# Form **990**

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

OMB No. 1545-0047

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

		the Treasury ue Service	•	The organ	nization may l	have to use a	copy of this re	turn to s	atisfy s	tate rep	orting r	equirements.		Ins	pection	
Α	For the	2009 cal	endar ye	ar, or tax	year beginni	ng	7/1/200	)9	,	and e	nding	6/30	)/2010	)		
В	Check if ap	oplicable:	Please	C Name	of organization	Neighbo	rhood Partr	nerships	, Inc			D Employer	identifi	cation num	ber	
	Address	change	use IRS label or	Doing I	Business As							91-1943624				
	Name ch	ange	print or	Numbe	r and street (or	P.O. box if mail	is not delivered	to street a	address)	Ro	om/suite	E Telephone	numbe	r		
	nitial retu	ırn	type. See	1020 SV	V Taylor St.					68	0	503-226-30	01			
	Γerminat	ed	Specific			country, and ZIP	+ 4			1	-					
$\Box$	Amended	d return	Instruc- tions.	Portland			(	OR	97	205		<b>G</b> Gross rece	ipts \$		2,190,799	
	Application	on pending	F N	ame and a	address of prir	ncipal officer:					H(a) is	this a group retu	rn for af	filiates?	Yes X No	
			Janet R	vrd 1020	SW Taylor S	Suite 680, Po	ntland OR	97205			1	e all affiliates inc			Yes No	
		mpt status		-			4947(a)(1)		527		` ′	"No," attach a lis		nstructions)		
		-			) <b>◀</b> (inse	ert no.)	4947(a)(1)	01	] 527		4					
			$\neg$	odpartner	ships.org						<b>H(c)</b> Gr	oup exemption r	umber	<u> </u>		
		rganization:	X Co	rporation	Trust	Association	Other ▶	•		L Yea	r of forma	ation: 1997	M S	State of lega	I domicile: OR	
P	art I		mmary													
	1	Briefly d	escribe 1	the organ	ization's mis	ssion or most	significant	activities	s: <u>N</u> e	eighbo	rhood F	Partnerships'	missio	on is to ci	eate	
•						n <u>is work is ac</u>										
in Ce				r low-inco	me people o	enabling ther	n to build pe	rsonal a	and fin	ancial	assets	and have sa	fe and	affordab	<u>le</u>	
Activities & Governance		housing.  Check this box  if the organization discontinued its operations or disposed of more than 25% of its ne														
Š	2	Check tl	nis box	▶ if	the organiza	ation disconti	nued its ope	rations	or disp	osed (	of more	than 25% o	f its ne			
જ	3	Number	of voting	g membe	rs of the gov	verning body	(Part VI, line	e 1a) .					3		8	
ties	4	Number	of indep	endent v	oting memb	ers of the go	verning bod	y (Part \	√I, line	1b) .			4		8	
Ę.	5	Total nu	mber of	employed	es (Part V, li	ne 2a) .   .   .							5		7	
Ϋ́	6					if necessary)							6			
	7a	Total gro	oss unre	lated bus	iness reven	ue from Part	VIII, column	ı (C), lin	e 12 .				7a		0	
	b	Net unre	elated bu	ısiness ta	xable incom	ne from Form	990-T, line	34					7b		0	
												Prior Year		Cui	rrent Year	
m	8			-	•	ne 1h)							7,744		908,132	
ž	9					ne 2g) .   .   .							),433		1,267,277	
Revenue	10					(A), lines 3,						27	7,677		9,233	
Œ	11		-			lines 5, 6d, 8			-				0		6,157	
	12					ust equal Part							5,854		2,190,799	
	13	Grants and similar amounts paid (Part IX, column (A), line										1,196			1,068,889	
	14		Benefits paid to or for members (Part IX, column (A), line 4)						435,075			<u> </u>				
S	15					ee benefits (						43		475,246		
Expenses	16a			_	•	, column (A),							0		0	
ă.			_			column (D), li				20,293						
ш	17					lines 11a-11				•			),925			
	18					st equal Part					2,872,78					
	19	Revenu	e iess ex	penses.	Subtract line	e 18 from line	12	<u> </u>		• •	Danin	-1,236		F	148,101	
ts o	20	Total ac	cotc (Do	rt V lino	16)						Бедіп	ning of Current 4,514		E0	6,512,908	
Asse Bala	21												9,576		5,670,359	
Net Assets or Fund Balances	22					t line 21 from							1,448		842,549	
	rt II		nature		es. Subtract	t lille 21 floiri	11116 20			• •		09-	+,++0		042,049	
1 6					declare that Lt	nave examined th	nis return inclu	ding accor	mpanying	a schedu	les and s	statements and	to the be	est of my kn	owledge	
			•			Declaration of p		•		-					•	
Si.	ın															
Sig He			Signature	of officer								Date				
пе	re		Janet B	yrd						Execu	utive Di	rector				
		<b>    </b>	Type or pr	rint name an	d title											
			arer's					Date			heck if				ring number	
Pai		signa	iture								elf- nployed	▶□	(see ins	structions)		
	parer's	I Firm	s name (or	yours N						J 01		FIN •	1			
Use	Only	if self	f-employed	l),								-				
_			ess, and ZI									Phone no.		<u> </u>		
May	/ the IF	2S discus	e thie re	turn with	the prepare	r shown abov	12 (SEE ins	truction	e)						Vos No	

Pa	rt III Statement of Program Service Accomplishments
1	Briefly describe the organization's mission:
	Neighborhood Partnerships' mission is to create
	opportunity for low-income people. This work is accomplished through various programs where we strive to maximize
	the resources for low-income people enabling them to build personal and financial assets and have safe and affordable
	housing.
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 1,195,788 including grants of \$ 344,995 ) (Revenue \$ 1,223,703 )
	Bridges to Housing - The nationally-recognized Bridges to Housing program serves high need homeless families in Clark County,
	WA and in Clackamas, Multnomah and Washington Counties in Oregon. The Bridges to Housing model allows local governments
	and private foundations to leverage their resources and supports service providers as they work to improve the lives of high need
	families. Bridges to Housing provides housing, intensive services, and child care in an effort to move families out of crises
	and keep future generations out of homelessness. NP served approximately 190 families in 2010, while inspiring systems
	change and improving case management.
4b	(Code: ) (Expenses \$ 347,466 including grants of \$ 0 ) (Revenue \$ 415,894 )
	IDA Initiative - Neighborhood Partnerships is the non-profit administrator for the State of Oregon's Individual Development Account
	(IDA) Tax Credit Program. Contributions to NP are allocated to a network of partner organizations that provide financial literacy
	training, financing for education, micro-enterpise development support, and help with homeownership. In 2009, NP received \$4.7
	million in donations for this program, which will help more than one thousand additional low-income Oregonians across the
	state increase their financial education and stability by saving for and purchasing an asset. Partners offering IDAs operate in
	29 counties in Oregon, and are rapidly expanding to cover every community in the state.
4-	(Code: \(\sigma\) \(\s
40	(Code: ) (Expenses \$ 117,835 including grants of \$ 49,080 ) (Revenue \$ 119,603 )
	Resident Services - The Resident Services Program makes resources and technical assistance available to organizations providing housing plus services and seeks to measure individual outcomes (better grades in school,
	financial literacy) and system-related outcomes (lower involuntary turnover, lower maintenance costs)
	A total of \$49,080 in grants was provided to 14 organizations.
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ 223,599 including grants of \$ 0 ) (Revenue \$ 254,914 )
4e	Total program service expenses ► 1,884,688

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. 2 Is the organization required to complete Schedule B, Schedule of Contributors? 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I I  4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II I  5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Section 501(c)(6), 501(c)(6), 501(c)(6) organizations in such funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Section 501(c)(6), 501(c)	X X X
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<ul> <li>VII, VIII, IX, or X as applicable</li></ul>	
<ul> <li>Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.</li> <li>Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.</li> <li>Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.</li> <li>Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.</li> <li>Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.</li> </ul>	l
<ul> <li>Schedule D, Part VI.</li> <li>Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.</li> <li>Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.</li> <li>Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.</li> <li>Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.</li> </ul>	
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• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	
Did the organization's separate or consolidated financial statements for the tax year include a footnote that	
addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete</i>	
Schedule D, Parts XI, XII, and XIII.	
12A Was the organization included in consolidated, independent audited financial statements for the tax  Yes No	
year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	Х
14a Did the organization maintain an office, employees, or agents outside of the United States?	Х
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	
business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> <b>14b</b>	Х
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	
organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	Х
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	
to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	Χ
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	
on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	Х
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	
Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Х
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	
If "Yes," complete Schedule G, Part III	Х
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	X

# Form 990 (2009) Neighborhood Partnerships, Inc Part IV Checklist of Required Schedules (continued)

11 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part X, column (A), line ? If I "Yes, complete Schedule I, Parts I and III				Yes	No
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III .  23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization current and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule J .  24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.  25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to delease any tax-exempt bonds? .  26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year? .  26 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person unit and uning the year? If "Yes," complete Schedule L, Part I .  27 Did the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E2? If "Yes," complete Schedule L, Part II .  28 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part II .  29 Was the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV .  29 Did the organization receive more than 25,000 in non-cash contributions? If "Yes," complete Schedule II. Part IV .  29 Did the organization inquidate, terminate, or dissolve and cease operations? If "Yes," complete	21				
United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  22  23  24  24  25  26  26  27  28  28  29  29  29  29  29  20  20  20  20  20			21	Χ	
23 Did the organization answer "Yes" to Part VII, Section A, line 3. 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24d Did the organization and uning the year? 14d Did the organization and exceptions? 24d Did the organization and the transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 "Yes," complete Schedule L, Part I I Septimental Problems of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 "Yes," complete Schedule L, Part I I Septimental Problems of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 "Yes," complete Schedule L, Part I I Septimental Problems of the organization with a disqualified person in a prior year, and that the transaction and the organization or problems of the organization with a disquali	22				
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Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II					
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Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28a  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28b  c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct owner? If "Yes," complete Schedule L, Part IV.  29c  29d Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I.  30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  31 Say related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  32 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  32 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization and that is irreated as a partnership for federal income tax purposes? If "Ye	26				
substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III			26		Χ
## "Yes," complete Schedule L, Part III    28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	27				
Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28b  C An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28c  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I.  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  33 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part S II, III, IV, and V, line 1  34 Was the organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations by officer and			27		~
Part IV instructions for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.  28c  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  32 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I.  33 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11 and	28	·	21		Х
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  28c  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  31 Did the organization on 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  32 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part SII, III, IV, and V, line 1  34 Was the organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V	20				
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.  28c  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  32 Section 501.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  33 Us she organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II.  34 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.  35 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11 and	а		28a		Х
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.  28c  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.  33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1  34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI, lines 11 and					
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Part IV	С				
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		Part IV	28c		Х
conservation contributions? If "Yes," complete Schedule M	29		29		Χ
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30				
Part I			30		Χ
<ul> <li>Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II</li></ul>	31				
132   33   34   35   36   36   37   38   39   39   39   39   39   39   39	20		31		Χ
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	32		22		Х
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		32		
<ul> <li>Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</li></ul>	33		33		Х
III, IV, and V, line 1	34				,,
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	-		34		Χ
<ul> <li>Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2</li></ul>	35				
organization? If "Yes," complete Schedule R, Part V, line 2		Schedule R, Part V, line 2	35		Χ
<ul> <li>37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i></li></ul>	36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>			36		Χ
VI	37	· · · · · · · · · · · · · · · · · · ·			
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and					
			37		Χ
19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38				
		19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	X	

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
		:5		
b	Enter the flamber of Fermi VI 20 molecular limb fa. Enter of inflort applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	=== j = = = j = = = = j = = = = = = = =	7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
_	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	0-		V
	this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		+
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Voc " onter the name of the fergian country.	44		+^
D	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_		
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7.		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7c		X
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	-		
·	benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		Х	1
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h	Х	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		_
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	-		
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities <b>10b Section 501(c)(12) organizations.</b> Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
~	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
h				

91-1943624

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sect	tion A. Governing Body and Management					
		Ī	1		Yes	No
1a	Enter the number of voting members of the governing body	1a		8		
b	Enter the number of voting members that are independent	1b		8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business rela					
	any other officer, director, trustee, or key employee?			2		Х
3	Did the organization delegate control over management duties customarily performed by or u					
	supervision of officers, directors or trustees, or key employees to a management company or	other	person?	. 3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 9			4		Χ
5	Did the organization become aware during the year of a material diversion of the organization	's ass	ets?	5		Х
6	Does the organization have members or stockholders?			6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or n					
	of the governing body?			7a		Χ
b	Are any decisions of the governing body subject to approval by members, stockholders, or other	ner pe	rsons?	7b		Χ
8	Did the organization contemporaneously document the meetings held or written actions unde	rtaken	during			
	the year by the following:					
а	The governing body?			. 8a	Х	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who canno					
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule	€Ο.		. 9a		Χ
Sect	tion B. Policies (This Section B requests information about policies not required by th	e Inte	ernal			
Reve	enue Code.)					
					Yes	No
10a	Does the organization have local chapters, branches, or affiliates?			10a		Χ
b	If "Yes," does the organization have written policies and procedures governing the activities of					
	affiliates, and branches to ensure their operations are consistent with those of the organizatio			10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body b					
	form?			11	Х	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests t	hat co	uld give			
	rise to conflicts?			. 12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the pol					
	describe in Schedule O how this is done			12c	_	
13	Does the organization have a written whistleblower policy?			13	Х	
14	Does the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and a		•			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	ation a	ind decision?			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization				X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar a	_				
	with a taxable entity during the year?			. 16a		Χ
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization					
	its participation in joint venture arrangements under applicable federal tax law, and taken step					
	the organization's exempt status with respect to such arrangements?			16b		
Sect	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ► OR					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ar	ıd 990	-T (501(c)(3)s	only)		
	available for public inspection. Indicate how you make these available. Check all that apply.					
	X Own website Another's website X Upon request					
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents of the control	nents,	conflict of inte	erest		
	policy, and financial statements available to the public.					
20	State the name, physical address, and telephone number of the person who possesses the b	ooks a	ind records of	the		
	organization: ► Michael Fuss		(506) 226	-3001		
	1020 SW Taylor St #680 Portland OR 97205					

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

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

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

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

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

Check this box if the organization did not compe	nsate any curre	nt offi	icer	, di	rec	tor, or	tru	stee.		
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director	nstitutional trustee	hecl Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
MIKE BARR MEMBER	1.	Х						0	0	0
JESSE BEASON MEMBER	1.	Х						0	0	0
BRUCE DOBBS MEMBER	1.	Χ						0	0	0
BILL HALL MEMBER	1.	Х						0	0	0
BRIAN STEWART MEMBER	1.	Х						0	0	0
BERNIE KRONBERGER TREAS	1.			Χ				0	0	0
DANIEL ROBERTSON CHAIR	1.			Χ				0	0	0
LYNN SCHOESSLER SECRETARY	1.			Х				0	0	0
JANET BYRD EXECUTIVE DIR	40.			Х				80,231	0	18,293
MICHAEL FUSS FINANCE DIR	24.			Х				47,009	0	17,733

Pa	rt VII Section A. Officers, Direct	ors, Trustees, Key E	mplo	yees	, and	d Hig	ghes	t Co	mpensated Em	ployees (cor	ıtinue	∍d)
	(A)	(B)				C)			(D)	(E)		(F)
	Name and title	Average hours per week	or director		Officer	all Key employee	a Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MIS	8	Estimated amount of other compensation from the organization and related organizations
				ee			sated					
1b	Total					·	٠	<b>•</b>	127,240		0	36,026
2	Total number of individuals (including						o red	ceive	ed more than \$10	00,000 in		
	reportable compensation from the or	ganization ►			0							
										,		Yes No
3	Did the organization list any former			•		yee,	or h	ighe	st compensated			
	employee on line 1a? If "Yes," comp										3	X
4	For any individual listed on line 1a, is	•		•					•			
	the organization and related organization	-	50,00	0? <i>I</i> 1	f "Ye	s," c	ompl	ete S	Schedule J for su	uch		
_	individual										4	X
5	Did any person listed on line 1a rece	•			•				•			
500	services rendered to the organization ction B. Independent Contractors	1? II Yes, complete	Scriec	iuie .	101	Sucri	pers	SOII	<u> </u>		5	X
1	Complete this table for your five high	est compensated inde	nend	ent c	ontr	actor	e the	at rec	reived more than	\$100,000 0	 F	
	compensation from the organization.		рспа	Citt	, or it is	actor	3 1110		cived more than	ΤΨ100,000 0		
	Name and b	(A) pusiness address							(B) Description of serv	vices	Comp	(C) pensation
	Central City Concern 2	32 NW 6th, Portland,	OR 97	209				Soc	ial Services			166,251
	Human Solutions 1	2350 SE Powell, Portl	and, (	OR 9	7236	;		Soc	ial Services			156,237
		O Box 33530, Portlan			92				ial Services			292,857
	Portland State University P	O Box 751, Portland,	OR 97	7201				Pro	gram Evaluation			224,458
2	Total number of independent contract	ctors (including but no	limite	ed to	thos	e lis	ted a	bove	e) who received			(
	more than \$100,000 in compensatio	· · ·					4		·			

Part	: VIII	Statement of Revenue					•
				(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
υ <sub>10</sub>	10	Fodorated compaigns	0		revenue		512, 513, or 514
		Federated campaigns	0				
gra	b	Membership dues	0				
am am	С	Fundraising events	2,286				
gif ar	d	Related organizations	0				
s, g	е	Government grants (contributions) 1e	0				
is is		All other contributions, gifts, grants, and					
je je	-	similar amounts not included above	905,846				
Ę t	~	Noncash contributions included in lines 1a-1f: \$	0				
Contributions, gifts, grants and other similar amounts	g			000 420			
	n	Total. Add lines 1a–1f		908,132			
an	_	<u> </u>	Business Code				
ě.		·	311710	2,925	2,925		
8		·	900099	800,124	800,124		
<u>vic</u>	С	State IDA and preservation program fees 9	900099	464,228	464,228		
Ser	d			0			
Ē	е			0			i
Program Service Revenue	f	All other program service revenue		0			1
P	q	Total. Add lines 2a–2f	•	1,267,277			
	3	Investment income (including dividends, interest, and					
		other similar amounts)		9,233	9,233		
	4	Income from investment of tax-exempt bond proceeds		9,233	9,200		
		·	<del>-</del>	0			
	5	Royalties		U			
	_	(i) Real	(ii) Personal				
	6a	Gross Rents					
	b	Less: rental expenses					
	С	Rental income or (loss) 0	0				
	d	Net rental income or (loss)	▶	0			
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 0	0				
	b	Less: cost or other basis					
		and sales expenses 0	o				
	С	Gain or (loss)	0				
	d	Net gain or (loss)	<b>.</b>	0			
	8a	Gross income from fundraising		-			
ne		events (not including \$0					
en		of contributions reported on line 1c).					
ě			0				
Œ.	_	See Part IV, line 18	- 0				
Other Revenue		Less: direct expenses b		0			
δ		Net income or (loss) from fundraising events	▶	0			
	9а	Gross income from gaming activities.					
		See Part IV, line 19	0				
		Less: direct expenses b	0				
		Net income or (loss) from gaming activities	•	0			
	10a	Gross sales of inventory, less					
		returns and allowances	0				
	b	Less: cost of goods sold b	0				
		Net income or (loss) from sales of inventory		0			
			Business Code				
	11a		000099	6,157	6,157		
	b			0,107	3,137		
	C			0			
		All other revenue		0			
	d						
	e 42	Total. Add lines 11a–11d	-	6,157	1 000 007		^
	12	Total revenue. See instructions		2,190,799	1,282,667	0	0

#### 91-1943624

## Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses						
1	Grants and other assistance to governments and			gonoron on poness							
	organizations in the U.S. See Part IV, line 21	1,068,889	1,068,889								
2	Grants and other assistance to individuals in										
	the U.S. See Part IV, line 22	0									
3	Grants and other assistance to governments,										
	organizations, and individuals outside the										
	U.S. See Part IV, lines 15 and 16	0									
4	Benefits paid to or for members	0									
5	Compensation of current officers, directors,										
	trustees, and key employees	124,284	85,437	32,633	6,214						
6	Compensation not included above, to disqualified	,	22,121	,	-,						
_	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)	0	0	0	0						
7	Other salaries and wages	224,524	167,851	50,531	6,142						
8	Pension plan contributions (include section 401(k)	221,021	107,001	00,001	0,112						
•	and section 403(b) employer contributions)	31,619	22,881	7,539	1,199						
9	Other employee benefits	63,457	46,249	14,929	2,279						
10	Payroll taxes	31,362	22,758	7,477	1,127						
11	Fees for services (non-employees):	01,002	22,100	,,,,,	1,121						
a	Management	0	0	0	0						
b	Legal	955	955								
C	Accounting	10,625	7,641	2,537	447						
d	Lobbying	0	.,	0	0						
е	Professional fundraising services. See Part IV, line 17.	0			0						
f	Investment management fees	0	0	0	0						
g	Other	323,609	321,194	1,245	1,170						
12	Advertising and promotion	1,072	1,072	, 0	0						
13	Office expenses	6,009	3,885	1,969	155						
14	Information technology	30,089	29,017	939	133						
15	Royalties	0	0	0	0						
16	Occupancy	30,540	21,733	7,845	962						
17	Travel	5,157	4,976	181	0						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	0	0	0	0						
19	Conferences, conventions, and meetings	13,876	11,951	1,925	0						
20	Interest	0	0	0	0						
21	Payments to affiliates	0	0	0	0						
22	Depreciation, depletion, and amortization	16,901	15,409	1,352	140						
23	Insurance	4,048	2,886	1,037	125						
24	Other expenses. Itemize expenses not										
	covered above. (Expenses grouped together										
	and labeled miscellaneous may not exceed										
	5% of total expenses shown on line 25 below.)										
а	Telephone	4,665	3,525	1,016	124						
b	Postage	3,159	2,923	208	28						
С	Printing	11,708	10,243	1,422	43						
d	Facility rental - trainings	9,733	9,733	0	0						
е	Contracted services - trainers, website	23,315	23,253	57	5						
f	All other expenses Other	3,102	227	2,875	0						
25	Total functional expenses. Add lines 1 through 24f	2,042,698	1,884,688	137,717	20,293						
26	Joint costs. Check here ▶ if following										
	SOP 98-2. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising										
	solicitation										
					Form <b>990</b> (2009)						

Form	n 990 (20	Neighborhood Partnerships, Inc			91-1943624 Page <b>11</b>
P	art X	Balance Sheet			1
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing	191,279	1	101,801
	2	Savings and temporary cash investments	3,778,376	2	5,977,475
	3	Pledges and grants receivable, net	328,474	3	116,265
	4	Accounts receivable, net	20,265	4	178,749
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L	0	5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L	0	6	
ets	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges	160,942	9	115,866
	10a	Land, buildings, and equipment: cost or 10a 138,386			
		other basis. Complete Part VI of Schedule D			
		Less: accumulated depreciation	34,688		22,752
	11	Investments—publicly traded securities	0	11	0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0 540 000
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)	4,514,024	16 17	6,512,908
	18	Accounts payable and accrued expenses	190,093 3,440,262		86,111 5,547,363
	19	Deferred revenue	171,409	19	10,358
	20	Tax-exempt bond liabilities	0	20	10,000
ģ	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
Liabilities	22	Payables to current and former officers, directors, trustees, key	J		
Ē		employees, highest compensated employees, and disqualified			
Ë		persons. Complete Part II of Schedule L	0	22	
	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities. Complete Part X of Schedule D	17,812		26,527
	26	Total liabilities. Add lines 17 through 25	3,819,576	26	5,670,359
		Organizations that follow SFAS 117, check here ► X and			
ses		complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets	212,774	27	240,351
Ba	28	Temporarily restricted net assets	481,674	28	602,198
pu	29	Permanently restricted net assets		29	
Ξ		Organizations that do not follow SFAS 117, check here ▶			
ō		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
386	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
řÀ	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Ž	33	Total net assets or fund balances	694,448	33	842,549
	34	Total liabilities and net assets/fund balances	4,514,024		6,512,908

Par	XI Financial Statements and Reporting			
	· -		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Χ
b	Were the organization's financial statements audited by an independent accountant?	2b	Χ	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		Χ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

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

# **Public Charity Status and Public Support**

OMB No. 1545-0047
2009

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

 Open to Public Inspection

Employer identification number

		nood Partners	hips, Inc							91-1	943624		
Par	_			narity Status (All or						<u>nstructio</u>	ns.		
The c	rgar		•	ation because it is: (Fo		•		•	•				
1	Ш	A church, co	nvention of chur	ches, or association of	of churche	s describe	ed in <b>sec</b>	tion 170(	b)(1)(A)(i	i).			
2		A school des	cribed in section	on 170(b)(1)(A)(ii). (At	ttach Sche	edule E.)							
3		· ·		ospital service organiz									
4	Ш		search organiza me, city, and sta	ition operated in conju ate:	nction wit	h a hospit	tal descrit	oed in <b>se</b>	ction 170	)(b)(1)(A)	(iii). Ent	er the	
5		-	•	the benefit of a collect (Complete Part II.)	ge or unive	ersity own	ed or ope	erated by	a governr	mental un	it descri	bed	
6		A federal, sta	ate, or local gove	ernment or governmer	ntal unit d	escribed i	n <b>sectio</b> i	170(b)(′	1)(A)(v).				
7				y receives a substantia (1)(A)(vi). (Complete I		its suppor	t from a g	overnmer	ntal unit o	r from the	e genera	l public	
8		A community	trust described	in section 170(b)(1)	( <b>A)(vi).</b> (C	omplete F	Part II.)						
9	X	A community trust described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II.)  An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See <b>section 509(a)(2).</b> (Complete Part III.)											
10	Ш	An organizat	ion organized a	nd operated exclusive	ly to test f	for public :	safety. Se	e <b>sectio</b>	n 509(a)(	4).			
11 e		purposes of 509(a)(3). Cla Type  By checking persons other 509(a)(1) or	one or more put heck the box tha l b  this box, I certifier than foundation section 509(a)(2	nd operated exclusive blicly supported organiat describes the type of Type II cy that the organization managers and othe 2).	izations defined in the supportion of the supportion of the support of the support of the support in the suppor	escribed i ng organi: e III–Fund ntrolled di e or more	n section zation and ctionally in rectly or in publicly s	509(a)(1) d complet ntegrated ndirectly b upported	or section	n 509(a)(le through d la	2). See h 11h. Type III- qualified cribed in	<b>sectio</b> -Other	
g		Since Augus		 the organization ассер					 of the				
		following per (i) A pers		or indirectly controls, e	either alor	ne or toge	ther with	nersons d	lescribed	in (ii)		Yes	No
				erning body of the su							11g(i)		
				person described in (i)							11g(ii)		
		(iii) A 35%	controlled entity	y of a person describe	ed in (i) or	(ii) above	?				11g(iii)		
h		Provide the f	ollowing informa	ation about the suppor							1		
(i)		of supported anization	(ii) EIN		on (iv) Is the organization in col. (i) listed in your governing document? (v) Did you notify the organization in col. (i) of your support?		nization in of your	(vi) Is the organization in col. (i) organized in the U.S.?		` '	Amount support	of	
					Yes	No	Yes	No	Yes	No			
													0
													0
													0
													0
													0
Total													0

18

Sched	ule A (Form 990 or 990-EZ) 2009 Neighborhood F					91-194362	
Par	Support Schedule for Organiz				1)(A)(iv) and	170(b)(1)(A)	(vi)
200	(Complete only if you checked t	he box on line	e 5, 7, or 8 of	Part I.)			
	tion A. Public Support endar year (or fiscal year beginning in)	(-) 2005	(h) 2000	(-) 2007	(4) 2000	(=) 2000	(f) Tatal
		(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	0	0				0
2	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf	0	0				0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0				0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by each						
	person (other than a governmental unit						
	or publicly supported organization)						
	included on line 1 that exceeds 2% of the						
^	amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4. tion B. Total Support						0
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	, , , , , , , , , , , , , , , , , , , ,			• •			
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources	0	0				0
9	Net income from unrelated business						<u> </u>
	activities, whether or not the business is						
	regularly carried on						0
0	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part IV.)	0	0				0
1	<b>Total support.</b> Add lines 7 through 10						0
12	Gross receipts from related activities, etc. (se	•				12	
13	First five years. If the Form 990 is for the or						
	organization, check this box and stop here .						▶
Sec	tion C. Computation of Public Support						
4	Public support percentage for 2009 (line 6, c		-			14	0.00%
15	Public support percentage from 2008 Schede					15	0.00%
l6a	33 1/3% support test-2009. If the organizat						<del> 1</del>
	and stop here. The organization qualifies as		-				
b	33 1/3% support test-2008. If the organizat			•			
	box and <b>stop here</b> . The organization qualified						
l7a	10%-facts-and-circumstances test-2009.	If the organizati	on did not che	eck a box on lin	e 13, 16a, or 1	6b, and line 14	is 10%

or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . ▶ Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . .

Page 3

Part III

# Neighborhood Partnerships, Inc Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only	if you	checked th	าe box on	ı line 9 of Part I.	.)
----------------	--------	------------	-----------	---------------------	----

Sec	tion A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
•	membership fees received. (Do not						
	include any "unusual grants.")	1,636,173	2,316,379	1,036,726	447,744	908,132	6,345,154
_	, ,	.,,,,,,,,,	_,0:0,0:0	.,000,.20	,	000,.02	0,0 .0, .0 .
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished						
	in any activity that is related to the	04 700	200 404	4 407 047	4 400 400	4 007 077	0.070.004
3	organization's tax-exempt purpose	61,780	362,424	1,127,917	1,160,433	1,267,277	3,979,831
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						0
4	benefit and either paid to or expended on						
	its behalf	0	o				0
5	The value of services or facilities	0	U				
•	furnished by a governmental unit to the						
	organization without charge	0	0				0
6	<b>Total.</b> Add lines 1 through 5	1,697,953	2,678,803	2,164,643	1,608,177	2,175,409	10,324,985
7a	Amounts included on lines 1, 2, and 3	, ,	, ,	, ,	, ,	, ,	•
	received from disqualified persons						0
	·						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
С	Add lines 7a and 7b	0	0	0	0	0	0 0
8	Public support (Subtract line 7c from	U	U	U	U	U	
Ū	line 6.)						10,324,985
Sec	tion B. Total Support						10,021,000
	endar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	1,697,953	2,678,803	2,164,643	1,608,177	2,175,409	10,324,985
IVa	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	11,375	26,088	46,899	27,677	9,233	121,272
b	Unrelated business taxable income (less	11,010	20,000	10,000	21,017	0,200	,
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	11,375	26,088	46,899	27,677	9,233	121,272
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						0
12	Other income. Do not include gain or						
	loss from the sale of capital assets	0.040	_			2.45-	40.00=
13	(Explain in Part IV.)	6,940	0			6,157	13,097
13	and 12.)	1,716,268	2,704,891	2,211,542	1,635,854	2,190,799	10,459,354
14	First five years. If the Form 990 is for the ord						
•	organization, check this box and <b>stop here</b> .				•	. , ,	·
Sac	tion C. Computation of Public Support						
15	Public support percentage for 2009 (line 8, co		d by line 13 co	olumn (f))	<u> </u>	15	98.72%
16	• • • • • • • • • • • • • • • • • • • •	` '	•			16	98.64%
	Public support percentage from 2008 Schedution D. Computation of Investment Incomputation			<u> </u>		10	90.04%
<u>3ec</u> 17	Investment income percentage for 2009 (line			e 13 column /f	))	17	1.16%
18	Investment income percentage for 2009 (line Investment income percentage from 2008 Sc					18	1.16%
10 19a							
ıJa	not more than 33 1/3%, check this box and s						
b	33 1/3% support tests–2008. If the organization d						► X
D	line 18 is not more than 33 1/3%, check this box ar						▶
20	<b>Private foundation.</b> If the organization did no	-				-	
40	i iivate iouiiuatioii. Ii tile organization did no	or cliecy a DOX (	on mic 14, 19a	, or rab, check	una box and s	occ monuclions	🟲 🔼

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

**Employer identification number** Name of the organization Neighborhood Partnerships, Inc 91-1943624 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Department of the Treasury

Internal Revenue Service

## **Political Campaign and Lobbying Activities**

OMB No. 1545-0047
2009

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

Complete if the organization is described below.

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

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization Employer identification number Neighborhood Partnerships, Inc. 91-1943624 Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. 2 3 Complete if the organization is exempt under section 501(c)(3). 1 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . > \$ 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . . . . Yes No Yes **b** If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function 2 Enter the amount of the filing organization's funds contributed to other organizations Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL. 3 4 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (d) Amount paid from (e) Amount of political (b) Address (a) Name (c) EIN filing organization's contributions received and funds. If none, enter -0promptly and directly delivered to a separate political organization. If none, enter -0-0 0 0 0 0 0

Neighborhood Partnerships, Inc. 91-1943624 Schedule C (Form 990 or 990-EZ) 2009 Page 2 Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election Part II-A under section 501(h)). Check ► if the filing organization belongs to an affiliated group. Check ► if the filing organization checked box A and "limited control" provisions apply. Limits on Lobbying Expenditures (a) Filing (b) Affiliated organization's totals group totals (The term "expenditures" means amounts paid or incurred.) 0 Total lobbying expenditures to influence public opinion (grass roots lobbying) . . . . . Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . . . 34,069 0 b 0 34,121 С 0 2,013,619 2.047.740 0 Lobbying nontaxable amount. Enter the amount from the following table in both columns. 252,387 0 If the amount on line 1e, column (a) or (b) is: The lobbying nontaxable amount is: Not over \$500,000 20% of the amount on line 1e. \$100,000 plus 15% of the excess over \$500,000. Over \$500,000 but not over \$1,000,000 \$175,000 plus 10% of the excess over \$1,000,000. Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000. \$1,000,000. Over \$17,000,000 Grassroots nontaxable amount (enter 25% of line 1f) . . . . . . . . . . . . . . . 63,097 0 g 0 0 If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting Yes No 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 2a through 2f on page 4.)

	Lo	bbying Expenditu	res During 4-Year	Averaging Period		
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	( <b>d)</b> 2009	(e) Total
2a	Lobbying nontaxable amount	250,601	294,374	293,639	252,135	1,090,749
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,636,124
С	Total lobbying expenditures	31,303	47,312	38,593	29,079	146,287
d	Grassroots nontaxable amount	62,650	73,594	73,410	63,034	272,688
е	Grassroots ceiling amount (150% of line 2d, column (e))					409,032
f	Grassroots lobbying expenditures	2,386	22,192	7,259	52	31,889

Schedule C (Form 990 or 990-EZ) 2009

Neighborhood Partnerships, Inc. 91-1943624 Schedule C (Form 990 or 990-EZ) 2009 Page 3 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (a) (b) Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? . . . . g Direct contact with legislators, their staffs, government officials, or a legislative body? . . . . h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . . . 0 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? **b** If "Yes," enter the amount of any tax incurred under section 4912 . . . . . . . . . . . . . . . c If "Yes," enter the amount of any tax incurred by organization managers under section 4912. **d** If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . . . . . . . Did the organization agree to carryover lobbying and political expenditures from the prior year? . . . Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes." 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2b 2c 0 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible 5 **5** Taxable amount of lobbying and political expenditures (see instructions) . . . 0 Part IV **Supplemental Information** Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information. Part I-A Line 1 Neighborhood Partnerships works at the state legislative level to pass legislation which creates opportunity for low income Oregonians. Our efforts focus on legislation in two primary issue areas: affordable housing and asset building. All of our activities are non-partisan. Neighborhood Partnerships never endorses candidates.

Part I-A Line 1 Legislative activity takes the form of hiring lobbyists to represent our

issues, direct contact with legislators and their staff, preparation and delivery of

testimony to committees, and the coordination of grassroots participation and

	<u> </u>	raye <b>-</b>
Part IV	Supplemental Information (continued)	
communica	ition.	

### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

► See separate instructions. Inspection Name of the organization Employer identification number Neighborhood Partnerships, Inc. 91-1943624 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year . . . . . 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) . . . 4 Aggregate value at end of year . . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . . . No Yes 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Yes Nο Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a b 2b Number of conservation easements on a certified historic structure included in (a) . . . . 2c С Number of conservation easements included in (c) acquired after 8/17/06 . . . . . . . . 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization Number of states where property subject to conservation easement is located 4 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section

the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

Schedule D (Form 990) 2009

Page	2
. ugc	_

Par	Organizations Maintaining	Collections of	Art, His	torical T	Γreasures, ο	or Oth	er Similar A	ssets (c	ontinu	ıed)
3	Using the organization's acquisition, a use of its collection items (check all the		her reco	rds, checl	k any of the f	ollowin	g that are a si	ignificant		
а	Public exhibition		d	Loan	or exchange	progra	ms			
b	Scholarly research		е	Other						
С	Preservation for future generati	ons		•						
4	Provide a description of the organizat Part XIV.		and expla	ain how th	ney further th	e orgai	nization's exe	mpt purpo	se in	
5	During the year, did the organization assets to be sold to raise funds rather								es 🗌	No
Part				-	<u> </u>					
Par	IV, line 9, or reported an am	ount on Form 9	90, Parl	X, line 2	21.				J, Pai	
1a	Is the organization an agent, trustee, included on Form 990, Part X?							_	es 🔲	No
b	If "Yes," explain the arrangement in P	art XIV and comp	olete the	following	table:		i			
	Decimalis a halana					4-		Amount		
C	Beginning balance									0
d	Additions during the year									
e f	Distributions during the year Ending balance									0
							J		$\overline{}$	
2a	Did the organization include an amou		Part X, III	ne 21?.				Y 6	es	No
b Part	If "Yes," explain the arrangement in P  Endowment Funds. Compl		ization	newore	d "Vac" to E	orm 0	00 Part IV I	ino 10		
ıaıı	Endowment i unus. Compi	(a) Current year		or year	(c) Two years		(d) Three years ba		our years	back
1a	Beginning of year balance	0	(2)	or your	(G) The years	buok	(a) Times years be	ion (c) i c	ur youro	buok
b	Contributions	J								
C	Net investment earnings, gains,									
•	and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	0		0						
2	Provide the estimated percentage of t	he year end bala	nce held	as:						
а	Board designated or quasi-endowmen	nt 🕨	%							
b	Permanent endowment	%								
С	Term endowment ► 9	<u>6</u>								
3a	Are there endowment funds not in the	possession of the	ie organi	zation tha	at are held ar	nd adm	inistered for th	he		
	organization by:							,	Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organ		•					3b		
4	Describe in Part XIV the intended use									
Part	•					t X, lin	e 10.			
	Description of investment	(a) Cost or oth (investme			st or other s (other)		occumulated preciation	( <b>d)</b> Bo	ook value	9
1a	Land		0		0					0
b	Buildings		0		0		0			0
С	Leasehold improvements		0		0		0			0
d	Equipment		0		138,386		115,634		22	2,752
e	Other		0		0		0			0
Tota	I. Add lines 1a through 1e. (Column (d)	) must equal Forr	n 990, P	art X, colu	umn (B), line	10(c).)	▶		22	2,752

Schedule D (Form 990) 2009

Part VII Investments—Other Securities	See Form 990, Part X,	line 12.	Fage <b>o</b>
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu Cost or end-of-year m	
Financial derivatives	0	)	
Closely-held equity interests	0	)	
Other	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	0		
Part VIII Investments—Program Relate	d. See Form 990, Part X	, line 13.	
(a) Description of investment type	( <b>b)</b> Book value	(c) Method of valu Cost or end-of-year m	
	0	)	
	0		
	0		
	0		
	0		
	0		
	0		
	0		
	0		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	0		
Part IX Other Assets. See Form 990, P	art X, line 15.		
	a) Description		(b) Book value
			0
			0
			0
			0
			0
			0
			0
			0
			0
Total. (Column (b) must equal Form 990, Part X, o	col. (B) line 15.)		0
Part X Other Liabilities. See Form 990	), Part X, line 25.		
1. (a) Description of liability	(b) Amount		
Federal income taxes		0	
Accrued payroll and vacation	26,5		
		0	
		0	
		0	
		0	
		0	
		0	
		0	
		0	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	26,5	527	

**2.** FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Schedule D (Form 990) 2009 Page 4 Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements 1 Total revenue (Form 990, Part VIII, column (A), line 12) . . . . . . . . . . . . . . . 2,190,799 2 Total expenses (Form 990, Part IX, column (A), line 25) . . . . . . . . . . . . . . . 2 2,042,698 Excess or (deficit) for the year. Subtract line 2 from line 1 . . . . . . . . . . . . . 3 3 148,101 4 4 Net unrealized gains (losses) on investments . . . . . . . . . . . . 5 Donated services and use of facilities . . . . . 5 6 6 7 7 8 8 9 0 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9. 10 148,101 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements... 2,190,799 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a 2b h 2c C 2d d е 2e 0 3 3 Subtract line **2e** from line **1** . . . . . . 2.190.799 Amounts included on Form 990. Part VIII. line 12. but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. . . 4a 4b b 4c 0 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5 2.190.799 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements . . . . 1 2,042,698 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a 2b С 2c d Other (Describe in Part XIV.) . . . . . . . . . . . . . . . . 2d 2e Subtract line 2e from line 1 . . . . . . . . . 3 3 2.042.698 Amounts included on Form 990. Part IX. line 25. but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. . . 4a Other (Describe in Part XIV.) . . . . . . . . . . . . . . . 4b Add lines **4a** and **4b** . . . . . . . . . . . . . . . . 4c 0 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 **Supplemental Information** Part XIV Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

### **SCHEDULE I** (Form 990)

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection Name of the organization **Employer identification number** Neighborhood Partnerships, Inc. 91-1943624 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and X Yes 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (f) Method of valuation 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of cash grant (e) Amount of non-cash (g) Description of (h) Purpose of grant (book, FMV, appraisal, if applicable or government assistance non-cash assistance or assistance other) CARITAS COMMUNITY HOUSING 231 SE 12TH AVE PORTLAND, Q 93-0386801 501(c)(3)7.900 0 COMMUNITY DEV **CATHOLIC CHARITIES** 231 SE 12TH AVE PORTLAND, Q 93-0386801 501(c)(3) 34,033 0 COMMUNITY DEV CENTRAL CITY CONCERN 7,175 0 232 NW 6TH PORTLAND, OR 971 93-0728816 501(c)(3)COMMUNITY DEV CLACKAMAS CO SOC SERVICE 2051 KAEN ROAD OREGON CIT 93-6002286 501(c)(3)121,973 0 COMMUNITY DEV COMMUNITY ACTION 1001 SW BASELINE ST HILLSBQ 93-0554941 501(c)(3)118,522 0 COMMUNITY DEV HACIENDA CDC 5136 NE 42ND AVE PORTLAND 93-0979064 501(c)(3) 6,885 0 COMMUNITY DEV HOUSING DEV CENTER 847 NE 19TH AVE SUITE 150 PO 93-1116256 501(c)(3)9.500 0 COMMUNITY DEV SHARE PO BOX 1209 VANCOUVER, WA 91-1205119 501(c)(3)104,500 0 COMMUNITY DEV INNOVATIVE HOUSING 219 NW 2ND AVE PORTLAND, ( 93-0877440 501(c)(3) 7,175 0 COMMUNITY DEV ROSE COMM DEV INC 5215 SE DUKE PORTLAND, OR \$ 7,320 94-3144895 501(c)(3) 0 COMMUNITY DEV Enter total number of section 501(c)(3) and government organizations . . . . . . . . . . . . . . . . 10

0

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistan
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
					onal information.

## **SCHEDULE L**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

## **Transactions With Interested Persons**

OMB No. 1545-0047
2009

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

Open To Public Inspection

Employer identification number

Neighborh	ood Partnerships, Inc		91-1943624										
Part I	Excess Benefit Transaction Complete if the organization an									/, line 40	0b.		
1	(a) Name of disqualified person			(b) Description of transaction								(c) Cor	rected?
	(a) Hame of alloqualined person					(B) Boompao	TOT train					Yes	No
						1.6. 1							
und	er the amount of tax imposed or ler section 4958									•	\$		
3 Ent	er the amount of tax, if any, on l	line 2, abo	ove, rein	nbursed by	y the orga	anization				▶	\$		
Part II	Loans to and/or From Ir Complete if the organization				990, Part	IV, line 26, o	r Form	1 990-E	Z, Pa	rt V, lir	ne 38a	l <b>.</b>	
(a) Nar	ne of interested person and purpose	(b) Loan	to or from anization?	(c) Or				(e) In default?		? (f) Approved by board or committee?		(g) V	/ritten ement?
		То	From					Yes No		Yes	No	Yes	No
					0		0						
					0		0						
					0		0						
					0		0	-					
					0		0						
T-4-1					0		0						
Total Part III	Grants or Assistance B	onofitina		otod Do	► \$		0						
Part III	Complete if the organization		_			IV. line 27.							
	(a) Name of interested person			p between in organiza	terested per			(c) Amo	unt of g	rant or ty	pe of a	ssistance	e
				Organiza	10011								
Part IV	Business Transactions												
	Complete if the organization	answere	d "Yes"	on Form 9	990, Part	IV, line 28a,	28b, o	r 28c.				1	
(	(a) Name of interested person		elationship sted perso organizati	n and the			(d) Description of transacti			ion	(e) Sharing organization		
						_						Yes	No
						0						1	-
						0							-
-						0							<del>                                     </del>
		1			1	U	1					i	i

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### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

91-1943624 Neighborhood Partnerships, Inc Form 990, Part III, Line 4d: Program Service Expenses: 75,058, Grants and allocations: 0, Revenue: 81,254 Training and Technical Assitance - NPs training and technical assistance program has two prongs. First, NP delivers training and technical assistance to maintain the excellence of our initiatives, including the Oregon Individual Development Account Initiative and Bridges to Housing. Second, NP nurtures collaborative, thoughtful, creative leaders and supports them as they strive to re-imagine new delivery systems and program models in a persistent effort to improve the lives of low-income Oregonians. Form 990, Part III, Line 4d: Program Service Expenses: 148,541, Grants and allocations: 0, Revenue: 173,660 Policy and Advocacy - Through the Organization's policy and advocacy efforts, it builds ongoing relationships with decision leaders and inspires them with a passion for community development. Research, creativity, and proven approaches are used to develop NP's proposals. Neighborhood Partnerships acts as a convener for the statewide Housing Alliance, which acts to educate policy makers and advocate for affordable housing needs within state government. Because of NP's work to bring diverse parties together, the Organization has seen a remarkable shift in attention to housing needs and a new commitment to providing critical funding streams for communities. NP's work on homelessness and asset-building also fuels this policy work, and helps the Organization develop, test, and promote strategies that work across systems and traditional funding streams. Form 990 Part VI Section B Line 12 All policies of the organization are reviewed annually by the board of directors and staff for revisions and compliance. Compliance with the conflict of interest policy is regularly reviewed in the bi-monthly board meetings and monthly staff meetings as business and organization activities are discussed. Board members review and sign the conflict of interest policy annually. Staff reviews and signs the whistle blower policy annually. Form 990 Part VI Section B Line 15 Compensation of officers and key employees is determined by

Schedule O (Form 990) 2009 Page 2 Name of the organization Employer identification number 91-1943624 Neighborhood Partnerships, Inc organizations is tracked through an annual community survey of compensation and benefits, and reviewed as part of the budget drafting process. The Board also conducts periodic performance reviews of the Executive Director and the Executive Director conducts periodic performance reviews of all staff including key employees. Performance and dedication to the mission of the organization are considered in setting compensation rates. Form 990 Part VI Section C Line 19 The audited financial statement is available on our website. The governing documents and conflict of interest policy are available upon request. There is a statement on our website that these documents are available upon request.