Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Bev DeLeonardis Chair & Board member	5	x		x				0	0	. 0
Deana Knutsen Secretary/Treasurer & Board member	3			x				0		0
Adan Ramirez Vice Chair & Board member	3	х		x				0	0	0
JoAnn Bowman Board member	4	х						0	0	0
Jason McKain Board member	3	X						0	0	0
Board member	5	х					_	0	0	O
Terri Sterling Board member	4	х						0	0	c
Ramon Ramirez Board member	3	х						0	0	C
Rowena Pineda Board member	4	х						0	0	C
Will Pittz Board member	4	х			L			o	0	c
Danny Hosang Board member	1	x		ļ_				0	0	C
Lupita Ayon Board member	3	х						0	0	C
Shannon Olive Board member	1	X_	ļ.,					0	0	(
LeeAnn Hall Executive Director (see Sched O)	36		_	x		!		76,167	0	13,829
	·	<del>                                     </del>	T							

Par	t VII Section A. Officers, Directors, Tru	stees, Key En	nploy	ees,	and	Hig	hest	Co	mpensated Em	ployees (co	ontinue	<u>d)</u>	
	(A)	(B)				<b>C)</b>			(D)	(E)	- 1	(F)	
	Name and title	Average hours per week	or director		(checi Officer		Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensate from relate organizatio (W-2/1099-M	on ed ins	Estimation amount of the compens from the organization and relations and relations are constructed as the compens of the compe	of ation ne tion ted
										_			
		<del> </del>											
			ļ					<u> </u>					
										: 			
										· · · · · · · · · · · · · · · · · · ·			
					<u></u>								
<u>1b</u> 2	Total	t limited to tho	se lis	ed a	bove	e) wt	no re	. ► ceive	76,167 ed more than \$1		0	1	3,829
	reportable compensation from the organizat				<u>0</u>							Yes	No
3	Did the organization list any <b>former</b> officer, of employee on line 1a? <i>If</i> "Yes," complete Sch	nedule J for su	ch ind	lividu	ual .	٠.					3		Х
4	For any individual listed on line 1a, is the su the organization and related organizations g individual	reater than \$1		0? #	"Ye:	s, <b>"</b> co	ompl	ete S			4		X
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Ye										5		х
Sec	tion B. Independent Contractors	······································											
1	Complete this table for your five highest con compensation from the organization.	npensated inde	epend	ent d	contr	acto	rs tha	at re	ceived more tha	n \$100,000	of		
	(A) Name and business a	ddress							(B) Description of ser	rices	Comp	(C) ensation	
	None							ļ					0
													C
	·						-						- 0
2	Total number of independent contractors (in more than \$100,000 in compensation from t	•		ed to	thos	se lis	ited a		e) who received				

C

All other revenue . . . . . . . . . . . . . . . .

Total. Add lines 11a-11d . . . . . . . . . .

Total revenue. See instructions. . . .

0

0

0

63,627

1,341,709

1,866

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (D) (A) Do not include amounts reported on lines 6b, Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21. . . 84.375 84.375 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . . . . 0 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . . . . . . Benefits paid to or for members . . . . . . . . . . 0 Compensation of current officers, directors, 5 trustees, and key employees . . . . . . . 59,385 29,693 14,846 14,846 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . 17,109 12,592 257,748 228,047 7 Pension plan contributions (include section 401(k) 525 and section 403(b) employer contributions) . . . . 10,504 9,244 735 25,892 2,060 1,471 Other employee benefits . . . . . . . . . . . . . 29,423 9 25,333 20,773 2,533 2,027 10 11 Fees for services (non-employees): а 2,522 2,522 b 21,599 21,599 C 0 d Professional fundraising services. See Part IV, line 17 0 e 0 13,135 11.734 1,401 g 12 Advertising and promotion . . . . . . . . . . . . 0 2.401 30,013 24,611 3,001 13 14 Information technology . . . . . . . . . . . . . 877 719 88 15 Royalties 0 4,094 51,177 41,965 5,118 16 42,561 34,900 4,256 3,405 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . 70,045 62,561 7.484 19 Conferences, conventions, and meetings . . . . . 590 590 20 n 21 12,843 1,566 1,253 15,662 Depreciation, depletion, and amortization . . . . . 22 5,304 3,081 518 8,903 23 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) 2.924 Organizational dues 2,924 1.515 Business fees 1.515 b 0 C 0 d 0 All other expenses 0 Total functional expenses. Add lines 1 through 24f 728,291 595,585 89,504 43,202 25 Joint costs. Check here ▶ if following 26 SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .

91-1635554

**Balance Sheet** Part X (B) (A) End of year Beginning of year 1 52,551 28,987 1 2 1.175.227 2 1,513,975 239.038 3 65,019 3 74.621 4 42,139 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 O 7 0 Assets 7 8 8 Prepaid expenses and deferred charges . . . 8,277 9 6,733 9 10a 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 80.536 62.962 10c 1,203,630 10b Less: accumulated depreciation . . . . 11 0 11 Ol 0 12 0 12 ol 13 0 13 Investments—program-related. See Part IV, line 11 . . . . . . . . . 0 0 14 14 0 0 15 15 1,589,112 16 2,884,047 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . . . 58,344 17 62.289 17 25,005 18 10.005 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D Liabilities 21 Payables to current and former officers, directors, trustees, key 22 employees, highest compensated employees, and disqualified 22 692,572 ol 23 23 Secured mortgages and notes payable to unrelated third parties . . . . 0 24 0 24 Unsecured notes and loans payable to unrelated third parties . . . . 0 25 0 25 26 Total liabilities. Add lines 17 through 25 . . . . . . 83,349 26 764,866 Organizations that follow SFAS 117, check here ► X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 1,110,801 27 1,491,120 27 394,962 28 628,061 28 29 29 Organizations that do not follow SFAS 117, check here▶ and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . . . 31 32 Retained earnings, endowment, accumulated income, or other funds. 32 2.119.181 1,505,763 33 33 34 1,589,112 2,884,047

Form **990** (2009)

3а

3b

NIA

Χ

Form **990** (2009)

b

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

### SCHEDULE A (Form 990 or 990-EZ)

**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.

le trust.

2009
Open to Public Inspection

**Employer identification number** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

			f Community Or			<del></del>					635554		
Par	_			arity Status (All org						nstructio	ns.		
_	rgar		•	ation because it is: (Fo		_		-	-				
1	님	•		ches, or association of			ea in <b>sec</b>	aon 1/0(	D)(T)(A)(I	}-			
2	닏			n 170(b)(1)(A)(ii). (At		-							
3	닏	•	-	ospital service organi									
4	Ш		search organiza me, city, and sta	tion operated in conju ite:	nction wit	h a hospi	tal descri	bed in se	ction 170	(b)(1)(A)	(iii). Ent 	er the	
5		•	•	the benefit of a collection (Complete Part II.)	ge or univ	ersity owr	ned or ope	erated by	a govern	mental ui	nit descr	nbed	
6		A federal, sta	ate, or local gove	emment or governmer	ntal unit d	escribed i	in <b>sectio</b> r	170(b)(1	I)(A)(v).				
7	X	•		y receives a substanti (1)(A)(vi). (Complete I	•	its suppor	t from a g	jovemme	ntal unit o	or from th	e gener	al pub	lic
8		A community	trust described	in section 170(b)(1)(	A)(vi). (C	omplete F	Part II.)						
9		An organizat receipts from support from	ion that normally activities relate gross investme	y receives: (1) more the description of the descrip	nan 33 1/3 ons—subj ted busine	3 % of its ect to cer ess taxabl	support fr tain exce <sub>l</sub> le income	otions, an (less sec	d (2) no ration 511	nore thar	1 33 1/3	% of i	_
10		An organizat	ion organized a	nd operated exclusive	ly to test t	for public	safety. So	ee sectio	n 509(a)(	4).			
11		purposes of	one or more put neck the box tha	nd operated exclusive blicly supported organ it describes the type o Type II c	izations d	escribed ng organi	in section ization an	509(a)(1) d complet	) or section	on 509(a) 1e throug	(2). See	secti	
е		persons other		y that the organization on managers and othe 2).									ion
f		_		a written determination	n from the	IRS that	it is a Typ	e I, Type	II, or Typ	e III supp	orting		
_		•	, check this box			 nift or con			of the				<u> </u>
g		following per		ine organization acce	pied any	giit or con	id ibadon i	Tom any	01 1110				
				or indirectly controls,	either alo	ne or toge	ther with	persons o	described	in (ii)		Yes	No
			i) below, the gov	reming body of the su	pported o	rganizatio	n?				11g(i)		
			•	person described in (i	-						11g(ii)		—
_				y of a person describe	٠,						11g(iii)	<u> </u>	<u></u>
<u>h</u>		Provide the	ollowing informa	ation about the suppor (iii) Type of organization				ou notify	1 68	ls the	(viii)	Amour	nt of
(i)		e of supported anization	(ii) EIN	(described on lines 1–9 above or IRC section (see instructions))	in col. (i) la	sted in your document?	the organ col. (i)	nization in of your port?	organiza (i) organi	tion in col ized in the S?	,	support	
			<u> </u>		Yes	No	Yes	No	Yes	No	1		
										j			
		<del></del>			ļ				ļ	<del> </del>	<del> </del>		0
							<b>.</b>						0
		· · · · · · · · · · · · · · · · · · ·											0
													0
													. 0
Total	al 0												

90 or 990-EZ) 2009 Northwest Federation of Community Organizations 91-1635554

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Sect	ion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	481,600	765,567	1,077,791	1,212,070	1,276,216	4,813,244
2	Tax revenues levied for the organization's	401,000	700,007	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,212,010	1,2.0,2.0	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
_	benefit and either paid to or expended on		į				
	its behalf						.0
3	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						0
4	Total. Add lines 1 through 3	481,600	765,567	1,077,791	1,212,070	1,276,216	4,813,244
5	The portion of total contributions by each	401,000	700,007	1,077,701	1,212,070	1,210,210	4,010,241
	person (other than a governmental unit	}	ļ				
	or publicly supported organization)						
	included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	•					1,396,530
6	Public support. Subtract line 5 from line 4.						3,416,714
	ion B. Total Support	<u>-</u>				. <u>-</u>	
	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	481,600	765,567	1,077,791	1,212,070	1,276,216	4,813,244
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar sources	3,005	4,470	4,890	4,857	1,866	19,088
9	Net income from unrelated business	3,003	4,470	4,090	4,007	1,000	19,000
	activities, whether or not the business is	Ì					
	regularly carried on						0
10	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part IV.)						0
11	Total support. Add lines 7 through 10.						4,832,332
12	Gross receipts from related activities, etc. (s	ee instructions	)			12	211,536
13	First five years. If the Form 990 is for the or					a section 501(c	)(3)
	organization, check this box and stop here						
Sect	ion C. Computation of Public Support	Percentage					
14	Public support percentage for 2009 (line 6,	column (f) divid	ed by line 11,	column (f))		14	70.71%
15	Public support percentage from 2008 Scheo					15	66.23%
16a	33 1/3% support test-2009. If the organiza						
_	and stop here. The organization qualifies as 33 1/3% support test-2008. If the organiza						
þ	box and stop here. The organization qualific						
17a	10%-facts-and-circumstances test-2009.						
	or more, and if the organization meets the "f						
	the organization meets the "facts-and-circur						
b	10%-facts-and-circumstances test-2008.						
	or more, and if the organization meets the "t						
40	the organization meets the "facts-and-circur		-		-	-	<del></del>
18	Private foundation. If the organization did not ch	eck a box on line	e 13, 16a, 16b, 1	/a ,or 1/b, cnec	K this dox and se	e instructions .	
						· ·	

91-1635554

Schedule A (Form 990 or 990-EZ) 2009
Part III Support Sche

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sect	on A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						0
	ınclude any "unusual grants.")						<u>_</u>
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						0
	organization's tax-exempt purpose					,	
	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
5	The value of services or facilities	,					
	furnished by a governmental unit to the	1					0
e	organization without charge			0	0	0	
6 72	Total. Add lines 1 through 5	O	0	<del>_</del>		<del> </del>	
	received from disqualified persons .		-				0
Ь	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
С	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support (Subtract line 7c from						
	line 6.)				L	L	0
	ion B. Total Support				4.10.0000	(e) 2009	(f) Total
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008		
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	<u> </u>					
	section 511 taxes) from businesses						_
	acquired after June 30, 1975					<del> </del>	0
C	Add lines 10a and 10b						
11	Nat c	0	0	0	0	0	0
	Net income from unrelated business	0	<u> </u>	0		,	0
	activities not included in line 10b, whether or not the business is regularly	0	0	U		,	
12	activities not included in line 10b, whether or not the business is regularly carried on	O	0	U			0
12	activities not included in line 10b, whether or not the business is regularly carried on	0	0	U	0		
12	activities not included in line 10b, whether or not the business is regularly carried on	0	U	U			
12 13	activities not included in line 10b, whether or not the business is regularly carried on	0	U				<u>0</u>
13	activities not included in line 10b, whether or not the business is regularly carried on					/	0
	activities not included in line 10b, whether or not the business is regularly carried on	O rganization's first	0, second, third,	O fourth, or fifth t	0 ax year as a se	/	<u>0</u>
13 14	activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the o organization, check this box and stop here	O rganization's first		O fourth, or fifth t		/	<u>0</u>
13 14 Sec	activities not included in line 10b, whether or not the business is regularly carried on .  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add lines 9, 10c, 11, and 12.).  First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Support.	organization's first	0, second, third,	0 fourth, or fifth t	0 ax year as a se	/	0 0 0
13 14 Sec 15	activities not included in line 10b, whether or not the business is regularly carried on .  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add lines 9, 10c, 11, and 12.).  First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Support.	organization's first int Percentage column (f) divided	0, second, third,	0 fourth, or fifth t	0 ax year as a se	/	0 0 0 • []
13 14 Sec 15 16	activities not included in line 10b, whether or not the business is regularly carried on .  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add lines 9, 10c, 11, and 12.).  First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Support Public support percentage for 2009 (line 8, 6).  Public support percentage from 2008 Scheoo.	organization's first  ort Percentage column (f) divided fule A, Part III, lin	0, second, third,	0 fourth, or fifth t	0 ax year as a se	/	0 0 0
13 14 Sec 15 16 Sec	activities not included in line 10b, whether or not the business is regularly carried on.  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add lines 9, 10c, 11, and 12.).  First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Support Public support percentage for 2009 (line 8, 0).  Public support percentage from 2008 Scheotion D. Computation of Investment In	rganization's first  rt Percentage  column (f) divided fule A, Part III, lin  come Percent	o, second, third,	O fourth, or fifth t	0 ax year as a se	0 ection 5.7(c)(3)	0 0 0 • []
13 14 Sec: 15 16 Sec: 17	activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add lines 9, 10c, 11, and 12.) First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Support Public support percentage for 2009 (line 8, 2) Public support percentage from 2008 Scheetion D. Computation of Investment In Investment income percentage for 2009 (line 8)	rganization's first  Int Percentage column (f) divided fulle A, Part III, lin come Percent e 10c, column (f)	o, second, third, by line 13, colue 15 age divided by line	O fourth, or fifth t	0 ax year as a so	0 ection 5 (c)(3)	0 0 0 0.00% 0.00%
13 14 Sec 15 16 Sec 17 18	activities not included in line 10b, whether or not the business is regularly carried on.  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add lines 9, 10c, 11, and 12.).  First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Support Public support percentage for 2009 (line 8, 0).  Public support percentage from 2008 Scheolion D. Computation of Investment Income percentage from 2008 (line Investment income percentage from 2008 Scheolion D. Computation of Investment Income percentage from 2008 Scheolion D. Computation of Investment Income percentage from 2008 Scheolion D. Computation of Investment Income percentage from 2008 Scheolion D. Computation of Investment Income percentage from 2008 Scheolion D. Computation of Investment Income percentage from 2008 Scheolion D. Computation of Investment Income percentage from 2008 Scheolion D. Computation of Investment Income percentage from 2008 Scheolion D. Computation of Investment Income percentage from 2008 Scheolion D. Computation of Investment Income percentage from 2008 Scheolion D. Computation of Investment Income percentage from 2008 Scheolion D. Computation of Investment Income percentage from 2008 Scheolion D. Computation of Investment Income percentage from 2008 Scheolion D. Computation of Investment Income percentage from 2008 Scheolion D. Computation D. Co	rganization's first  if Percentage column (f) divided fule A, Part III, lin come Percent e 10c, column (f) chedule A, Part III	o, second, third, by line 13, colue 15 age divided by line II, line 17	fourth, or fifth t	ax year as a so	0 ection,5 (c)(3)	0 0 0 0.00% 0.00%
13 14 Sec: 15 16 Sec: 17	activities not included in line 10b, whether or not the business is regularly carried on.  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Support Public support percentage for 2009 (line 8, 2)  Public support percentage from 2008 Scheet tion D. Computation of Investment In Investment income percentage from 2008 (line linestment income percentage from 2008 Scheet linestment income percentage from 2008 Scheet linestment income percentage from 2008 Scheet linestment income percentage from 2008 Scheet linestment income percentage from 2008 Scheet linestment income percentage from 2008 Scheet linestment income percentage from 2008 Scheet linestment income percentage from 2009 (linestment income percentage from 2008 Scheet linestment linestment income percentage from 2008 Scheet linestment line	rganization's first  int Percentage column (f) divided fule A, Part III, lin come Percent e 10c, column (f) chedule A, Part II cation did not che	o, second, third, by line 13, colue 15 age divided by line II, line 17 ck the box on li	fourth, or fifth t	ax year as a so	ection 5 (c)(3)	0 0 0 0.00% 0.00%
13 14 Sec 15 16 Sec 17 18	activities not included in line 10b, whether or not the business is regularly carried on.  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Support Public support percentage for 2009 (line 8, or Public support percentage from 2008 Scheolion D. Computation of Investment Income percentage from 2008 Scheolion D. Computation of Investment Income percentage from 2008 Scheolion D. Support tests—2009. If the organization more than 33 1/3%, check this box and 33 1/3% support tests—2008, if the organization	rganization's first  rt Percentage column (f) divided fule A, Part III, lin come Percent e 10c, column (f) chedule A, Part I cation did not che stop here. The co	o, second, third,  fourth, or fifth the state of t	ax year as a so a so a so a so a so a so a so	ection 5 (c)(3)  7  8  3 1/3% and line inization	0 0 0 0.00% 0.00%	
13 14 Sec 15 16 Sec 17 18 19a	activities not included in line 10b, whether or not the business is regularly carried on.  Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.).  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 is for the organization, check this box and stop here tion C. Computation of Public Support Public support percentage for 2009 (line 8, 2)  Public support percentage from 2008 Scheet tion D. Computation of Investment In Investment income percentage from 2008 (line linestment income percentage from 2008 Scheet linestment income percentage from 2008 Scheet linestment income percentage from 2008 Scheet linestment income percentage from 2008 Scheet linestment income percentage from 2008 Scheet linestment income percentage from 2008 Scheet linestment income percentage from 2008 Scheet linestment income percentage from 2009 (linestment income percentage from 2008 Scheet linestment linestment income percentage from 2008 Scheet linestment line	rganization's first  rt Percentage  column (f) divided  dule A, Part III, lin  come Percent  e 10c, column (f)  chedule A, Part I  ation did not che  stop here. The colud not check a boo	o, second, third, iby line 13, colue 15. age divided by line II, line 17 ck the box on line 14 or line	fourth, or fifth the state of t	ax year as a so	oction 5 (c)(3)  7 B 3 1/3% and line inization .	0 0 0 0.00% 0.00%

Schedule A (Form	990 or 990-EZ) 2009	Northwest Fede	eration of Con	nmunity Organizations		91-1635554	Page 4
Part IV	Supplemental	Information. Co	omplete this	part to provide the ex	planations required	by Part II, line 1	0;
	Part II. line 17a	or 17b: and Par	t III. line 12.	Provide any other add	ditional information.	See instructions	). 3.
			,				
				•••••			
						••••	
			. <b></b>				
		·					
•••••							
• • • • • • • • • • • • • • • • • • • •							

### SCHEDULE C (Form 990 or 990-EZ)

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

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

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A. Do not complete Part II-B.

		that have NOT filed Form 5768 (election s," to Form 990, Part IV, line 5 (Proxy		(h)) <sup>-</sup> Complete Part II-B. Do n	ot complete Part II-A.
	-	janizations: Complete Part III	iax), uleli		
	me of organization	janizations. Complete Fait in		Employer	ridentification number
	west Federation of Comm	nunity Organizations			91-1635554
		he organization is exempt und	er section 501(	c) or is a section 527	
1		the organization's direct and indirect			· · · · · · · · · · · · · · · · · · ·
2	-	. <i></i> .			
3	Volunteer hours				
Par		he organization is exempt und			
1	Enter the amount of any	excise tax incurred by the organizati	on under section	4955 ▶ \$	
2	Enter the amount of any	excise tax incurred by organization r	nanagers under s	section 4955 🕨 💲	<u></u>
3	If the organization incurre	ed a section 4955 tax, did it file Form	n 4720 for this yea	ar?	. Yes No
4a	Was a correction made?	·			🔲 Yes 🔲 No
b	If "Yes," describe in Part				
Par	t I-C Complete if t	he organization is exempt und	er section 501(	c), except section 501	(c)(3).
1	· · · · · · · · · · · · · · · · · · ·	expended by the filing organization			
2		filing organization's funds contributed unction activities	-		
3	Total exempt function ex line 17b	penditures. Add lines 1 and 2. Enter			C
4		n file Form 1120-POL for this year?		•	. Yes No
5		ses and employer identification num			zations to which
-	payments were made. For	or each organization listed, enter the	amount paid from	m the filing organization's	funds. Also enter the
	amount of political contri	butions received that were promptly	and directly delive	ered to a separate politica	organization, such as
	a separate segregated for	und or a political action committee (F	PAC). If additional	space is needed, provide	information in Part IV.
-	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
				0	C
				0	
				0	
				0	(
				0	(
				0	

f Grassroots lobbying expenditures

Sche	edule C (Form 990 or 990-EZ) 2009					Page 2
P	art II-A Complete if the organiz	zation is exemp	ot under section	501(c)(3) and fi	led Form 5768 (e	lection
	under section 501(h)).					
Α	Check ▶ if the filing organization	on belongs to an	affiliated group.		<del>-</del>	
В	Check ▶ if the filing organization	on checked box	A and "limited co	ntrol" provisions	apply.	
	Limits on L (The term "expenditures	obbying Expend " means amount		<b>i.</b> )	(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influen	ce public opinion	(grass roots lobby	ing)	0	0
b	Total lobbying expenditures to influen	ce a legislative b	ody (direct lobbying	3)	13,847	0
C	Total lobbying expenditures (add lines	s 1a and 1b)			13,847	0
d	Other exempt purpose expenditures .				714,444	0
е	Total exempt purpose expenditures (a		•		728,291	0
f	Lobbying nontaxable amount. Enter to columns.	he amount from the	he following table in	n both	134,244	0
ſ	If the amount on line 1e, column (a) or (b) is:	The lobbying	nontaxable amount	is:		•
į	Not over \$500,000		nount on line 1e			
	Over \$500,000 but not over \$1,000,000	<del></del>	15% of the excess of			
ļ	Over \$1,000,000 but not over \$1,500,000		10% of the excess of			
ŀ	Over \$1,500,000 but not over \$17,000,000		5% of the excess ov	er \$1,500,000.		
ᆜ	Over \$17,000,000	\$1,000,000.			00 504	
g	Grassroots nontaxable amount (enter	•			33,561	0
h	Subtract line 1g from line 1a. If zero of Subtract line 1f from line 1c. If zero of				0	0
•	If there is an amount other than zero				n 4720 reporting	<u>U</u>
J				•	·	Yes No
	(Some organizations tha columns bel	t made a section ow. See the inst	ructions for lines	lo not have to cor 2a through 2f on	page 4.)	e
	Lobb	ying Expenditur	es During 4-Year	Averaging Period	<u> </u>	
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying nontaxable amount	126,962	153,983	130,578	134,244	545,767
	Lobbying ceiling amount (150% of line 2a, column(e))					818,651
	Total lobbying expenditures	15,894	8,526	26,880	13,847	65,147
ď	Grassroots nontaxable amount	31,741	38,496	32,645	33,561	136,443
e	Grassroots ceiling amount (150% of line 2d, column (e))					204,665

3,582

Schedule C (Form 990 or 990-EZ) 2009

5,573

1,991

Schedule C (Form 990 or 990-EZ) 2009

	(election under section 501(h)).				68	
		(	a)		(b)	
		Yes	No	A	mount	:
1 Du	nng the year, did the filing organization attempt to influence foreign, national, state or local					
_	islation, including any attempt to influence public opinion on a legislative matter or					
ref	erendum, through the use of:	-				
	lunteers?					
	d staff or management (include compensation in expenses reported on lines 1c through 1i)?		<u> </u>			
	dia advertisements?	<b> </b>				
	ulings to members, legislators, or the public?					
	blications, or published or broadcast statements?					
	ants to other organizations for lobbying purposes?					. —
-	ect contact with legislators, their staffs, government officials, or a legislative body?		-			
	Illies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	her activities? If "Yes," describe in Part IV		-			0
•	tal. Add lines 1c through 1i	}				
	If the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
	Yes," enter the amount of any tax incurred under section 4912	1	ĺ			
	he filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
d if t		1/0)/	5) or	eactio	<u></u>	
raittiii	501(c)(6).	1(0)(	J,, UI	36011	<b>,</b> , ,	
					Yes	No
1 W	ere substantially all (90% or more) dues received nondeductible by members?			1		
<b>2</b> Did	the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Die	the organization agree to carryover lobbying and political expenditures from the pnor year?.			3		<u> </u>
Part III	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-/	A, lin	e 3 is	answ	ered	
	ies, assessments and similar amounts from members		1			
ро	ection 162(e) nondeductible lobbying and political expenditures (do not include amounts of litical expenses for which the section 527(f) tax was paid).		_			
a Cu	rrent year		2a			
	rryover from last year	•	2b			
	tal	•	2c			0
	gregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
	notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
	cess does the organization agree to carryover to the reasonable estimate of nondeductible		1			
	obying and political expenditure next year?	•	4			
_	exable amount of lobbying and political expenditures (see instructions)		5			0
Part IV		and F	art II-l	3, line 1	lı	

	North	west Federation of Community Organization m 990 or 990-EZ) 2009	s	91-1635554
				Page 4
Part	V	Supplemental Information (continued	)	
<b>-</b>			• • • • • • • • • • • • • • • • • • • •	
	<b>-</b>			
	- <b></b>			
<b></b>				
		•		

### **SCHEDULE D** (Form '990)

## **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► See separate instructions.

Inspection Employer identification number

North:	vest Federation of Community Organizations			91-1635554
Part				ls or Accounts. Complete if
	the organization answered "Yes" t	o Form 990, Part IV, line 6.	· · · · · · · · · · · · · · · · · · ·	
		(a) Donor advised funds	<u> </u>	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (dunng year)			
3	Aggregate grants from (during year) .			
4	Aggregate value at end of year			
5	Did the organization inform all donors and de	_		
_	funds are the organization's property, subject			L Yes L No
6	Did the organization inform all grantees, don			
	used only for chantable purposes and not fo			
	purpose conferring impermissible private be			
Part	Conservation Easements. Comp	olete if the organization ans	wered "Yes" to	Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held		that apply)	
	Preservation of land for public use (e g	recreation or pleasure)	Preservation of a	an historically important land area
	Protection of natural habitat		Preservation of a	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organiza	tion held a qualified conservat	ion contribution in	n the form of a conservation
	easement on the last day of the tax year.	•		
				Held at the End of the Tax Year
а	Total number of conservation easements .			
b	Total acreage restricted by conservation eas	sements		2b
C	Number of conservation easements on a ce	rtified historic structure include	d in (a)	2c
d	Number of conservation easements include			2d
3	Number of conservation easements modifie	d, transferred, released, exting	uished, or termina	ated by the organization
	during the tax year		_	
4	Number of states where property subject to			····· <u>···</u>
5	Does the organization have a written policy			F
_	violations, and enforcement of the conserva		,	L Yes No
6	Staff and volunteer hours devoted to monito	nng, inspecting, and enforcing	conservation eas	sements during the year
7	Amount of expenses incurred in monitoring,	increating and enforcing cons	envetion esceme	ents during the year
•	► \$	inspecting, and emorang cons	servation caseme	into during the year
8	Does each conservation easement reported	on line 2(d) above satisfy the	requirements of s	section
•	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	on mio z(d) above causiy are		Yes No
9	In Part XIV, describe how the organization re	eports conservation easements	s in its revenue a	nd expense statement, and
•	balance sheet, and include, if applicable, the			
	the organization's accounting for conservati			
Par	III Organizations Maintaining Collecti	ons of Art, Historical Treasur	es, or Other Sin	nilar Assets.
	Complete if the organization answere	d "Yes" to Form 990, Part IV, li	ne 8	
1a	If the organization elected, as permitted und	er SFAS 116, not to report in it	s revenue staten	nent and balance sheet works of
	art, historical treasures, or other similar asse			
_	service, provide, in Part XIV, the text of the			
p	If the organization elected, as permitted und historical treasures, or other similar assets to			
	service, provide the following amounts relati		illori, or research	in turnerance or public
	(i) Revenues included in Form 990 Part VIII	I line 1		<b>▶ \$</b>
	(i) Revenues included in Form 990, Part VI (ii) Assets included in Form 990, Part X.			<b>&gt;</b> \$
2	If the organization received or held works of	art, historical treasures, or oth	er sımılar assets	for financial gain, provide the
-	following amounts required to be reported u			
а	Revenues included in Form 990, Part VIII, li	<del>-</del>		. • \$
b	Assets included in Form 990, Part X			

d

Equipment . . . . . . . . . . . .

0

0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

78,044

12,789

1,203,630

65.255

_	ы	u	ш	

Part VII	Investments—Other Securities	s. See Form 990, Part X,	<u>line 12.</u>	
(	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year man	
Financial d	erivatives	0		
	d equity interests	0		
Other		0		
		0		
		0		
		0		<del></del>
		0		
		0		
		0		
		0		
		0		
Total. (Column (	(b) must equal Form 990, Part X, col (B) line 12)	0		
Part VIII	, · · · · · · · · · · · · · · · · · · ·	d. See Form 990. Part X.	line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of value Cost or end-of-year mai	
		0		·-
·		0	· · · · · · · · · · · · · · · · · · ·	
		0		
		0		
		0		
		0		
		0		
		0		
		0	· · · · · · · · · · · · · · · · · · ·	
		0	<del></del>	
	(b) must equal Form 990, Part X, col (B) line 13)	0		
Part IX	Other Assets. See Form 990, P		· · · · · · · · · · · · · · · · · · ·	(b) Book value
		a) Description		(b) book value
				0
				0
				0
				0
				0
				0
				0
				0
				0
	lumn (b) must equal Form 990, Part X,		· · · · · · · · · · · · · · • ·	0
Part X	Other Liabilities. See Form 990			
1.	(a) Description of liability	(b) Amount		
rederal ind	come taxes			
			0	
			<u> </u>	
			0	
			<u> </u>	
			0	
			0	
			0	
			0	
			_0	
	(b) must equal Form 990, Part X, col (B) line 25)		0	
	Footnote. In Part XIV, provide the text o		ation's financial statements that	reports the
organization	on's liability for uncertain tax positions u	inder FIN 48.		

	Northwest Federation of Community Organizations	91-1635554	_
Schedule D (Form	990) 2009		Page 5
Part XIV	Supplemental Information (continued)		
		·	
			••••

# SCHEDULE (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

OMB No 1545-0047	2002
------------------	------

Open to Public Inspection

▶ Attach to Form 990.

General Information on Grants and Assistance

Part I

Northwest Federation of Community Organizations

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 91-1635554

1 Does the organization maintain records to substantiate the	tain records to s		ount of the grants or a	ssistance, the grantee	amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	nts or assistance, and	[2
the selection criteria used to award the grants or assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	award the grar nization's proce	nts or assistance? . edures for monitorin	g the use of grant fund	is in the United States.			A Yes No
art II	Assistance to	Governments a	and Organizations li	n the United States	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to	janization answered	1 "Yes" to
Porm 350, Part IV, line Z1, for any recipient that Part IV and Schedule I-1 (Form 990) if additiona	line z I, ior any ile I-1 (Form 99		space is needed.	OOO. CIECK KIES DOX	לאסטט. כוופלא נווא סטא וו זוס סופ ופכוטופות ופלפואפט זוסים נוומו ש		<b>→</b>
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Center for Community Change/ Co 1536 U Street NW Washington, D	52-0888113	501(c)(3)	84,375	0			health reform organiz
			0	0			& Montana organizing
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
			0	0			
2 Enter total number of section 501(c)(3) and government org	n 501(c)(3) and	government organ	anizations			<b>▲</b>	
3 Enter total number of other organizations.	organizations.					• • • • • • • •	0

For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule I (Form 990) 2009

Page 2

Schedule I (Form 990) 2009

(f) Description of non-cash assistance Part I Line 2 For each grant, there is a clear written workplan with deliverables. There are quarterly on site meetings with Executive Directors of the organizations that have received funds to highlight their progress toward goals. At the end of the grant period, the organizations are required to write a report summarizing their accomplishments. Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (e) Method of valuation (book, FMV, appraisal, other) ō There is a final conversation to confirm that the work is finished and the final payment on the grant is made. (d) Amount of non-cash assistance Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant 0 (b) Number of recipients (a) Type of grant or assistance Part IV Part III

### **SCHEDULE O** (Form 990)

### Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization 91-1635554 Northwest Federation of Community Organizations Form 990, Part III, Line 4d: Program Service Expenses: 9,201, Grants and allocations: 0, Revenue: 0 Sponsored Project, Western South Dakota Native American Organizing Project entered the national health care debate in early 2009, focusing on Indian health issues. The organization sent members to Washington DC to represent Native interests, organized health issue round tables in western South Dakota and educated WSDNAOP members on the power of joining with other constituencies to move the national health issue debate Form 990 Part III Line 3 NWFCO expanded its geographic focus, working with organizations across the country not just in the northwest region. NWFCO also deepened its leadership on national issues in 2009 In addition, after saving for 10 years, NWFCO purchased a building to create a community center Southside Commons provides affordable meeting space for local organizations and NWFCO's training program, as well as low cost office space for emerging organizations Form 990 Part VI Section A Line 4 The bylaws changes clarified the restrictions to the authority of the Executive Committee to act on behalf of the Board between board meetings, in particular that the Executive Committee did not have the authority to change bylaws or articles of incorporation or Members of the Board or Committee, nor can they authorize merger or dissolution of the corporation or disposition of its assets. The bylaws changes also described how to conduct business via Electronic Transmission Form 990 Part VI Section A Line 7a The governing board is made up of 3 members from each of the 4 independent member organizations, the Executive Director and 2 Board Members. One representative from each organization represents a diversity constituency within the organization. In addition at-large board members may be elected by a majority vote of the board. Form 990 Part VI Section B Line 11A Before filing, the final draft was emailed to the entire board with a note calling attention to the descriptions of programs and processes. Comments and corrections were strongly encouraged. In addition the Executive Director and an independent reviewer met with the preparer to discuss the final draft. The Executive Director also reviewed the entire

draft with the Treasurer.

Schedule O (Form 990) 2009	Page 2		
Name of the organization	Employer identification number		
Northwest Federation of Community Organizations	91-1635554		
Form 990 Part VI Section B Line 12c The conflict of interest policy covers board members of th	e		
organization. Determinations of whether a conflict exists and the review of actual conflicts is ma	ade		
at the board level. When a person has a conflict, she or he is prohibited from participating in			
discussion or decisionmaking on that matter.			
Form 990 Part VI Section B Line 15a In 2008 the board reviewed a survey of like non-profits in	the		
northwest. The compensation level chosen was in the 45th percentile of that list. This was chosen	en.		
not because NWFCO's outstanding CEO was at the 45th percentile of performance, but becau	se we are		
concerned that if every organization benchmarks at the 75th percentile, it only causes an upwa	rd		
spiral of compensation. The decision was reviewed and voted on by independent board members	ers.		
Form 990 Part VI Section C Line 19 Financial statements are available upon request. Requests	s for		
other documents are considered on a case-by-case basis.			
Form 990 Part VII Section A LeeAnn Hall also worked 19 hours per week for a related organization.			
Community Organizations in Action, for a total of 55 hours per week. Compensation reported in	n part		
VII represents total compensation, \$89,996. Compensation reported on Part IX, Line 5 represe	nts		
compensation for work done for NWFCO, \$59,385. Related organization COA reported compe	nsation on		
Part IX, Line 5 of \$30,611 representing Ms. Hall's work for COA.			

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions. ▶ Attach to Form 990.

Open to Public Inspection

OMB No 1545-0047

Direct controlling entity (f)
Direct controlling
entity Employer Identification number Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because ٧ O (e)
Public charity status
(if section 501(c)(3)) (e) End-of-year assets 91-1635554 0 0 ō (d) Exempt Code section Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (d) Total income 501(c)(4) (c) Legal domicile (state or foreign country) (c) Legal domicile (state or foreign country) ×Μ advocate for economic, racial & social justice Primary activity Primary activity had one or more related tax-exempt organizations during the tax year.) Community Organizations in Action 26-2613701 Name, address, and EIN of related organization (a)Name, address, and EIN of disregarded entity Northwest Federation of Community Organizations 3518 S. Edmunds Street, Seattle, WA 98118 Name of the organization Partl Part II

For Prívacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Schedule R (Form 990) 2009

Page 2

Northwest Federation of Community Organizations

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 Schedule R (Form 990) 2009

匆 % 8 % 8 % Percentage ownership Yes No managing partner? General or identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part Code V—UBI amount in box 20 of end-of-year assets Schedule K-1 (Form 1065) Share of 8 (h) Disproportionate allocations? ž (f) Share of total income Yes IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) O (g) Share of end-of-year (e)
Type of entity
(C corp, S corp,
or trust) because it had one or more related organizations treated as a partnership during the tax year.) 0 ō 0 0 (f) Share of total income (d)
( Direct controlling entity (c) Legal domicile foreign country) (state or Predominant income (related, unrelated, excluded from tax under sections 512-514) Primary activity (d)
(Direct controlling | (c)
Legal
domicile
(state or
foreign Name, address, and EIN of related organization (b) Primary activity (a)
Name, address, and EIN of related organization Part IV

Schedule R (Form 990) 2009

rganizations	
ion of Community O	
st Federation of	
Northwes	

91-1635554

Schedule R (Form 990) 2009 Northwest Federat

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	2
During the tax year, did the organization engage in any of the fol	in Parts II–IV?	, ,	1
a Receipt of (I) interest (II) annulties (III) royalities of (IV) remindred emity		╀	×
_		10	×
d Loans or loan quarantees to or for other organization(s)		19	×
		10	×
f Sale of assets to other organization(s)		=	×
g Purchase of assets from other organization(s)		1g	×
h Exchange of assets		Ę	×
I Lease of facilities, equipment, or other assets to other organization(s)		=	×
I base of facilities equipment or other assets from other organization(s)			×
k Performance of services or membership or fundraising solicitations for other organization(s)		¥	×
1 Performance of services or membership or fundraising solicitations by other organization(s).		=	×
m Sharing of facilities, equipment, mailing lists, or other assets		$\dashv$	
n Sharing of paid employees		۲ ×	
• Reimbursement paid to other organization for expenses	-	<b>6</b>	×
		1p ×	
q Other transfer of cash or property to other organization(s)		19	×
r Other transfer of cash or property from other organization(s).		+	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	elationships and trans	action thresh	olds.
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	lyed
(1) Community Organizations in Action	æ		1,145
(2) Community Organizations in Action	u		206,640
(3) Community Organizations in Action	a		74,761
(4)			0
(9)			0
(9)			0
	Sched	Schedule R (Form 990) 2009	90) 2009

91-1635554

# Part VI

# Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	instructions regarding excl	usion for certain if	Mestment	armersnips.				1
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Are all partners section	(e) Share of end-of-year	(f) Disproportionate allocations?	(9) Code V—UBI amount in box 20	(h) General or managing	, <del>a</del> g
		country)	501(c)(3) organizations?	assets	!	of Schedule K-1 (Form 1065)	parmer?	_
			Yes No		Yes No		Yes	<u>چ</u>
				0		0		
				0		0		1
				0		0		
				0		0		ļ
				0	!	0		
				0		0		
				0		0		
				0		0		
				0		0		
				0		0		l
				0		0		
				0		0		
				0		0		1
				0		0		ļ
				0		0		}
				0		0		ĺ
						Schedule R (Form 990) 2009	rm 990) 2	600