

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

2004

Open to Public Inspection

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 2004 calendar year, or tax year beginning

7/1/04

, and ending

6/30/05

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.

C Name of organization

The Neighborhood Partnership Fund

Number and street (or P.O. box if mail is not delivered to street address)

1020 SW Taylor St.

Room/suite

680

City or town

Portland

State or country

OR

ZIP + 4

97205

D Employer identification number

91-1943624

E Telephone number

503-226-3001

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

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

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 ▶

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 received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

2,259,620

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)

1 Contributions, gifts, grants, and similar amounts received:				
a Direct public support	1a	2,092,848		
b Indirect public support	1b			
c Government contributions (grants)	1c	122,511		
d Total (add lines 1a through 1c) (cash \$ _____ noncash \$ _____)	1d		2,215,359	
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		36,558	
3 Membership dues and assessments	3			
4 Interest on savings and temporary cash investments	4		7,703	
5 Dividends and interest from securities	5			
6a Gross rents	6a			
b Less: rental expenses	6b			
c Net rental income or (loss) (subtract line 6b from line 6a)	6c			
7 Other investment income (describe _____)	7			
8a Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
b Less: cost or other basis and sales expenses	8a			
c Gain or (loss) (attach schedule)	8b			
d Net gain or (loss) (combine line 8c, columns (A) and (B))	8c			
8d				
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a Gross revenue (not including \$ _____ of contributions reported on line 1a)	9a	2,092,848		
b Less: direct expenses other than fundraising expenses	9b			
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c			
10a Gross sales of inventory, less returns and allowances	10a			
b Less: cost of goods sold	10b			
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c			
11 Other revenue (from Part VII, line 103)	11			
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		2,259,620	
13 Program services (from line 44, column (B))	13		1,821,117	
14 Management and general (from line 44, column (C))	14		105,693	
15 Fundraising (from line 44, column (D))	15		27,031	
16 Payments to affiliates (attach schedule)	16			
17 Total expenses (add lines 16 and 44, column (A))	17		1,953,841	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		305,779	
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,141,451	
20 Other changes in net assets or fund balances (attach explanation)	20			
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		1,447,230	

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 page 22 of 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 \$ 942,500 noncash \$)	22	942,500	942,500	
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25	Compensation of officers, directors, etc.	25	44,517	32,943	8,903
26	Other salaries and wages	26	209,514	154,852	40,794
27	Pension plan contributions	27	22,520	16,482	4,547
28	Other employee benefits	28	39,025	28,562	7,867
29	Payroll taxes	29	22,928	16,796	4,622
30	Professional fundraising fees	30			
31	Accounting fees	31	7,215	4,685	1,770
32	Legal fees	32			
33	Supplies	33	10,808	7,380	2,913
34	Telephone	34	3,932	2,688	988
35	Postage and shipping	35	2,364	1,696	521
36	Occupancy	36	30,443	21,287	7,322
37	Equipment rental and maintenance	37	613	429	140
38	Printing and publications	38	4,070	3,610	373
39	Travel	39	9,371	8,736	599
40	Conferences, conventions, and meetings	40	18,717	15,326	3,341
41	Interest	41	5		5
42	Depreciation, depletion, etc. (attach schedule)	42	4,644	3,271	1,080
43	Other expenses not covered above (itemize): a Insurance	43a	1,483	1,017	342
	b Recruitment	43b	1,734		1,734
	c Facilities rental/food/lodging - training programs	43c	298,219	298,034	185
	d Contracted Services	43d	274,270	258,814	14,901
	e Other	43e	1,953	9	1,944
	f Subscriptions, dues, memberships	43f	2,996	2,000	802
44	Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	1,953,841	1,821,117	105,693

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 \$; (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 page 25 of the instructions.)What is the organization's primary exempt purpose? ☐ See Statement for Part III

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.)

	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a The Portland and Statewide Community Development Collaboratives administered by NPF pool resources to provide operating support grants to community development organizations. 32 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 \$ 707,500)	833,831
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 10 organizations during the fiscal year. The grants funded critical staff of resident services programs. (Grants and allocations \$ 235,000)	302,532
c 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 335 participants in training and conference programs. Expenses include a hosted 4 day national conference for non-profit executive directors. (Grants and allocations \$)	476,018
d 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. 296 Individuals participated this year. (Grants and allocations \$)	80,547
e Other program services (attach schedule) (Grants and allocations \$)	128,189
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	1,821,117

The Neighborhood Partnership Fund

91-1943624

Part III - Organization's Primary 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.

Part IV Balance Sheets (See page 25 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	49,705	45	18,444
	46 Savings and temporary cash investments	1,391,664	46	802,465
	47 a Accounts receivable b Less: allowance for doubtful accounts	47a 47b	47c	
	48 a Pledges receivable b Less: allowance for doubtful accounts	48a 48b	48c	
	49 Grants receivable	360,490	49	1,280,547
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)	50		
	51 a Other notes and loans receivable (attach schedule) b Less: allowance for doubtful accounts	51a 51b	51c	
	52 Inventories for sale or use	52		
	53 Prepaid expenses and deferred charges	5,969	53	9,758
	54 Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
	55 a Investments—land, buildings, and equipment: basis b Less: accumulated depreciation (attach schedule)	55a 55b	55c	
	56 Investments—other (attach schedule)	56		
	57 a Land, buildings, and equipment: basis 75,678 b Less: accumulated depreciation (attach schedule) 65,085	57a 57b	14,383	57c 10,593
	58 Other assets (describe <input type="checkbox"/>)	58		
	59 Total assets (add lines 45 through 58) (must equal line 74)	1,822,211	59	2,121,807
Liabilities	60 Accounts payable and accrued expenses	16,422	60	7,012
	61 Grants payable	651,077	61	643,000
	62 Deferred revenue	62	12,200	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	63		
	64 a Tax-exempt bond liabilities (attach schedule) b Mortgages and other notes payable (attach schedule)	64a 64b		
	65 Other liabilities (describe <input type="checkbox"/> Accrued payroll and vacation)	13,261	65	12,365
66 Total liabilities (add lines 60 through 65)	680,760	66	674,577	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	342,285	67	266,933
	68 Temporarily restricted	799,166	68	1,180,297
	69 Permanently restricted	69		
	Organizations that do not follow SFAS 117, check here <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 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)	1,141,451	73	1,447,230	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	1,822,211	74	2,121,807	

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

a	Total revenue, gains, and other support per audited financial statements . . . ▶	a	2,259,620
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	2,259,620
d	Amounts included on line 12, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) and (2) . . ▶	d	
e	Total revenue per line 12, Form 990 (line c plus line d) ▶	e	2,259,620

a	Total expenses and losses per audited financial statements . . . ▶	a	1,953,841
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities . . . \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	1,953,841
d	Amounts included on line 17, Form 990 but not on line a:		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	----- \$		
	----- \$		
	Add amounts on lines (1) and (2) . . ▶	d	
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	1,953,841

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see page 27 of 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	(E) Expense account and other allowances
Name Ned Rosch Str 1020 SW Taylor City Portland ST OR ZIP 97205	Title Exec. Director Hr/WK 40	20,517	2,052	
Name Janet Byrd Str 1020 SW Taylor City Portland ST OR ZIP 97205	Title Exec. Director Hr/WK 40	24,000	2,400	
Name Kelly Cartales Str 10227 Wincopin City Columbia ST MD ZIP 21044	Title Brd Member Hr/WK 1			
Name Phil Damiano Str 220 NW 2nd Ave City Portland ST OR ZIP 97209	Title Brd Secretary Hr/WK 1			
Name Laurie Oettinger Str 1501 4th Ave City Seattle ST WA ZIP 98101	Title Brd Member Hr/WK 1			
Name Bernie Kronberger Str 1300 SW Fifth Ave City Portland ST OR ZIP 98101	Title Brd Member Hr/WK 1			
Name Bob Repine Str 1600 State St City Salem ST OR ZIP 97310	Title Brd Member Hr/WK 1			
Name Danie Robertson Str PO Box 880 City Roseburg ST OR ZIP 97470	Title Brd Member Hr/WK 1			
Name Lynn Schoessler Str PO Box 732 City Salem ST OR ZIP 97308	Title Brd Chair Hr/WK 2			
Name Carl Talton Str 1909 NE Knott City Portland ST OR ZIP 97212	Title Brd Member Hr/WK 1			

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☐ Yes ☒ No
If "Yes," attach schedule—see page 28 of the instructions.

List of Officers, Directors, Trustees and Key Employees - Page 2

Name and address	Title and hours per wk	Comp.	Benefits	Exp. Acct
Jean Tate	Brd Member			
Eugene, OR 97402		1		
Steven Wasson	Brd Member			
Lake Oswego, OR 97034		1		
Joe Weston	Brd Member			
Portland, OR 97212		1		

Part VI Other Information (See page 28 of the instructions.)

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . .	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . .	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . .	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a X	
b If "Yes," enter the name of the organization ▶ The Oregon Community Foundation and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a Enter direct and indirect political expenditures. See line 81 instructions . . . 81a		
b Did the organization file Form 1120-POL for this year?	81b	X
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?	82a	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? . . .	83a X	
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b X	
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b N/A	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
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 N/A		
d Section 162(e) lobbying and political expenditures 85d N/A		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g N/A	
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 N/A	
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 . . . 86a N/A		
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 ▶ ; section 4912 ▶ ; section 4955 ▶		
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 ▶		
d Enter: Amount of tax on line 89c, above, reimbursed by the organization ▶		
90 a List the states with which a copy of this return is filed ▶ OR		
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions.) 90b		5
91 The books are in care of ▶ Name Michael Fuss Telephone no. ▶ (506) 226-3001 Located at ▶ 1020 SW Taylor St #680 City Portland ST OR ZIP + 4 ▶ 97205		
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 —Check here ▶ 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 page 33 of 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, Contracts, Consulting Fees					36,558
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	7,703	
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		
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				7,703	36,558
105 Total (add line 104, columns (B), (D), and (E))					44,261

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 page 34 of 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 page 34 of 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				

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of 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).

Please Sign Here

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

Signature of officer: Janet Byrd Date: _____ Executive Director

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: ☐ Preparer's SSN or PTIN (See Gen. Inst. W): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____ EIN: _____ Phone no.: _____

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 Section 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2004

Department of the Treasury
Internal Revenue Service

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

Supplementary Information—(See separate instructions.)

Name of the organization

Employer identification number

The Neighborhood Partnership Fund

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
Name Cynthia Winter Str 1020 SW Taylor Suite 680 City Portland ST OR Zip 97205 Country	Title Prog Officer Avg hr/wk 40	68,648	6,865	
Name Michael Fuss Str 1020 SW Taylor Suite 680 City Portland ST OR Zip 97205 Country	Title Fin Mgr Avg hr/wk 30	56,047	5,605	
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Name Str City ST Zip Country	Title Avg hr/wk			
Total number of other employees paid over \$50,000				

Part II 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
Name NONE Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Name Str City ST ZIP Country Check here if a business <input type="checkbox"/>		
Total number of others receiving over \$50,000 for professional services		

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>24,539</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.)		X
b Do you have a section 403(b) annuity plan for your employees?		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) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above
The Oregon Community Foundation	13

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
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					
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					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
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					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22					
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 26a

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 2000 through 2003 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

d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 26d
22 _____ 26b _____ 26e

e Public support (line 26c minus line 26d total) 26e

f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) 26f

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:

(2003) _____ (2002) _____ (2001) _____ (2000) _____

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 11, 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:

(2003) _____ (2002) _____ (2001) _____ (2000) _____

c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 27c
17 _____ 20 _____ 21 _____ 27d

d Add: Line 27a total _____ and line 27b total _____ 27e

e Public support (line 27c total minus line 27d total) 27e

f Total support for section 509(a)(2) test: Enter amount from line 23, column (e) 27f

g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) 27g

h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) 27h

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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)

N/A

	Yes	No
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?	29	
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?	30	
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? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
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	35	

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	21,644
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	2,895
38	Total lobbying expenditures (add lines 36 and 37)	38	24,539
39	Other exempt purpose expenditures	39	1,929,302
40	Total exempt purpose expenditures (add lines 38 and 39)	40	1,953,841
41	Lobbying nontaxable amount. Enter the amount from the following table—		
	If the amount on line 40 is—		
	Not over \$500,000		
	Over \$500,000 but not over \$1,000,000		
	Over \$1,000,000 but not over \$1,500,000		
	Over \$1,500,000 but not over \$17,000,000		
	Over \$17,000,000		
	The lobbying nontaxable amount is—		
	20% of the amount on line 40		
	\$100,000 plus 15% of the excess over \$500,000		
	\$175,000 plus 10% of the excess over \$1,000,000		
	\$225,000 plus 5% of the excess over \$1,500,000		
	\$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	61,923
43	Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

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.)

		Lobbying Expenditures During 4-Year Averaging Period				
Calendar year (or fiscal year beginning in) ►		(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45	Lobbying nontaxable amount	247,692				247,692
46	Lobbying ceiling amount (150% of line 45(e))					371,538
47	Total lobbying expenditures	24,539				24,539
48	Grassroots nontaxable amount	61,923				61,923
49	Grassroots ceiling amount (150% of line 48(e))					92,885
50	Grassroots lobbying expenditures					

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

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

Line 1a (990) - Direct public support

1	Contributions	1	2,092,848
2	Non Cash Contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 9 - Special Events)	6	
7	-----	7	
8	-----	8	
9	-----	9	
10	Total	10	2,092,848

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

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

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	Equipment, Furniture, Fixtures	74,823	75,678	60,440	65,085
8					
9					
10					
11					
12					
13					
14					
15					
16					
17	Total buildings and equipment	74,823	75,678	60,440	65,085
18	Buildings and equipment (less accumulated depreciation)			14,383	10,593
19	Total land, buildings and equipment			14,383	10,593

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

Line 65 (990) - Other liabilities

	Beginning	End
1	13,261	12,365
2		
3		
4		
5		
6		
7		
8		
9		
10		
11	Total other liabilities	13,261 12,365

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
This total to main page of Part II Line 22			64,730	