## 990

**Return of Organization Exempt From Income Tax** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. For the 2008 calendar year, or tax year beginning 7/1/2008 and ending 6/30/2009 D Employer identification number Check if applicable: **C** Name of organization Neighborhood Partnerships, Inc use IRS Address change Doing Business As 91-1943624 label or print or Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number type. Initial return 1020 SW Taylor St. 680 503-226-3001 Specific Termination City or town, state or country, and ZIP + 4 Instruc-Portland OR 97205 G Gross receipts \$ 1.635.854 Amended return tions. Application pending Yes X No F Name and address of principal officer: H(a) Is this a group return for affiliates? Janet Byrd 1020 SW Taylor Suite 680, Portland, OR 97205 **H(b)** Are all affiliates included? If "No," attach a list. (see instructions) Tax-exempt status: X 501(c) ( 3 527 ) ◀ (insert no.) 4947(a)(1) or J Website: ► neighborhoodpartnerships.org **H(c)** Group exemption number ▶ **K** Type of organization: X Corporation Association Other > L Year of formation: 1997 M State of legal domicile: OR Part I **Summary** Briefly describe the organization's mission or most significant activities: 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 Activities & Governance housing. Check this box | if the organization discontinued its operations or disposed of more than 25% of its assets. Number of independent voting members of the governing body (Part VI, line 1b) . . . . . . . . 7 5 9 Total number of volunteers (estimate if necessary) . . . . . . . . . 6 140 Total gross unrelated business revenue from Part VIII, line 12, column (C) . . . 7a 0 Net unrelated business taxable income from Form 990-T, line 34. **Current Year** 8 Contributions and grants (Part VIII, line 1h) . . . . . . . . 1,988,872 447,744 626,279 1,160,433 9 Program service revenue (Part VIII, line 2g) . . . . . . . . . . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . . . 46.899 27,677 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . 12 Total revenue-add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,662,050 1,635,854 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . . . 13 1,631,529 1,196,787 14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . . 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 445,311 435,075 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . . . . . . Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,729 b 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) . . . . . . . . . 810,640 1,240,925 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25). . . 2,887,480 2,872,787 19 -225,430 Revenue less expenses. Subtract line 18 from line 12. -1,236,933Beginning of Year End of Year 20 Total assets (Part X, line 16) . . . . 6,836,438 4,514,024 21 Total liabilities (Part X, line 26) . . . . . 4,905,057 3,819,576 Net assets or fund balances. Subtract line 21 from line 20 694,448 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Date Here Janet Byrd **Executive Director** Type or print name and title Preparer's Date Check if Preparer's identifying number signature self-(see instructions) Paid employed Preparer's Firm's name (or yours EIN **Use Only** if self-employed),

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . .

Yes

No

Form	990 (2008)	Neighborhood Partnerships, Inc	91-1943624	Page <b>2</b>
Pa	art III	Statement of Program Service Accomplishments (see instructions)		
1	Briefly de	escribe the organization's mission:		
	Neighbo	rhood Partnerships' mission is to create		
	opportur	ity for low-income people. This work is accomplished through various programs where we strive t	o maximize	
	the reso	urces for low-income people enabling them to build personal and financial assets and have safe a	nd affordable	
	housing.			
2	Did the d	organization undertake any significant program services during the year which were not listed on	<del></del>	<b>—</b>
	•	Form 990 or 990-EZ?	. Yes	X No
	If "Yes,"	describe these new services on Schedule O.		
3	Did the o	organization cease conducting, or make significant changes in how it conducts, any program	<del></del>	
	services	?	. Yes	X No
	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 amo	unt of grants	and
	allocatio	ns to others, the total expenses, and revenue, if any, for each program service reported.		
4a	(Code:	) (Expenses \$ 220,611 including grants of \$ 170,950 ) (Revenue \$	\$	0)
		nmunity Develpment Collaboratives administered by NP pool resources to provide		
		g support to Oregon community development corporations. This funding		
		d 25 organizations in Oregon. This collaborative structure assisted these		
		tions in developing benchmarks for success, monitoring progress, and		
		ng organizational challenges.		
4b	(Code:	) (Expenses \$ 1,786,157 including grants of \$ 892,032 ) (Revenue \$	75	51,979 )
	Bridges	to Housing Program - NP coordinates and administers an innovative four county, two state effort		
		in the Portland-metropolitan region. Families improve their stability and make progress towards		
	and emp	loyment and children's well-being. Bridges to Housing served 200 families in the four-county		
	Portland	metropolitan area in the year 2008-2009.		
4c		) (Expenses \$ 196,028 including grants of \$ 108,805 ) (Revenue \$		
		ident Services Program makes resources and technical assistance available to organizations		
		n housing plus services and seeks to measure individual outcomes (better grades in school,		
		literacy) and system-related outcomes (lower involuntary turnover, lower maintenance costs)		
	A total o	f \$108,805 in grants_was provided to three organizations.		
		ogram services. (Describe in Schedule O.)		
	(Expens	es \$ 547,846 including grants of \$ 25,000 ) (Revenue \$ 367	',217)	
46	Total pr	ogram service expenses ▶ \$ 2.750.642 (Must equal Part IX. Line 25. colum	ın (R) )	

Form 9	990 (2008)	Neighborhood Partnerships, Inc	91-1943624	F	Page <b>3</b>
Par	t IV	Checklist of Required Schedules			
			<u> </u>	Yes	No
1		panization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_		Schedule A	1	X	
2	_	ganization required to complete Schedule B, Schedule of Contributors?	2	X	
3		rganization engage in direct or indirect political campaign activities on behalf of or in opposition to			
_		es for public office? If "Yes," complete Schedule C, Part I	3		X
4		501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedu			
_		· · · · · · · · · · · · · · · · · · ·	4	X	
5		<b>501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) no			
_		rting requirement and proxy tax? If "Yes," complete Schedule C, Part III	<u>5</u>		
6		rganization maintain any donor advised funds or any accounts where donors have the right to			
	•	advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			
_		e D, Part I	6		X
7		rganization receive or hold a conservation easement, including easements to preserve open space,	_		
•		onment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8		rganization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			\ \ \
•	-	Schedule D, Part III	8		X
9		rganization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	-	vide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"  Schedule D, Part IV			_
10		rganization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Par	9 t V   10		X
11		rganization floid assets in term, permanent, or quasi-endownients? If Tes, complete Schedule D, Paring Inganization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	10		
• • •		VII, VIII, IX, or X as applicable	11	X	
12		rganization receive an audited financial statement for the year for which it is completing this return		+^	
12		prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	X	
13		ganization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		<del>  ^</del>	Х
		rganization maintain an office, employees, or agents outside of the U.S.?			X
		rganization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising			- / (
~		, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I		,	Х
15		rganization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organi			1
		located outside the United States? If "Yes," complete Schedule F, Part II			Х
16	•	rganization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
		uals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17		rganization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G,			Х
18		rganization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G			Х
19		rganization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III			Х
20		rganization operate one or more hospitals? If "Yes," complete Schedule H			Х
21		ganization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		Х	
22		ganization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			Х
23		rganization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
		J	23		Х
24a		rganization 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 questions			

substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III . . . . . .

**d** Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . . .

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* . . .

**b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

**b** Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or

26

24a

24b

24c

24d

25a

25b

26

# Part IV Checklist of Required Schedules (continued)

	The officeriation required beneaties (continued)			
			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If</i> "Yes," complete Schedule L,			
	Part IV	28a		Χ
b	complete Schedule L, Part IV	28b		Х
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If</i> "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Χ
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?  If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If</i> "Yes," <i>complete Schedule R, Part I</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? <i>If</i> "Yes," <i>complete Schedule R, Parts II, III, IV, and V, line 1 </i>	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete</i> Schedule R, Part V, line 2	35		Х
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36		Х
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</i> "Yes," complete Schedule R, Part			V
	VI	37		Χ

Form **990** (2008)

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
	gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
_	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 9			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see			
2-	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	2-		
h	this return?	3a 3b		Х
b 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	30		-
<b>+</b> a	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Vos " onter the name of the foreign country:	Tu		Ĥ
~	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		Х
С	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
	Regarding Prohibited Tax Shelter Transaction?	5c		Х
6a	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 provide goods or services in exchange for any quid pro quo contribution of more than			
_	\$75?	7a		Χ
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	<b> </b>		
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	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?	7g	Х	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	- 3		
	required?	7h	Х	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			
	organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
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	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
a	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		
	If "Yes " enter the amount of tax-exempt interest received or accrued during the year	120		

91-1943624

**Part VI Governance, Management, and Disclosure** (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Sect	ion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Χ
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Χ
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Χ	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Χ
6	Does the organization have members or stockholders?	6		Χ
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		Χ
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Χ
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Χ	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		Χ
Sect	ion B. Policies			
	<b>,</b>		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Χ	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Χ	
13	Does the organization have a written whistleblower policy?	13	Χ	
14	Does the organization have a written document retention and destruction policy?	14	Χ	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:			
а	The organization's CEO, Executive Director, or top management official?	15a	Χ	
b	Other officers or key employees of the organization?	15b	Х	
	Describe the process in Schedule O. (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard	44.		
04	the organization's exempt status with respect to such arrangements?	16b		
	ion C. Disclosure			
17 40	List the states with which a copy of this Form 990 is required to be filed   OR  Section 6104 requires an experient to make its Forms 1033 (or 1034 if applicable) 900, and 900 T (501(a)/3) are			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s or	ııy <i>)</i>		
	available for public inspection. Indicate how you make these available. Check all that apply.			
10	X Own website Another's website X Upon request	n t		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interespolicy, and financial statements available to the public.	<b>ા</b>		
20		_		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ► Michael Fuss (506) 226-30 1020 SW Taylor St #680, Portland, OR 97205	<u>V</u> 1		
	1020 3VV Taylor St. #000, I Offiallo, Or 3/203			

# 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. 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, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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	ensate any office	er, dire	ecto	r, t	rus	tee, o	r ke	ey employee.		
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average hours per week	P or director	Institutional trustee	Officer	Rey employee	that 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
JEAN TATE MEMBER	1.	Х						0	0	0
MIKE BARR MEMBER	1.	Х						0	0	0
BRUCE DOBBS MEMBER	1.	Х						0	0	0
BRIAN STEWART MEMBER	1.	Х						0	0	0
BERNIE KRONBERGER TREAS	1.			Х				0	0	0
DANIEL ROBERTSON CHAIR	1.			Х				0	0	0
LYNN SCHOESSLER SEC	1.			Χ				0	0	0
JANET BYRD EXEC DIR	40.			Х				77,219	0	18,209
MICHAEL FUSS FINANCE DIR	23.			Х				45,403	0	16,762
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0
	0.							0	0	0

Pa	rt VII Section A. Officers, Directors, T	rustees, Key En	nploy	/ees	, and	d Hig	hes	t Co	mpensated Em	ployees (contin	ued)
	(A)	(B)			(	C)			(D)	(E)	(F)
	Name and title	Average				k all th	hat ap		Reportable	Reportable	Estimated
		hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
		- 0.							0	0	C
		- 0.							0	0	C
		- 0.							0	0	C
		- 0.							0	0	C
		- 0.							0	0	C
		- 0.							0	0	C
		- 0.							0	0	C
		- 0.							0	0	C
		- 0.							0	0	С
		- 0.							0	0	С
		- 0.							0	0	C
		0.							0	0	C
		- 0.							0	0	C
1b	Total							<b>•</b>	122,622	0	34,971
2	Total number of individuals (including those organization ► 0	e in 1a) who rece	eived	more	e tha	ın \$1	00,0	00 ir	reportable com	pensation from	the
	organization 2										Yes No
3	Did the organization list any <b>former</b> officer employee on line 1a? <i>If</i> "Yes," <i>complete</i> So					yee, 		_	st compensated		3 X
4	For any individual listed on line 1a, is the s the organization and related organizations										
5	individual	accrue compens	 ation	fron	 n any	 unr	elate	d or	ganization for		ı X
	services rendered to the organization? If "	Yes," complete S	ched	lule .	l for	such	pers	son	<u></u>		5 X
<u>Sec</u>	ction B. Independent Contractors  Complete this table for your five highest co	mnoncoted inde	aand	ont o	ontr	actor	o the	ot roc	poised more than	\$ \$100,000 of	
	compensation from the organization.	mpensated indep	pend	ent c	Ontra	actor	Strie	il rec	erved more than	1 \$ 100,000 01	
	(A) Name and business								(B) Description of serv	vices (	(C) Compensation
		33530 Portland			2				ial Services		309,882
		751 Portland OF			226				gram Evaluation		220,109
		SE Powell Portlar  6th Portland OF			230				ial Services ial Services		206,784 133,471
	Central City Concern 232 NV	OUTFOILIAND OF	\ 312	.09				300	iai Services		133,471
2	Total number of independent contractors (i compensation from the organization ►	ncluding those in	-	/ho r	eceiv	ved r	nore	thar	\$100,000 in		

Part	t VIII	Statement of Revenue							
						(A)	(B)	(C) Unrelated	( <b>D</b> ) Revenue
						Total revenue	Related or exempt	business	excluded from
							function	revenue	tax under sections
σ <sub>10</sub>	10	Fodorated compaigns	10		0		revenue		512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns			0				
gr	b	Membership dues			0				
fts, r ar	C	Fundraising events			0				
, gi	d	Related organizations			0				
ons Sir	e	Government grants (contributions) .			0				
uti Je	T	All other contributions, gifts, grants, ar			447.744				
trib ot		similar amounts not included above .		<u> </u>	447,744				
no pu	g	Noncash contributions included in line			0	447.744			
	n	Total. Add lines 1a–1f			Business Code	447,744			
Program Service Revenue	2-	Tueining and other force				2.074	2.074		
eve					611710	2,971	2,971		
ě.		Government contracts and fees			813000	827,979	827,979		
ž	_	State IDA program fees			813000	329,483	329,483		
s S	d					0			
Iran	e	All the second s				0			
rog	f	All other program service revenue			<b>•</b>	0			
	g	Total. Add lines 2a–2f				1,160,433			
	3	Investment income (including dividend							
		other similar amounts)				27,677	27,677		
	4	Income from investment of tax-exemp	•		*	0			
	5	Royalties				0			
		_	(i) Real		(ii) Personal				
	6a	Gross Rents							
	b	Less: rental expenses			_				
	С	Rental income or (loss)		0					
	d	Net rental income or (loss)				0			
	7a	Gross amount from sales of	(i) Securiti		(ii) Other				
		assets other than inventory		0	0				
	b	Less: cost or other basis							
		and sales expenses		0					
	С	Gain or (loss)		0					
	d	Net gain or (loss)			▶	0			
٥	8a	Gross income from fundraising							
n		events (not including \$	0_						
θΛe		of contributions reported on line 1c).							
Ř	_	See Part IV, line 18							
Other Revenue		Less: direct expenses				_			
ŏ		Net income or (loss) from fundraising	events .		▶	0			
	9a	Gross income from gaming activities.			_				
		See Part IV, line 19							
		Less: direct expenses				-			
		Net income or (loss) from gaming acti	vities		▶	0			
	10a	Gross sales of inventory, less							
		returns and allowances							
		Less: cost of goods sold							
	С	Net income or (loss) from sales of inve	entory .			0			
	<b>.</b>	Miscellaneous Revenue			Business Code				
	11a					0			
	b					0			
	C	A				0			
	d	All other revenue				0			
		Total. Add lines 11a–11d			*	0			
	12	Total Revenue. Add lines 1h, 2g, 3, 4					, . <u>.</u>		
		9c, 10c, and 11e			•	1,635,854	1,188,110	0	0

### 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). (A) (B) (C) (D) Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . . . 1,196,787 1,196,787 Grants and other assistance to individuals in the U.S. See Part IV, line 22 . . . . . . . . . . 0 Grants and other assistance to governments, 3 organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 . . . . . 0 Benefits paid to or for members . . . . . . . . . 0 Compensation of current officers, directors. trustees, and key employees . . . . . . 127,914 88,061 36,755 3,098 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . Other salaries and wages . . . . . . . . . . . . . 199,535 165,481 30,929 3,125 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . 23,284 18,354 4,640 290 9 58,197 45,328 11,901 968 10 26,145 20,199 5,463 483 11 Fees for services (non-employees): 0 0 b 13,130 9.714 3,056 360 28,400 28,400 0 Professional fundraising services. See Part IV, line 17 0 е 0 Investment management fees . . . . . . . . . . f 1,067,829 1,064,563 3,118 148 g 12 Advertising and promotion . . . . . . . . . . . . 0 3,723 1,330 54 13 2,339 17,636 117 14 16,259 1,260 15 0 29.644 22.395 627 16 6.622 17 7,010 6,668 334 8 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . 19 Conferences, conventions, and meetings . . . . . 23,360 21,985 1,375 0 20 0 21 0 0 0 15,047 22 Depreciation, depletion, and amortization . . . . 16,139 989 103 23 2,923 3,866 856 87 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.) 4,103 5,201 1,006 Telephone 92 Postage 5,248 4,936 252 60 C Printing 10,764 9.874 847 43 Facility rental - trainings 4,901 4,901 0 d 4,074 2,325 1,683 66 All other expenses Total functional expenses. Add lines 1 through 24f 2,872,787 2,750,642 112,416 9,729 25 **Joint Costs.** Check here ▶ if following 26 SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising 

**Balance Sheet** 

			<b>(A)</b> Beginning of year			(B) of year	
	1	Cash–non-interest-bearing	30,041	1	Lilo		91,279
	2	Savings and temporary cash investments	5,780,318	2			78,376
	3	Pledges and grants receivable, net	921,205	3			28,474
	4	Accounts receivable, net	921,203	4			20,265
	5	Receivables from current and former officers, directors, trustees, key	U	4			.0,200
	3	employees, or other related parties. Complete Part II of Schedule L	0	5			_
	6	Receivables from other disqualified persons (as defined under section	U	<u> </u>			
	0						
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete	0	_			
w	_	Part II of Schedule L	0	6			0
šet	7	Notes and loans receivable, net	0	7			
Assets	8	Inventories for sale or use	55.000	8		4.0	20.046
	9	Prepaid expenses and deferred charges	55,233	9		16	60,942
	10a	Land, buildings, and equipment: cost basis 10a 133,421					
	b						
		Part VI of Schedule D	49,641	10c		3	34,688
	11	Investments–publicly traded securities	0	11			
	12	Investments-other securities. See Part IV, line 11	0	12			C
	13	Investments–program-related. See Part IV, line 11	0	13			C
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	0	15			0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	6,836,438	16			14,024
	17	Accounts payable and accrued expenses	71,451	17			90,093
	18	Grants payable	4,800,370	18		3,44	10,262
	19	Deferred revenue	14,059	19		17	71,409
	20	Tax-exempt bond liabilities	0	20			C
es	21	Escrow account liability. Complete Part IV of Schedule D		21			
Liabilities	22	Payables to current and former officers, directors, trustees, key					
ab		employees, highest compensated employees, and disqualified					
		persons. Complete Part II of Schedule L	0	22			C
	23	Secured mortgages and notes payable to unrelated third parties	0	23			C
	24	Unsecured notes and loans payable	0	24			C
	25	Other liabilities. Complete Part X of Schedule D	19,177	25		1	17,812
	26	Total liabilities. Add lines 17 through 25	4,905,057	26		3,81	19,576
ý		Organizations that follow SFAS 117, check here ► X and					
seou		complete lines 27 through 29, and lines 33 and 34.					
<u>a</u>	27	Unrestricted net assets	201,238	27			12,774
B	28	Temporarily restricted net assets	1,730,143	28		48	31,674
nd	29	Permanently restricted net assets		29			
Net Assets or Fund Balar		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.					
ts (	20	-		20			
Se	30	Capital stock or trust principal, or current funds		30			
Ą	31	Paid-in or capital surplus, or land, building, or equipment fund		31			
let	32	Retained earnings, endowment, accumulated income, or other funds .	4 004 004	32			
_	33	Total net assets or fund balances	1,931,381	33			94,448
Da	34	Total liabilities and net assets/fund balances	6,836,438	34		4,51	14,024
Pa	rt XI	Financial Statements and Reporting				V	N-
	۸ -	ti	-1			Yes	No
1		counting method used to prepare the Form 990: CashX Accrua			0-		V
2		ere the organization's financial statements compiled or reviewed by an indep					Х
		ere the organization's financial statements audited by an independent accour				X	
'		"Yes" to lines 2a or 2b, does the organization have a committee that assumes		_		v	
_		dit, review, or compilation of its financial statements and selection of an inde			. <u>2c</u>	X	
3		s a result of a federal award, was the organization required to undergo an auc					.,
-		e Single Audit Act and OMB Circular A-133?					X
	o If'	"Yes," did the organization undergo the required audit or audits?			3b		

	44 (330) - FIOUI	am Service Accomplishments		
(Code:	) (Expenses \$	81,332 including grants of \$	15,000 ) (Revenue \$	1 103 )
		ed: "Affordable Housing Management"	(πονοιίαο ψ	
(38 participants) "	Board and Staff Roles	in Financial Management" -at three location	ons (44 narticinants)	
Affordable Housing	g Financial Manageme			
		sipants). Following the training		
up to 82 hours of t	echnical assistance wa	as provided to the organizations attending		
up to 02 flours of t	ecililical assistance we	as provided to the organizations attending		
<u> </u>	\	045 504	40,000 ) (D	000 500 \
		315,531 including grants of \$		330,522)
		Oregon's Individual Development Account		
		ough the sale of tax credits that are used to		
		ation, a new home purchase, or a small bu	siness startup.	
		atewide partner organizations that provide		
financial literacy tr	aining, enterprise deve	elopment assistance, and homeownership	counseling.	
		es and 569 individual development accour	its opened.	
	tive in 29 of 36 Oregor			
Since 2002, there	have been 1,165 grad	uates in total.		
(Code:	) (Expenses \$	150,983 including grants of \$	0) (Revenue \$	35,592)
Policy and Advoca	acy: Neighborhood Par	tnerships views supporting advocacy for in	nproved	
		act areas on the lives of low income Orego		
		s has resulted in increased state financial		
		our efforts to preserve affordable housing t	he Oregon	
legislature created	l a dedicated revenue	source for affordable housing in 2009.		
2:0::::::::::::::::::::::::::::::::::::				
(Code:	) /Evnansas \$	0 including grants of \$	0 ) (Revenue \$	0)
(Code:	) (Expenses \$	0 including grants of \$	0 ) (Revenue \$	0.)
(Code:	) (Expenses \$	0 including grants of \$	0 ) (Revenue \$	0.)
(Code:	) (Expenses \$	0 including grants of \$	0 ) (Revenue \$	0.)
(Code:	) (Expenses \$	0 including grants of \$	0) (Revenue \$	0.)
(Code:	) (Expenses \$	0 including grants of \$	0_) (Revenue \$	0.)
(Code:	) (Expenses \$	0 including grants of \$	0) (Revenue \$	0.)
(Code:	) (Expenses \$	0 including grants of \$	0_) (Revenue \$	0.)
(Code:	_) (Expenses \$	0 including grants of \$	0_) (Revenue \$	0.)
(Code:	_) (Expenses \$	0 including grants of \$	0_) (Revenue \$	0.)
(Code:	) (Expenses \$	0 including grants of \$	0_) (Revenue \$	0.)
(Code:	) (Expenses \$	0 including grants of \$	0_) (Revenue \$	0.)
(Code:	) (Expenses \$	0 including grants of \$	0_) (Revenue \$	0.)

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

## **Public Charity Status and Public Support**

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990 or Form 990-EZ.

► See separate instructions.

Inspection Employer identification number

Neig	<u>hborl</u>	rhood Partnerships, Inc 91-1943624											
Pa	rt I	Reason	for Public Ch	narity Status (All or	ganizatio	ns must	complete	e this par	rt.) (see i	nstructio	ns)		
The	o <u>rga</u> r		•	ation because it is: (Pl		•	•	•					
1	Ш	A church, co	nvention of chui	rches, or association o	of churche	es describ	ed in <b>sec</b>	tion 170(	(b)(1)(A)(i	i).			
2	Ш	A school des	scribed in section	on 170(b)(1)(A)(ii). (Ai	ttach Sch	edule E.)							
3		A hospital or	a cooperative h	nospital service organi	zation des	scribed in	section	170(b)(1)	( <b>A</b> )(iii). ( <i>A</i>	Attach Scl	hedule F	l.)	
4			search organiza me, city, and sta	ation operated in conju ate:	nction wit	th a hospit	tal descrit	oed in se	ction 170	)(b)(1)(A)	(iii). Ent	er the	
5		-	-	the benefit of a collect (Complete Part II.)	ge or univ	ersity own	ed or ope	erated by	a governr	nental un	it descri	bed	
6		A federal, sta	ate, or local gov	ernment or governmer	ntal unit d	escribed i	n <b>sectio</b> i	170(b)(	1)(A)(v).				
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi)</b> . (Complete Part II.)											
8		A community	trust described	l in section 170(b)(1)	( <b>A)(vi).</b> (C	Complete F	Part II.)						
9	X	receipts from support from acquired by	n activities relate gross investme the organization	y receives: (1) more the d to its exempt function of the time and unrelated after June 30, 1975.	ons—subj ed busine See <b>sect</b> i	ect to cert ess taxabl ion 509(a	tain except e income )(2). (Con	otions, and (less sect nplete Pa	d (2) no m tion 511 ta rt III.)	nore than ax) from t	33 1/3% ousiness	of its	ss
10		_	-	nd operated exclusive	•	-	•					-	
11 e		purposes of 509(a)(3). Compared a Type  By checking persons other 509(a)(1) or	one or more pul heck the box tha l b this box, I certifier than foundations section 509(a)(2)		izations d of supporti Type of is not coor of than one	escribed i ing 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 re lines 11 reproy one or organizat	n 509(a)(le through d la	2). See n 11h. Type III- qualified cribed in	<b>section</b> -Other	
f		-	zation received a , check this box	a written determinatior · · · · · · · · · ·				e I, Type	II, or Type	e III supp	orting 		
g		Since Augus following per		the organization acce	pted any (	gift or con	tribution f	rom any c	of the				
		(i) A pers	on who directly	or indirectly controls,	either alor	ne or toge	ther with	persons d	described	in (ii)		Yes	No
		•	,	erning body of the su		•					11g(i)		
			•	person described in (i)							11g(ii)		
<b>L</b>		· ·		y of a person describe	٠,						11g(iii)		
h(i)		e of supported anization	(ii) EIN	ation about the organization (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the of in col. (i) Iii		(v) Did y the organ col.(i)	ou notify nization in of your port?	organiza (i) organi	Is the tion in col. ized in the S.?		Amount support	of
					Yes	No	Yes	No	Yes	No			
													0
													0
													0
													0
													0
	_												

Neighborhood Partnerships, Inc. 91-1943624 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 (d) 2007 **(b)** 2005 (c) 2006 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . . 0 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . . . . . . . . . . . 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . 0 0 0 **Total** Add lines 1-3 . . . . . . . . . 0 0 0 0 0 0 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). . . Public support. Subtract line 5 from line 4. 0 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2004 **(b)** 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 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 0 0 sources . . . . . . . . . . . . . . . 0 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . . . . . . 0 0 11 **Total support.** Add lines 7 through 10... 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) . . . . . . . 0.00% 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f . . . . . . . . . . . . . . . . 15 33 1/3% support test-2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box 16a 33 1/3% support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances-test-2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . 10%-facts-and-circumstances test-2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%

or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . .

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. . . . . . .

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Page 3

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

(Complete only if you chec	ked the box on line 9 of Part I.)
----------------------------	-----------------------------------

	tion A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕒	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,020,457	1,636,173	2,316,379	1,036,726	447,744	6,457,479
2	Gross receipts from admissions, merchandise						
_							
	sold or services performed, or facilities furnished						
	in any activity that is related to the						
_	organization's tax-exempt purpose	36,558	61,780	362,424	1,127,917	1,160,433	2,749,112
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf	0	0	0			0
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	0	0	0			0
6	<b>Total.</b> Add lines 1-5	1,057,015	1,697,953	2,678,803	2,164,643	1,608,177	9,206,591
7a	Amounts included on lines 1, 2, and 3	, ,	, ,	, ,	, - ,	, ,	-,,
	received from disqualified persons						0
h	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of 1%						
	of the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						0
_	Add lines 7a and 7b	0	0	0	0	0	0
C		U	U	U	U	U	U
8	Public support (Subtract line 7c from						0.000.504
0	line 6.)						9,206,591
	tion B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6	1,057,015	1,697,953	2,678,803	2,164,643	1,608,177	9,206,591
10a							
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	7,703	11,375	26,088	46,899	27,677	119,742
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						0
С	Add lines 10a and 10b	7,703	11,375	26,088	46,899	27,677	119,742
11	Net income from unrelated business	,	,	,	,	ŕ	•
	activities not included in line 10b,						
	whether or not the business is regularly						
	carried on						0
12	Other income. Do not include gain or						
-	loss from the sale of capital assets						
	(Explain in Part IV.)	0	6,940	0			6,940
13	Total support. (Add lines 9, 10c, 11,	U U	0,040				0,040
	and 12.)						9,333,273
14	First five years. If the Form 990 is for the org	onization's first	occord third	fourth or fifth	toy year as a	200tion F01(a)(3	
14							
	organization, check this box and <b>stop here</b> .						<b>&gt;</b>
Sec	tion C. Computation of Public Support				Ţ		
15	Public support percentage for 2008 (line 8, co	lumn (f) divided	by line 13, co	olumn (f)) .   .   .		15	98.64%
16	Public support percentage from 2007 Schedul	le A, Part IV-A,	line 27g			16	99.04%
Sec	tion D. Computation of Investment Inco				'	•	
17	Investment income percentage for 2008 (line			e 13. column (f	))	17	1.28%
18	Investment income percentage from 2007 Sci		•		′′	18	0.77%
	33 1/3% support tests-2008. If the organization						
ıJa							
L	not more than 33 1/3%, check this box and <b>st</b>	-	-			-	<b>►</b> X
b	33 1/3% support tests–2007. If the organization di						,
	line 18 is not more than 33 1/3%, check this box ar	-	-			-	▶Щ
20	<b>Private foundation.</b> If the organization did no	ot check a box of	on line 14, 19a	, or 19b, check	this box and s	ee instructions	▶∟

Schedule A (Form	990 or 990-EZ) 2008	Neighborhoo	d Partnershi	ips, Inc				91-1943624	F	age <b>4</b>
Part IV	Supplemental	Information.	Complete	this part to	provide the	explanatio	n required	by Part II, line	e 10;	
	Part II, line 17a									

### 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, and 990-PF.

OMB No. 1545-0047

2008

**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 organizations 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 X For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/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 Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do 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**

20**08** 

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

To be completed by organizations described below.

► Attach to Form 990 or Form 990-EZ.

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.

	=	es," to Form 990, Part IV, line 5 (Proxy ganizations: Complete Part III.	Tax), then		
	ime of organization	gamzationo. Completo i art ini		Employe	r identification number
	nborhood Partnerships, In	c		91-19436	
	rt I-A To be compl	eted by all organizations exem			
		uctions for Schedule C for details.			
1	· · · · · · · · · · · · · · · · · · ·	the organization's direct and indirect			
2	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	
3	Volunteer hours				
Pai		eted by all organizations exemuctions for Schedule C for details.	pt under sectio	on 501(c)(3).	
1	Enter the amount of any	excise tax incurred by the organizati	on under section	4955 ▶ \$	
2	Enter the amount of any	excise tax incurred by organization r	managers under s	section 4955 ► \$	
3	If the organization incurr	ed a section 4955 tax, did it file Form	4720 for this yea	ar?	Yes No
4a	Was a correction made?				. Yes No
b	If "Yes," describe in Part	IV.			<u> </u>
Pai	rt I-C To be compl	eted by all organizations exem	pt under sectio	on 501(c), except secti	on 501(c)(3).
	See the instru	uctions for Schedule C for details.			
1	Enter the amount directly	y expended by the filing organization	for section 527 e	xempt function	
	activities			▶ \$	
2		filing organization's funds contributed	•		
	for section 527 exempt f	unction activities		▶ \$	
3		ct exempt function expenditures. Add			
_		17b			
4		n file <b>Form 1120-POL</b> for this year?			
5		ses and employer identification num			
		nter the amount paid and indicate if t ns received and promptly and directly			
		id or a political action committee (PA			
	ocparate ocgregated fan		o). Il additional of		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
				0	
				0	
					<u> </u>
				0	
				0	
				0	

0

P	Part II-A To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)). See the instructions for Schedule C for details.							
Α	Check ▶ if the filing organization belongs to an affiliated group.							
В		checked box A and "limited control" provisions	apply.					
	Limits on Lob (The term "expenditures" m	(a) Filing organization's totals	<b>(b)</b> Affiliated group totals					
1a	Total lobbying expenditures to influence	public opinion (grass roots lobbying)	7,259	0				
b	Total lobbying expenditures to influence	a legislative body (direct lobbying)	31,334	0				
С	Total lobbying expenditures (add lines 1	a and 1b)	38,593	0				
d			2,834,194	C				
е	Total exempt purpose expenditures (add	2,872,787	O					
f	Lobbying nontaxable amount. Enter the							
	columns.	-	293,639	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.						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.						
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.						
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.						
	Over \$17,000,000	\$1,000,000.						
g	Grassroots nontaxable amount (enter 25	% of line 1f)	73,410	0				
h	Subtract line 1g from line 1a. Enter -0- if	line g is more than line a	0	0				
i	Subtract line 1f from line 1c. Enter -0- if I	ine f is more than line c	0	0				
j		either line 1h or line 1i, did the organization file Forr		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 of the instructions.)

	Lobbying Expenditures During 4-Year Averaging Period								
	Calendar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) Total			
2a	Lobbying non-taxable amount	229,716	250,601	294,374	293,639	1,068,330			
b	Lobbying ceiling amount (150% of line 2a, column(e))					1,602,495			
С	Total lobbying expenditures	50,195	31,303	47,312	38,593	167,403			
d	Grassroots non-taxable amount	57,429	62,650	73,594	73,410	267,083			
е	Grassroots ceiling amount (150% of line 2d, column (e))					400,625			
f	Grassroots lobbying expenditures	45,080	2,386	22,192	7,259	76,917			

Schedule C (Form 990 or 990-EZ) 2008

	To be completed by organizations exempt under section 501(c)(3) that have 5768 (election under section 501(h)). See the instructions for Schedule C for or					
		(a	)		(b)	
		Yes	No	A	moun	t
1	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:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h :	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?					
!	Other activities? If "Yes," describe in Part IV					
2a	Total lines 1c through 1i					
Za b	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912.					
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A To be completed by all organizations exempt under section 501(c)(4), sect	on 5	)1(c)	(5) or		
ı aı	section 501(c)(6). See the instructions for Schedule C for details.	011 0	J 1(U)	(0), 01		
	Couldn't Con (C) (C) Coo and monadations for confedence of for detailed.				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		1
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3	Did the organization agree to carryover lobbying and political expenditures from the prior year? .			3		
Par	t III-B To be completed by all organizations exempt under section 501(c)(4), sect			(5), or		
	section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" (	R if	Part	II-A,		
	question 3 is answered "Yes." See Schedule C instructions for details.					
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of					
	political expenses for which the section 527(f) tax was paid).	J				
а	Current year		2a			
b	Carryover from last year	T	2b			
С	Total		2c			(
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	.	3			
4	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					
_	lobbying and political expenditure next year?	+	4			
5	Taxable amount of lobbying and political expenditures (line 2c total minus 3 and 4)		5			(
Part						
	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5	; and I	Part II	-B, line	1i.	
	complete this part for any additional information.					
Part	-A Line 1 Neighborhood Partnerships works at the state legislative level to pass legislation which c	eates				
oppo	rtunity for low income Oregonians. Our efforts focus on legislation in two primary issue areas:					
affor	dable housing and asset building. All of our activities are non-partisan. Neighborhood					
anoi	dable housing and asset building. All of our activities are non-partisan. Neighborhood					
Partr	erships never endorses candidates.					
Legis	lative activity takes the form of hiring lobbyists to represent our issues, direct contact with					
legisl	ators and their staff, preparation and delivery of testimony to committees, and the coordination					

	·	raye 🕶
Part IV	Supplemental Information (continued)	
of grassroo	ts participation and communication.	

# SCHEDULE D (Form 990)

Department of the Treasury

Internal Revenue Service

## **Supplemental Financial Statements**

OMB No. 1545-0047

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Open to Public Inspection

Name of the organization Employer identification number 91-1943624 Neighborhood Partnerships, Inc 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 . . . . Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other 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 Protection of natural habitat Preservation of certified historic structure Preservation of open space 2 Complete lines 2a-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 Year а b 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 . . . . . . . . . d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located 4 5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and 6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 9 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 the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. 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. 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: 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: 

Page	2
Page	4

Part	Organizations Maintaining Co	llections of Art, His	storical Treasures	, or Other Similar A	Assets (continued)
3	Using the organization's accession and o	ther records, check a	nv of the following th	at are a significant us	e of its collection
-	items (check all that apply):	,	,		
а	Public exhibition	d	Loan or exchang	e programs	
b	Scholarly research	e	- 1 a		
С	Preservation for future generations				
4	Provide a description of the organization' Part XIV.		ain how they further	the organization's exe	empt purpose in
5	During the year, did the organization solid assets to be sold to raise funds rather that				ar Yes No
Part	Trust, Escrow and Custodial Part IV, line 9, or reported an a	_	,	tion answered "Yes"	' to Form 990,
12	Is the organization an agent, trustee, cus			une or other accete no	<u> </u>
1a	included on Form 990, Part X?		•		Yes No
b	If "Yes," explain the arrangement in Part				1e5 NO
D	ii res, explain the arrangement in Fait	Arv and complete the	following table.		Amount
_	Beginning balance			. 1c	Amount
۲ C					
d	Additions during the year				
e	Distributions during the year Ending balance				0
f	•			-	
2a	Did the organization include an amount of		ne 21?		Yes X No
b	If "Yes," explain the arrangement in Part				
Part					
		Current year (b) Pr	ior year (c) Two yea	rs back (d) Three years b	ack (e) Four years back
1a	Beginning of year balance				
b	Contributions				
С	Investment earnings or losses .				
d	Grants or scholarships				
е	Other expenditures for facilities				
	and programs				
f	Administrative expenses				
g	End of year balance	0			
2	Provide the estimated percentage of the	year end balance held	d as:		
а	Board designated or quasi-endowment	▶ %	1		
b	Permanent endowment	%			
С	Term endowment ► %				
3a	Are there endowment funds not in the po	ssession of the organ	ization that are held	and administered for	the
	organization by:				Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations				3a(ii)
b	If "Yes" to 3a(ii), are the related organiza	tions listed as require	d on Schedule R?.		3b
4	Describe in Part XIV the intended uses o	f the organization's er	ndowment funds.		
Part				art X, line 10.	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a	Land	C	0		0
b	Buildings	C		0	0
C	Leasehold improvements	C		0	0
d	Equipment	C		98,733	34,688
e	Other	C	,	0	0 1,000
	. Add lines 1a–1e. (Column (d) should equ		•		34,688
	, , , , , , , , , , , , , , , , , , , ,	, - ,	1 // -1		. ,,,,,

(a) Description of security or

category (including name of security)

Financial derivatives and other financial products . . .

Closely-held equity interests . . . . . . . . . Other \_\_\_\_\_

Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)

Total. (Column (b) should equal Form 990, Part X, col. (B) line 13.)

Other Assets. See Form 990, Part X, line 15

(a) Description of investment type

Investments—Other Securities. See Form 990, Part X, line 12

Investments—Program Related. See Form 990, Part X, line 13

(a) Description

(b) Book value

(b) Book value

0 0

0

0

Part VII

Part VIII

91-1943624	Page <b>3</b>
(c) Method of valu	
(c) Method of valu	ation:
Cost or end-of-year ma	
	(b) Book value
	0
	0
	0
	0
	0
	0
	0 0 0 0 0 0 0 0

		(
		(
Total. (Column (b) should equal Form 990, Part X,	col (B) line 15 )	• (
Part X Other Liabilities. See Form 990,		
(a) Description of liability	(b) Amount	
Federal income taxes	<u> </u>	
Accrued payroll and vacation	17,812	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
	0	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.)	17,812	
In Part XIV, provide the text of the footnote to the o uncertain tax positions under FIN 48.	rganization's financial statements that reports	the organization's liability for

Schedule D (Form 990) 2008 Page 4 Reconciliation of Change in Net Assets from Form 990 to Financial Statements Part XI 1 Total revenue (Form 990, Part VIII, column (A), line 12) . . . . . . 1,635,854 2 Total expenses (Form 990, Part IX, column (A), line 25) . . . . 2 2,872,787 -1,236,933 3 Excess or (deficit) for the year. Subtract line 2 from line 1 . . . . . 4 Net unrealized gains (losses) on investments . . . . . . 5 Donated services and use of facilities . . . . . 6 6 7 7 8 Total adjustments (net). Add lines 4–8 . . . . . . . . . . . . . . . . . 9 0 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9. 10 -1,236,933 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Total revenue, gains, and other support per audited financial statements... 1,635,854 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a 2b b Donated services and use of facilities . . . . . . . . . . . . . . . 2c C Other (Describe in Part XIV) . . . . . . . . . . . . . . . . 2d d е 2e 3 3 Subtract line **2e** from line **1** . . . . . . 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 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.) 5 1.635.854 5 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return Total expenses and losses per audited financial statements . . . 1 2,872,787 2 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a а 2b С Losses reported on Form 990, Part IX, line 25 . . . . . 2c d Other (Describe in Part XIV) . . . . . . . . . . . . . . . . 2d 2e Subtract line 2e from line 1 . . . . . . . . . . 3 3 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 а Other (Describe in Part XIV) . . . . . . . . . . . . . . 4b Add lines **4a** and **4b** . . . . . . . . . . . . . . . 4c 0 Total expenses. Add lines 3 and 4c. (This should 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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Schedule D (Form 9	990) 2008	Page <b>5</b>
Part XIV	990) 2008 Supplemental Information (continued)	
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<b>-</b>		· <b>-</b>
<b></b>		<b>-</b>
<b></b>		<b>-</b>

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

## **Grants and Other Assistance to Organizations,** Governments, and Individuals in the U.S.

OMB No. 1545-0047

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.

Name of the organization						Employer identifi	cation number
Neighborhood Partnerships, Inc						91-1943624	
Part I General Information	n on Grants a	and Assistance					
<ol> <li>Does the organization maint the selection criteria used to</li> <li>Describe in Part IV the organization</li> </ol>	award the gran	ts or assistance? .					X Yes No
	ine 21, for any	recipient that re	and Organizations in ceived more than \$5, pace is needed .		if no one recipient	received more than	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCESS 3630 AVIATION WAY MEDFORD	93-0655396	501(C)(3)	10,000	0			COMMUNITY DEV
CARITAS COMMUNITY HOUS CO 231 SE 12TH AVE PORTLAND, C	93-0386801	501(C)(3)	10,000	0			COMMUNITY DEV
IMPACT NORTHWEST PO BOX 33530 PORTLAND, OR	93-0557964	501(C)(3)	164,240	0			COMMUNITY DEV
CATHOLIC CHARITIES  231 SE 12TH AVE PORTLAND, C	93-0386801	501(C)(3)	15,000	0			COMMUNITY DEV
HUMAN SOLUTIONS  12350 SW POWELL PORTLAND, CLACKAMAS COMM LAND TRUS	93-0977166	501(C)(3)	143,220	0			COMMUNITY DEV
2316 SE WILLARD ST MILWAUK COLUMBIA CASCADE HSG	93-1262940	501(C)(3)	10,000	0			COMMUNITY DEV
312 COURT ST STE 419 THE DA COMMUNITY ACTION TEAM	94-3111736	501(C)(3)	10,000	0			COMMUNITY DEV
124 N 18TH STREET ST HELENS COMM PRTNRS FOR AFFORD H	93-0554156	501(C)(3)	10,000	0			COMMUNITY DEV
PO BOX 23206 TIGARD, OR 9720 FARMWORKER HOUS DEV	96-1155559	501(C)(3)	10,850	0			COMMUNITY DEV
1274 5TH ST SUITE 1A WOODBL COMMUNITY ACTION	93-1055994	501(C)(3)	10,000	0			COMMUNITY DEV
1001 SW BASLINE ST HILLSBOF HDC OF NW OREGON	93-0554941	5019(C)(3)	205,112	0			COMMUNITY DEV
220 SE 12TH AVE STE A-100 HIL		501(C)(3)	10,850	0			COMMUNITY DEV
<ul><li>2 Enter total number of section</li><li>3 Enter total number of other of</li></ul>						·	31

Schedule I (Form 990) 2008

	to Individuals in the Ur	nited States. Com	plete if the organiza	tion answered "Yes" on	Form 990, Part IV, line 22
Use Schedule I-1 (Form 990) if					, ,
(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 assis
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
Supplemental Information. Co	•				anal information

# SCHEDULE I-1 (Form 990)

# **Continuation Sheet for Schedule I (Form 990)**

20**08** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 to list additional information for Part II and Part III, Schedule I (Form 990).

Open to Public Inspection

Name of the organization

Reighborhood Partnerships, Inc

91-1943624

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IOUSING WORKS							
05 SW 6TH STREET REDMOND	93-0709787	501(C)(3)	15,000	0			COMMUNITY DEV
LACKAMAS CO SOC SERVICE							
051 KAEN ROAD OREGON CIT	93-6002286	gov agency	193,693	0			COMMUNITY DE
IAINSTREAM HOUSING INC							
80 E 18TH AVENUE EUGENE, (	93-1032897	501(C)(3)	5,000	0			COMMUNITY DE
IETROPOLITAN AFFORD HOUS							
O BOX 5848 EUGENE, OR 9740	93-1078543	501(C)(3)	10,000	0			COMMUNITY DEV
HARE							
O BOX 1209 VANCOUVER, OR	91-1205119	501(C)(3)	185,757	0			COMMUNITY DE
IORTHWEST HOUS ALT							
316 SE WILLARD ST MILWAUK	93-0814473	501(C)(3)	90,000	0			COMMUNITY DE
REGON MICROENT NETWORK							
220 SW MORRISON SUITE 805	93-1255589	501(C)(3)	10,000	0			COMMUNITY DE
OLK COMM DEV CORP							
57 SW MAIN ST DALLAS, OR 97	93-1012211	501(C)(3)	15,000	0			COMMUNITY DE
ALEM CDC							
O BOX 7364 SALEM, OR 97303	94-3165033	501(C)(3)	10,000	0			COMMUNITY DE
UALATIN VALLEY HOUS							
160 SW MAIN ST BEAVERTON,	93-1152592	501(C)(3)	10,000	0			COMMUNITY DE
ICAN							
80 KENNETH FORD DRIVE RO	93-0587136	501(C)(3)	10,000	0			COMMUNITY DE
IMPQUA CDC		, , ,	·				
05 SE KANE ST ROSEBURG, O	93-1057208	501(C)(3)	10,000	0			COMMUNITY DE
VILLAMETTE NEIGHBRHD HSG		\ /\ /	,				
57 SW MADISON AVE CORVAL		501(C)(3)	10,000	0			COMMUNITY DE
			0	0			
			0	0			
2 Enter total number of Sectio	- F04(-)(0)		ı				

# SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

2008
Open to Public Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization  Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Neighborhood Partnerships, Inc	91-1943624
Form 990 Part VI Section B Line 15 Compensation for officers and key employees is determined	d by the Board of
Directors as part of the annual budget process. Compensation of similar	
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.	
Form 990 Part VI Section A Line 10 The 990 is prepared by the CFO and reviewed again by the	CFO. The accountant
who reports to the CFO reviews the 990 in detail and corrections are made where	
necessary. The CFO reviews the 990 again and then has the Executive Director	
review the 990. The 990 form is then electronically sent to the board of directors	
for their review and comments. The 990 form is then reviewed again by the	
CFO, accountant and Executive Director before the final form is sent to the IRS	
and to the state agencies and posted on the organization's website.	
Form 990 Part VI Section B Line 12c The policies of the organization are reviewed annually by t	he 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.	

Neighborhood Partnerships, Inc 91-1943624

Part VII, Section B, Line 1 (990) - Highest Compensated Independent Contractors

	: 111, 000tion = , = 1110 : <b>(</b> 000)							
		Check if						
	Contractor's Name	Business	Street Address	City	State	Zip Code	Foreign Country	Description of Services
1	Central City Concern	Х	232 NW 6th	Portland	OR	97209		Social Services
2	Human Solutions	Х	12350 SE Powell	Portland	OR	97236		Social Services
3	Portland Impact	Х	PO Box 33530	Portland	OR	97292		Social Services
4	Portland State University	X	PO Box 751	Portland	OR	97201		Program Evaluation
5								
6								
7								
8								
9								
10								

870,246

Compensation	Explanation
133,471	Assistance for transition from homelessness to affordable housing
206,784	Assistance for transition from homelessness to affordable housing
309,882	Assistance for transition from homelessness to affordable housing
220,109	Porgram evaluation services for Bridges to Housing and IDA programs

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

	Cash	Non Cash
1 Federated Campaigns		1
2 Membership dues		2
3 Fundraising events		3
4 Related organizations		4
<b>5</b> Government grants (contributions)		5
6 All other contributions, gifts, grants, and similar amounts not included above:		
INDIVIDUAL CONTRIBUTIONS	10,852	
NON-PROFIT GRANTS	50,000	
FOUNDATION GRANTS	330,250	
OTHER GRANTS AND CONTRIBUTIONS	64,955	
LESS: FORFEITED GRANTS	-8,313	
Other contributions total	447,744	6 0
<b>7</b> Total	447,744	7 0

Part IX, Line 22 (990) - Depreciation, Depletion, etc.

	16,139	15,047	989	103
5	(A) Total	(B) Program	(C) Management	(D) Fundraising
Description  1 Furniture, Equipment and Fixtures	16,139	services 15,047	and general 989	103
1 Furniture, Equipment and Fixtures 2	16,139	15,047	989	103
3	0			
4	0			
5	0			
6	0			
7	0			
8	0			
9	0			
10	0			
11	0			
12	0			
13	0			
14	0			
15	0			
16	0			
17	0			
18	0			
19	0			
20	0			
21	0			
22	0			
23 24	0			
25	0			
26	0			
27	0			
28	0			
29	0			
30	0			
31	0			
32	0			
33	0			
34	0			
35	0			
36	0			
37	0			
38	0			
39	0			
40	0			
41	0			
42	0			

Part X, Line 3 (990) - Pledges and Grants Receivable

<u> </u>	Pledges and	grants receivable	Allowance for doub	tful accounts
	Beginning	End	Beginning	End
1 Grants receivable 1	921,205	328,474		_
2				
3				
4				
5 5				
6				
7				
8 8				
9				
10 10				
11 11				
12 Total pledges and grants receivable 12	921,205	328,474	0	0

Part X, Line 4 (990) - Accounts Receivable

	Accounts	s receivable	Allowance for doubtful accounts		
	Beginning	End	Beginning	End	
1 Accounts Receivable 1	0	20,265			
2 2					
3					
4					
5 5					
6					
7					
8					
9					
10 10					
11 Total accounts receivable	0	20,265	0	0	

Neighborhood Partnerships, Inc 91-1943624

## Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

								133,421	82,593	98,733	0	49,641	34,688
			Leasehold			Check if	Check if		Beginning	Ending			
			Improve-			Investment	Asset	Cost/Other	Accumulated	Accumulated	Disposals/	Beginning	Ending
Category or Item	Land	Buildings	ments	Equipment	Other	Asset	Disposed	Basis	Depreciation	Depreciation	Adjustments	Balance	Balance
1 Furniture and Equipment				X				133,421	82,593	98,733	0	49,641	34,688
2								0	0			0	
3								0	0			0	_
4								0	0			0	_
5								0	0			0	_
6								0	0			0	0
7								0	0			0	0
8								0	0			0	0
9								0	0			0	0
10								0	0			0	0
11								0	0			0	0
12								0	0			0	0
13								0	0			0	0
14								0	0			0	0
15								0	0			0	0
16								0	0			0	0
17			·		·			0	0			0	0
18								0	0			0	0
19								0	0			0	0
20								0	0			0	0

17,812

19,177

Part X, Line 25 (990) - Other Liabilities

		,	,
	Description	Beginning	End
1	Accrued payroll and vacation	19,177	17,812
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Part X (Sch D (990)) - Other Liabilities

- 1	7	8.	1	2
		, •		_

Description	Amount
Federal Income Taxes	
Accrued payroll and vacation	17,812
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	Federal Income Taxes Accrued payroll and vacation