

# 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)

Department of the Treasury  
Internal Revenue Service

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

**A For the 2005 calendar year, or tax year beginning** 7/1/05, **and ending** 6/30/06

- B** Check if applicable:
- Address change
  - Name change
  - Initial return
  - Final return
  - Amended return
  - Application pending

Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> The Neighborhood Partnership Fund		<b>D Employer identification number</b> 91-1943624
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E Telephone number</b>
	1020 SW Taylor St.	680	503-226-3001
	City or town	State or country	ZIP + 4
	Portland	OR	97205
			<b>F Accounting method:</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶

**G Website:** ▶ tnpf.org

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

**K Check here** ▶  if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization chooses to file a return, be sure to file a complete return. **Some states require a complete return.**

- H and I are not applicable to section 527 organizations.**
- H(a)** Is this a group return for affiliates?  Yes  No
- H(b)** If "Yes," enter number of affiliates ▶ \_\_\_\_\_
- H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list. See instructions.)
- H(d)** Is this a separate return filed by an organization covered by a group ruling?  Yes  No
- I** Group Exemption Number ▶ \_\_\_\_\_

**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 1,611,028

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

Revenue	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>	1,283,833		
	<b>b</b> Indirect public support	<b>1b</b>	0		
	<b>c</b> Government contributions (grants)	<b>1c</b>	206,375		
	<b>d Total</b> (add lines 1a through 1c) (cash \$ <u>1,490,208</u> noncash \$ <u>0</u> )	<b>1d</b>		1,490,208	
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)	<b>2</b>		102,533	
	<b>3</b> Membership dues and assessments	<b>3</b>		0	
	<b>4</b> Interest on savings and temporary cash investments	<b>4</b>		11,375	
	<b>5</b> Dividends and interest from securities	<b>5</b>		0	
	<b>6 a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)	<b>6c</b>		0	
<b>7</b> Other investment income (describe ▶ _____)	<b>7</b>		0		
Revenue	<b>8 a</b> Gross amount from sales of assets other than inventory	(A) Securities		(B) Other	
		0	<b>8a</b>	0	
	<b>b</b> Less: cost or other basis and sales expenses	<b>8b</b>	0		
	<b>c</b> Gain or (loss) (attach schedule)	<b>8c</b>	0		
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8d</b>		0	
	<b>9</b> Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	<b>a</b> Gross revenue (not including \$ <u>0</u> of contributions reported on line 1a)	<b>9a</b>	0	
		<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	0	
		<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)	<b>9c</b>		0
<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>	0			
	<b>b</b> Less: cost of goods sold	<b>10b</b>	0		
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	<b>10c</b>		0	
<b>11</b> Other revenue (from Part VII, line 103)	<b>11</b>		6,912		
<b>12 Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	<b>12</b>		1,611,028		
Expenses	<b>13</b> Program services (from line 44, column (B))	<b>13</b>		1,467,292	
	<b>14</b> Management and general (from line 44, column (C))	<b>14</b>		107,597	
	<b>15</b> Fundraising (from line 44, column (D))	<b>15</b>		19,431	
	<b>16</b> Payments to affiliates (attach schedule)	<b>16</b>		0	
	<b>17 Total expenses</b> (add lines 16 and 44, column (A))	<b>17</b>		1,594,320	
Net Assets	<b>18</b> Excess or (deficit) for the year (subtract line 17 from line 12)	<b>18</b>		16,708	
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))	<b>19</b>		1,447,230	
	<b>20</b> Other changes in net assets or fund balances (attach explanation)	<b>20</b>		0	
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)	<b>21</b>		1,463,938	

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**Part II Statement of Functional Expenses** All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ 752,350 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	22 752,350	752,350		
23	Specific assistance to individuals (attach schedule)	23 0	0		
24	Benefits paid to or for members (attach schedule)	24 0			
25	Compensation of officers, directors, etc.	25 72,037	52,227	10,445	9,365
26	Other salaries and wages	26 258,976	203,385	52,621	2,970
27	Pension plan contributions	27 32,597	25,177	6,212	1,208
28	Other employee benefits	28 43,908	33,911	8,362	1,635
29	Payroll taxes	29 27,472	21,634	4,843	995
30	Professional fundraising fees	30 0			
31	Accounting fees	31 9,938	7,278	2,148	512
32	Legal fees	32 0			
33	Supplies	33 3,886	2,874	900	112
34	Telephone	34 4,795	3,571	1,070	154
35	Postage and shipping	35 1,758	1,230	479	49
36	Occupancy	36 29,455	22,660	5,677	1,118
37	Equipment rental and maintenance	37 1,002	775	185	42
38	Printing and publications	38 7,837	3,097	4,471	269
39	Travel	39 5,366	4,734	577	55
40	Conferences, conventions, and meetings	40 15,447	13,651	1,796	0
41	Interest	41 0			
42	Depreciation, depletion, etc. (attach schedule)	42 4,195	3,144	883	168
43	Other expenses not covered above (itemize):				
a	See attached statement	43a 323,301	315,594	6,928	779
b		43b 0	0	0	0
c		43c 0	0	0	0
d		43d 0	0	0	0
e		43e 0	0	0	0
f		43f 0	0	0	0
g		43g 0	0	0	0
44	<b>Total functional expenses.</b> Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 1,594,320	1,467,292	107,597	19,431

**Joint Costs.** Check  if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0; (ii) the amount allocated to Program services \$ ; (iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? <b>▶ See Statement for Part III</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
<b>a</b> The Portland and Statewide Community Development Collaboratives administered by NPF pool resources to provide operating support grants to community development organizations. 25 organizations were funded in this fiscal year. The funding provides essential support to the organizations who provide affordable housing and related services to individuals and families in need. (Grants and allocations \$ 738,450 ) If this amount includes foreign grants, check here <input type="checkbox"/>	888,908
<b>b</b> NPF's resident services program makes resources and technical assistance available to organizations providing housing plus services and seeks to measure individual outcomes as well as system-related outcomes. NPF provided resident services grants to 5 organizations during the fiscal year. The grants funded critical staff of resident services programs. (Grants and allocations \$ 8,800 ) If this amount includes foreign grants, check here <input type="checkbox"/>	74,113
<b>c</b> The NPF training and technical assistance program provides national caliber trainings in leadership and technical issues; provides peer support networks and on-site technical assistance to the staff of community development organizations. There were 323 participants in training and conference programs. Expenses include a hosted 3 day national conference for non-profit executive directors. (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	166,780
<b>d</b> NPF is the nonprofit partner for the State of Oregon's Individual Development Account(IDA) Tax Credit Program. NPF raises funds through the sale of tax credits that match individuals' savings towards education, housing or a small business start-up. The program includes training & counseling for financial literacy, business dev. and homeownership. 474 Individuals participated this year. In April of 2006 hosted a two day conference for regional partners in the asset building arena. (Grants and allocations \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	115,390
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ 5,100 ) If this amount includes foreign grants, check here <input type="checkbox"/>	169,806
<b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) <b>▶</b>	<b>1,467,292</b>

**Part IV Balance Sheets** (See the instructions.)

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A)		(B)		
		Beginning of year		End of year		
Assets	45	Cash—non-interest-bearing . . . . .	18,444	45	19,938	
	46	Savings and temporary cash investments . . . . .	802,465	46	1,256,126	
	47 a	Accounts receivable . . . . .	47a	0		
	b	Less: allowance for doubtful accounts . . . . .	47b	0	47c	0
	48 a	Pledges receivable . . . . .	48a	0		
	b	Less: allowance for doubtful accounts . . . . .	48b	0	48c	0
	49	Grants receivable . . . . .	1,280,547	49	1,063,910	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule) . . . . .	0	50	0	
	51 a	Other notes and loans receivable (attach schedule) . . . . .	51a	0		
	b	Less: allowance for doubtful accounts . . . . .	51b	0	51c	0
	52	Inventories for sale or use . . . . .		52		
	53	Prepaid expenses and deferred charges . . . . .	9,758	53	8,734	
	54	Investments—securities (attach schedule) . . . . .	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54	0
	55 a	Investments—land, buildings, and equipment: basis . . . . .	55a	0		
	b	Less: accumulated depreciation (attach schedule) . . . . .	55b	0	55c	0
	56	Investments—other (attach schedule) . . . . .	0	56	0	
	57 a	Land, buildings, and equipment: basis . . . . .	57a	82,579		
	b	Less: accumulated depreciation (attach schedule) . . . . .	57b	69,280	57c	13,299
	58	Other assets (describe . . . . . )	0	58	0	
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .	2,121,807	59	2,362,007		
Liabilities	60	Accounts payable and accrued expenses . . . . .	7,012	60	3,480	
	61	Grants payable . . . . .	643,000	61	715,537	
	62	Deferred revenue . . . . .	12,200	62	161,771	
	63	Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .	0	63	0	
	64 a	Tax-exempt bond liabilities (attach schedule) . . . . .	0	64a	0	
	b	Mortgages and other notes payable (attach schedule) . . . . .	0	64b	0	
	65	Other liabilities (describe . . . . . )	12,365	65	17,281	
66	<b>Total liabilities.</b> Add lines 60 through 65 . . . . .	674,577	66	898,069		
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.					
	67	Unrestricted . . . . .	266,933	67	128,530	
	68	Temporarily restricted . . . . .	1,180,297	68	1,335,408	
	69	Permanently restricted . . . . .		69		
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.					
	70	Capital stock, trust principal, or current funds . . . . .		70		
	71	Paid-in or capital surplus, or land, building, and equipment fund . . . . .		71		
	72	Retained earnings, endowment, accumulated income, or other funds . . . . .		72		
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21) . . . . .	1,447,230	73	1,463,938		
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73. . . . .	2,121,807	74	2,362,007		

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	1,611,028
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>		
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify):	<b>b4</b>	0	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	1,611,028
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>	0	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	1,611,028

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	1,594,320
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
<b>1</b>	Donated services and use of facilities	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify):	<b>b4</b>	0	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	1,594,320
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify):	<b>d2</b>	0	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	Total expenses (Part I, line 17). Add lines <b>c</b> and <b>d</b>		<b>e</b>	1,594,320

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(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 plans	(E) Expense account and other allowances
Name Janet Byrd str 1020 SW Taylor City Portland ST OR ZIP 97205	Title Exec. Director Hr/WK 40	72,037	7,200	0
Name Lynn Schoessler str 1020 SW Taylor City Portland ST OR ZIP 97205	Title Brd Chair Hr/WK 2	0	0	0
Name Kelly Cartales str 10227 Wincopin City Columbia ST MD ZIP 21044	Title Brd Member Hr/WK 1	0	0	0
Name Bruce Dobbs str 220 NW 2nd Ave City Portland ST OR ZIP 97209	Title Brd Member Hr/WK 1	0	0	0
Name Daniel Robertson str PO Box 880 City Roseburg ST OR ZIP 97470	Title Brd Secretary Hr/WK 1	0	0	0
Name Bernie Kronberger str 1300 SW Fifth Ave City Portland ST OR ZIP 98101	Title Brd Treasurer Hr/WK 1	0	0	0
Name Brian Stewart str 811 SW Sixth Ave City Portland ST OR ZIP 97204	Title Brd Member Hr/WK 1	0	0	0
Name Daniel Robertson str PO Box 880 City Roseburg ST OR ZIP 97470	Title Brd Member Hr/WK 1	0	0	0
Name Jean Tate str 1375 Olive City Eugene ST OR ZIP 97401	Title Brd Member Hr/WK 1	0	0	0
Name Carl Talton str 1909 NE Knott City Portland ST OR ZIP 97212	Title Brd Member Hr/WK 1	0	0	0

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)

Table with 3 columns: Question, Yes, No. Rows include 75a (total number of officers), 75b (relationships), 75c (compensation), and 75d (conflict of interest policy).

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Table with 5 columns: (A) Name and address, (B) Loans and Advances, (C) Compensation, (D) Contributions to employee benefit plans & deferred compensation plans, (E) Expense account and other allowances. Includes handwritten 'None' in column B.

Part VI Other Information (See the instructions.)

Table with 3 columns: Question, Yes, No. Rows include 76 (activity not reported), 77 (changes in documents), 78a (unrelated business income), 78b (tax return), 79 (liquidation), 80a (related organization), 80b (name of organization), 81a (political expenditures), 81b (Form 1120-POL).

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
	82b	N/A	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	0
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12.	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="checkbox"/> ; section 4912 <input type="checkbox"/> ; section 4955 <input type="checkbox"/>		
b	501(c)(3) and 501(c)(4) orgs. 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," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
90 a	List the states with which a copy of this return is filed		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b	7
91 a	The books are in care of <input type="checkbox"/> Name Michael Fuss Telephone no. <input type="checkbox"/> (506) 226-3001 Located at <input type="checkbox"/> 1020 SW Taylor St #680 City Portland ST OR ZIP + 4 <input type="checkbox"/> 97205		
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 <input type="checkbox"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b	X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <input type="checkbox"/>	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 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	92	N/A

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Training, program fees and Contracts					102,533
b					
c					
d					
e					
f Medicare/Medicaid payments . . . . .					
g Fees and contracts from government agencies . . . . .					
94 Membership dues and assessments . . . . .					
95 Interest on savings and temporary cash investments . . . . .			14	11,375	
96 Dividends and interest from securities . . . . .					
97 Net rental income or (loss) from real estate:					
a debt-financed property . . . . .					
b not debt-financed property . . . . .					
98 Net rental income or (loss) from personal property . . . . .					
99 Other investment income . . . . .					
100 Gain or (loss) from sales of assets other than inventory . . . . .					
101 Net income or (loss) from special events . . . . .					
102 Gross profit or (loss) from sales of inventory . . . . .					
103 Other revenue: a Other			03	6,912	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E)) . . . . .		0		18,287	102,533
105 Total (add line 104, columns (B), (D), and (E)) . . . . .					120,820

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93a	Fees from training program to improve capacity of community development organizations

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . .  Yes  No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .  Yes  No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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.

**Please Sign Here**

Signature of officer: Janet Byrd  
Date: \_\_\_\_\_  
Executive Director

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Firm's name (or yours if self-employed), address, and ZIP + 4: \_\_\_\_\_  
Check if self-employed:   
Preparer's SSN or PTIN (See Gen. Inst. W): \_\_\_\_\_  
EIN: \_\_\_\_\_  
Phone no.: \_\_\_\_\_

-Copy-

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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information—(See separate instructions.)**

OMB No. 1545-0047

**2005**

Department of the Treasury  
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization: **The Neighborhood Partnership Fund**      Employer identification number: **91-1943624**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(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
Cynthia Winter, 1020 SW Taylor St #680 Portland, OH 97205	Prog Officer 40	68,747	6,874	0
Amy Fauver, 1020 SW Taylor St #680 Portland, OH 97205	Prog Officer 40	54,912	5,491	0
Michael Fuss, 1020 SW Taylor St #680 Portland, OR 97205	Financial Mgr 30	52,601	5,260	0
	0	0	0	0
	0	0	0	0
Total number of other employees paid over \$50,000 ▶	0			

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Celilo Group Media Inc, 3941 SE Hawthorne Blvd Portland, OR 97214	Marketing for Tax Credit Program	63,255
		0
		0
		0
		0
Total number of others receiving over \$50,000 for professional services ▶	0	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
		0
		0
		0
		0
		0
Total number of other contractors receiving over \$50,000 for other services ▶	0	

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ.

Schedule A (Form 990 or 990-EZ) 2005

(HTA)

**Part III Statements About Activities** (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ <u>50,195</u> (Must equal amounts on line 38, Part VI-A, or line I of Part VI-B.) . . . . .	X	
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property? . . . . .		X
b Lending of money or other extension of credit? . . . . .		X
c Furnishing of goods, services, or facilities? . . . . .		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . . See part V, form 990	X	
e Transfer of any part of its income or assets? . . . . .		X
3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.) . . . . .		
b Do you have a section 403(b) annuity plan for your employees? . . . . .		X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)? . . . . .		X
4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .		X
b Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .		X

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions.)

The organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ► \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Country \_\_\_\_\_
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11 a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11 b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: (1) lines 5 through 12 above; or (2) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ►  Type 1  Type 2  Type 3

Provide the following information about the supported organizations. (See page 6 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above
The Oregon Community Foundation	11a

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total	
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					0	
16 Membership fees received					0	
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose		0			0	
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975		0			0	
19 Net income from unrelated business activities not included in line 18		0			0	
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf		0			0	
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge		0			0	
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	0	0	0	0	0	
23 Total of lines 15 through 22	0	0	0	0	0	
24 Line 23 minus line 17	0	0	0	0	0	
25 Enter 1% of line 23	0	0	0	0	0	
26 Organizations described on lines 10 or 11:						
a Enter 2% of amount in column (e), line 24					26a 0	
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b	
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 0	
d Add: Amounts from column (e) for lines:	18 0	19 0			26d 0	
	22 0	26b 0			26e 0	
e Public support (line 26c minus line 26d total)					26e 0	
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 0.00%	
27 Organizations described on line 12:						
a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year:						
(2004) _____ (2003) _____ (2002) _____ (2001) _____						
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:						
(2004) _____ (2003) _____ (2002) _____ (2001) _____						
c Add: Amounts from column (e) for lines:	15 0	16 0			27c 0	
	17 0	20 0	21 0			27d 0
d Add: Line 27a total	0	and line 27b total		0	27e 0	
e Public support (line 27c total minus line 27d total)					27e 0	
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f 0	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g 0.00%	
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h 0.00%	
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.						

Part V Private School Questionnaire (See page 7 of the instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?
32 Does the organization maintain the following:
a Records indicating the racial composition of the student body, faculty, and administrative staff?
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
d Copies of all material used by the organization or on its behalf to solicit contributions?
33 Does the organization discriminate by race in any way with respect to:
a Students' rights or privileges?
b Admissions policies?
c Employment of faculty or administrative staff?
d Scholarships or other financial assistance?
e Educational policies?
f Use of facilities?
g Athletic programs?
h Other extracurricular activities?
34 a Does the organization receive any financial aid or assistance from a governmental agency?
b Has the organization's right to such aid ever been revoked or suspended?
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked "a" and "limited control" provisions apply.

**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	36	45,080
37	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	37	5,115
38	Total lobbying expenditures (add lines 36 and 37) . . . . .	38 0	50,195
39	Other exempt purpose expenditures . . . . .	39	1,544,125
40	Total exempt purpose expenditures (add lines 38 and 39) . . . . .	40 0	1,594,320
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	<b>If the amount on line 40 is—</b>		<b>The lobbying nontaxable amount is—</b>
	Not over \$500,000 . . . . .		20% of the amount on line 40 . . . . .
	Over \$500,000 but not over \$1,000,000 . . . . .		\$100,000 plus 15% of the excess over \$500,000 . . . . .
	Over \$1,000,000 but not over \$1,500,000 . . . . .		\$175,000 plus 10% of the excess over \$1,000,000 . . . . .
	Over \$1,500,000 but not over \$17,000,000 . . . . .		\$225,000 plus 5% of the excess over \$1,500,000 . . . . .
	Over \$17,000,000 . . . . .		\$1,000,000 . . . . .
41	Grassroots nontaxable amount (enter 25% of line 41) . . . . .	41 0	229,716
42	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	42 0	57,429
43	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	43 0	0
44		44 0	0

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45	Lobbying nontaxable amount . . . . .	229,716	247,692		477,408
46	Lobbying ceiling amount (150% of line 45(e)) . . . . .				716,112
47	Total lobbying expenditures . . . . .	50,195	24,539		74,734
48	Grassroots nontaxable amount . . . . .	57,429	61,923		119,352
49	Grassroots ceiling amount (150% of line 48(e)) . . . . .				179,028
50	Grassroots lobbying expenditures . . . . .	45,080	21,644		66,724

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a Volunteers . . . . .
- b Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .
- c Media advertisements . . . . .
- d Mailings to members, legislators, or the public . . . . .
- e Publications, or published or broadcast statements . . . . .
- f Grants to other organizations for lobbying purposes . . . . .
- g Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .
- i Total lobbying expenditures (Add lines c through h.) . . . . .

Yes	No	Amount
		0

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



The Neighborhood Partnership Fund

91-1943624

2005

Part III -Organization's exempt purpose

The Neighborhood Partnership Fund's innovative leadership and resources support the creation of affordable homes, healthy communities, and economic opportunities for low-income Oregonians

**Line 1 (990) - Public Support and Contributions**

	Cash	Non Cash
<b>Line 1a - Direct public support</b>		
1 Contributions . . . . .	1,253,273	1
2 Membership dues and assessments (contributions from the public) . . . . .	30,560	2
3 Commercial co-venture . . . . .		3
4 Special events contributions (Line 9 - Special Events) . . . . .	0	4
5 _____		5
6 _____		6
7 _____		7
8 _____		8
9 _____		9
10 Total . . . . .	1,283,833	10 0
<b>Line 1b - Indirect public support . . . . .</b>		
<b>Line 1c - Government contributions (grants) . . . . .</b>	206,375	

**Line 22 (990) - Grants and allocations**

Check box if grantee is a business	Class of activity	Grantee's name	Address	City	State	Zip code	Foreign Country	Amount given	Relationship
	COMMUNITY DEV	CASCADIA BEH HEALTH	PO BOX 8459	PORTLAND	OR	97207		65,000	NONE
	COMMUNITY DEV	CENTRAL CITY CONCERN	232 NW 6TH AVE	PORTLAND	OR	97209		70,500	NONE
	COMMUNITY DEV	HACIENDA CDC	5136 NE 42ND AVE	PORTLAND	OR	97218		61,370	NONE
	COMMUNITY DEV	HUMAN SOLUTIONS	2900 SE 122ND AVE	PORTLAND	OR	97236		61,500	NONE
	COMMUNITY DEV	PORTLAND COMM. REINV	4829 NE MLK JR BLVD	PORTLAND	OR	97211		51,500	NONE
	COMMUNITY DEV	REACH CDC	1135 NE SALMON ST	PORTLAND	OR	97214		67,500	NONE
	COMMUNITY DEV	ROSE COMM DEV CORP	6515 SE DUKE	PORTLAND	OR	97206		54,750	NONE
	COMMUNITY DEV	SABIN COMM DEV CORP	1488 NE ALBERTA ST	PORTLAND	OR	97211		6,500	NONE
	COMMUNITY DEV	CARITAS COMM HOUSING	231 SE 12TH AVE	PORTLAND	OR	97214		15,000	NONE
	COMMUNITY DEV	CLACKAMAS COMM LD TR	2316 SE WILLARD ST	MILWAUKIE	OR	97222		10,000	NONE
	COMMUNITY DEV	COMMUNITY ACTION TEAM	310 COLUMBIA BLVD	ST HELENS	OR	97051		55,000	NONE
	COMMUNITY DEV	COMM PTRS FOR AFFORD	PO BOX 23206	TIGARD	OR	97281		31,500	NONE
	COMMUNITY DEV	CORVALLIS NGBRHD HO	257 SW MADISON AVE	CORALLIS	OR	97333		20,000	NONE
	COMMUNITY DEV	FARMWORKER HOUSING	1274 5TH ST, SUITE 1A	WOODBURN	OR	97071		16,500	NONE
	COMMUNITY DEV	HDC OF NW OREGON	220 SE 12TH AVE, SUITE A-100	HILLSBORO	OR	97123		21,000	NONE
	COMMUNITY DEV	MAINSTREAM HOUSING	433 W 8TH ST, SUITE #1	EUGENE	OR	97401		10,000	NONE
	COMMUNITY DEV	NEDCO	775 MONROE ST	EUGENE	OR	97402		10,000	NONE
	COMMUNITY DEV	NW HOUSING ALTERNATV	2316 SE WILLARD ST	MILWAUKIE	OR	97211		40,000	NONE
	COMMUNITY DEV	ONTRACK, INC	221 WEST MAIN ST	MEDFORD	OR	97501		20,000	NONE
	SEE ADD'L SCH							64,730	
	Totals:							752,350	

The Neighborhood Partnership Fund  
 2005  
 91-1943624  
 Form 990  
 Part II Line 22 - sub-schedule

Class of Activity	Name	Address	Amount	Relationship
COMM DEV	POLK COMM DEV	657 SW MAIN ST, DALLAS, OR 97338	10,000	NONE
COMM DEV	SALEM CDC	PO BOX 7364, SALEM, OR 97303	10,000	NONE
COMM DEV	TUALATIN VALLEY HOUSING	6160 SW MAIN ST, BEAVERTON, OR 97008	25,000	NONE
COMM DEV	UMPQUA CDC	738 SE KANE ST, ROSEBURG, OR 97470	10,000	NONE
COMM DEV	YAMHILL COMM DEV	PO BOX 1193, MCMINNVILLE, OR 97128	5,000	NONE
COMM DEV	ST VINCENT DE PAUL	PO BOX 24608, EUGENE, OR 97402	930	NONE
COMM DEV	OALUAH	PO BOX 40291, PORTLAND, OR 97240	300	NONE
COMM DEV	CITY OF PORTLAND	1120SW 5TH AVE, PORTLAND, OR 97204	1,000	NONE
COMM DEV	MULTNOMAH COUNTY	4540 SW KELLY AVE, PORTLAND, OR 97239	1,500	NONE
COMM DEV	CATHOLIC CHARITIES	231 SE 12TH AVE, PORTLAND, OR 97214	500	NONE
COMM DEV	PORTLAND IMPACT	7211 SE 62ND AVE, PORTLAND, OR 97205	500	NONE
			<u>64,730</u>	

This total to main page of Part II Line 22

**Line 43 (990) - Other Deductions**

323,301

315,594

6,928

779

Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Contracted Services-trainers, consultants	244,121	239,672	3,830	619
2	Computer Supplies & Service	3,101	2,506	519	76
3	Meeting expenses	6,307	5,629	663	15
4	Facility Rental & Food - Training programs	63,453	63,453		
5	Subscriptions, Dues, Memberships	2,771	2,434	332	5
6	Insurance	1,803	1,405	334	64
7	Bank Charges	316	236	80	0
8	Other	1,429	259	1,170	0
9		0			
10		0			
11		0			
12		0			
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

**Line 57 (990) - Land, buildings, and equipment**

Land (net of any amortization)		Land (net of any amortization)			
		Beginning		End	
1	.....	1			
2	.....	2			
3	.....	3			
4	.....	4			
5	.....	5			
6	Total land (net of any amortization)	6	0		0

  

Buildings and equipment		Buildings and equipment		Accumulated depreciation		
		Beginning	End	Beginning	End	
7	Equipment, Furniture, Fixtures	7	75,678	82,579	65,085	69,280
8	.....	8				
9	.....	9				
10	.....	10				
11	.....	11				
12	.....	12				
13	.....	13				
14	.....	14				
15	.....	15				
16	.....	16				
17	Total buildings and equipment	17	75,678	82,579	65,085	69,280
18	Buildings and equipment (less accumulated depreciation)	18			10,593	13,299
19	Total land, buildings and equipment	19			10,593	13,299

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
1	.....	1		
2	.....	2		
3	.....	3		
4	.....	4		
5	.....	5		
6	.....	6		
7	.....	7		
8	.....	8		
9	.....	9		
10	.....	10		
11	Total	11	0	0

**Line 65 (990) - Other liabilities**

12,365

17,281

		Beginning	End
1	Accrued payroll and vacation	12,365	17,281
2			
3			
4			
5			
6			
7			
8			
9			
10			

**990 Form - Part III, line e**

- 
- 1 Policy program - NPF provides research and dissemination of creative strategies to expand affordable housing. Program adds ..
  - 2 support to other non-profit housing organizations and strives to influence decision makers to support afford Hous-\$137,162. ....
  - 3 Bridges to Housing - Coordinate four county, two state effort to alleviate family homelessness. NPF acts to centralize program ..
  - 4 design and delivery, to evaluate impact and support fundraising. - 32,644. ....
  - 5 .....
-