Form **990**

Return of Organization Exempt From Income Tax

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service benefit trust or private foundation)

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

А	ror t	ne 2006 calenda	ar year, c	r tax y	ear beginning	7/1/2006	, and	i enaing		6/30	/2007
В	Chec	k if applicable:	Please	C Nam	e of organization				D Em	ployer	identification number
	Addre	ess change	use IRS	Neigh	borhood Partnership	n Fund			91-19	4362	Δ
		ū	label or		ber and street (or P.O. bo		n etroet addres	e Poom			e number
	ivame	e change	print or type.	Ivaiii	bei una street (or i .o. bo.	x ii iiidii is iiot delivered t	o street addres	1.00111	Suite L Tel	Срион	c number
	Initial	return	See	1020	SW Taylor St.			68	503-2	26-30	001
	Final	return	Specific	City	or town	State or o	country 2	ZIP + 4	F Acc	countir	ng method: Cash X Accrual
			Instruc- tions.				-		I -	1	
	Amer	nded return		Portla		OR		97205			(specify) ►
	Appli	cation pending)(3) organizations and 4			H and			section 527 organizations.
			trusts	must a	ttach a completed Scheo	dule A (Form 990 or 990	-EZ).	H(a)	Is this a grou	p return	for affiliates? Yes X No
G	Webs	ite: > tnpf.o	rg					H(b)	If "Yes," ente	r numbe	er of affiliates 🕨
								H(c)	Are all affiliat	es inclu	ded? Yes No
J	Orgai	nization type (che	ck only one	e) >	X 501(c) (3) ◀	(insert no.) 4947(a)(1) or 527		(If "No," attac	h a list.	See instructions.)
			1	-) - 4b:		, fled by an experiention
		there			n is not a 509(a)(3) suppor 0. A return is not required			H(d)	•		urn filed by an organization
		a return, be sure to			·	, but if the organization c	1100565		covered by a	• .	<u> </u>
		, , , , , , , , , , , ,							Group Exemp		
								M	Check -		the organization is not required
L	Gros	s receipts: Add li	nes 6b, 8	b, 9b, a	nd 10b to line 12		2,704,89	1	to attach Sch	. B (For	rm 990, 990-EZ, or 990-PF).
Pa	rt I	Revenue.	Expen	ses. a	and Changes in N	let Assets or Fu	nd Balanc	es (Se	ee the inst	ructio	ons.)
								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	1	a Contribution			s, and similar amour		146				
							1a 1b		2 220 200	İ	
		•		•	included on line 1a)				2,220,386		
					ot included on line 1		1c		05.000	ļ	
					(grants) (not includ		1d		95,993		0.040.070
					jh 1d) (cash \$			() (1) 1).	1e	2,316,379
	2				including governme					2	362,424
	3				sessments					3	20.000
	4		•		mporary cash inves					4	26,088
	5				m securities		1 - 1			5	
	Ь						6a				
							6b			0-	
). Subtract line 6b fr	om line 6a				6c	
9	<u> </u>				•	(4) 0		(D))	7	
	- B				of assets other	(A) Securities	00	(B) (otner		
å	2		•			•	8a 8b			1	
					and sales expenses		8c			1	
					edule)					04	
	9				ne line 8c, columns (attach schedule). If an				· _ · —	8d	
	9	a Gross reve				y amount is noi gamin Of	g, check here	5			
					line 1b)....		9a				
					er than fundraising		9b				
					special events. Sub					9с	
	10				less returns and allo		10a			30	
	1.0						10b				
					es of inventory (attach			ne 10a		10c	
	11				VII, line 103)					11	
	12				1e, 2, 3, 4, 5, 6c, 7,					12	2,704,891
	13				ne 44, column (B))					13	
ď	13				(from line 44, colum					14	1,906,861
Exnenses	15				column (D))					15	81,383 23,774
X	16				ach schedule)					16	25,774
ш											2 042 040
	17				s 16 and 44, column					17	2,012,018
Not Accepte	18				year. Subtract line 1					18	692,873
200	19				es at beginning of y					19	1,463,938
5	20		•		ets or fund balances	•	•			20	· ·
-	21	Net accete	or fund	nalanc	es at end of year C	ombine lines 18 10	and 20			21	2 156 811

Form 99	90 (2006) Neighborhood Pa	artnersh	nip Fund		91-1943624	Page 2
Part						
	Functional Expenses organizations and section 4947(a)(1) nor	nexempt charitable	trusts but optiona	I for others. (See the	e instructions.)
	Do not include amounts reported on line			(B) Program	(C) Management	
	6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	services	and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach schedule)					
	(cash \$ noncash \$)					
	If this amount includes foreign grants, check here	220				
22 h		22a				
22 D	Other grants and allocations (attach schedule)					
	(cash \$ 799,676 noncash \$)					
	If this amount includes foreign grants, check here	22b	799,676	799,676		
23	Specific assistance to individuals (attach					
	schedule)	23				
24	Benefits paid to or for members (attach					
	schedule)	24				
25 a	Compensation of current officers, directors,					
	key employees, etc. listed in Part V-A (attach					
	schedule)	25a	210,321	197,832	7,941	4,548
b	Compensation of former officers, directors,					
	key employees, etc. listed in Part V-B (attach					
	schedule)	25b				
С	Compensation and other distributions, not included above,					
	disqualified persons (as defined under section 4958(f)(1)) and	05.				
00	persons described in section 4958(c)(3)(B) (attach schedule)	25c				
26	Salaries and wages of employees not included	20	462,000	446 507	20.405	0.070
27	on lines 25a, b, and c	26	163,092	116,527	38,195	8,370
27	Pension plan contributions not included on	27	33,885	28,376	4,306	1 202
28	lines 25a, b, and c	21	33,000	20,370	4,300	1,203
20	25a – 27	28	53,623	45,108	6,679	1,836
29	Payroll taxes	29	29,356	24,712	3,624	1,020
30	Professional fundraising fees	30	23,330	27,712	3,024	1,020
31	Accounting fees	31	10,284	7,800	1.940	544
32	Legal fees	32	5,693	5,693	.,0.0	<u> </u>
33	Supplies	33	21,640	20,752	766	122
34	Telephone	34	6,605	5,626	835	144
35	Postage and shipping	35	3,134	2,723	226	185
36	Occupancy	36	29,538	24,714		1,061
37	Equipment rental and maintenance	37	1,926	1,618	241	67
38	Printing and publications	38	20,881	14,657	2,321	3,903
39	Travel	39	8,195	7,733	284	178
40	Conferences, conventions, and meetings	40	21,132	19,550	1,582	
41	Interest	41				
42	Depreciation, depletion, etc. (attach schedule)	42	4,480	3,794	538	148
43	Other expenses not covered above (itemize):					
а	See attached statement	43a	588,557	579,970	8,142	445
b		43b				
С		43c				
d		43d				
е		43e				
f		43f				
g		43g				
44	Total functional expenses. Add lines 22a					
	through 43g. (Organizations completing					
	columns (B)–(D), carry these totals to lines	.	0.040.045	4 000 000	04.00=	oo == :
	13–15)	44	2,012,018	1,906,861	81,383	23,774
	Costs. Check ▶ if you are following SOP 98-2.					
Are an	y joint costs from a combined educational campaign and fundraising s	olicitatio	n reported(iB) Pro	ogram services?	▶	Yes X No
If "Yes	" enter (i) the aggregate amount of these joint costs \$; (ii) the amount a	allocated to Progra	am services \$;
	amount allocated to Management and genera \$; an		allocated to Fund		·

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

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

What is the organization's primary exempt purpose?▶ See a	ittached statement.	Program Service Expenses
All organizations must describe their exempt purpose achievements ir of clients served, publications issued, etc. Discuss achievements that organizations and 4947(a)(1) nonexempt charitable trusts must also e	are not measurable. (Section 501(c)(3) and (4	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a The Portland and Statewide Community Development Co provide operating support grants to community development fiscal year. The funding provides essential support to the related services to individuals and families in need.	ent organizations. 35 organizations were funded in	
(Grants and allocations \$ 779,000) If this amount includes foreign grants, check here	916,279
b NPF's resident services program makes resources and te housing plus services and seeks to measure individual ou provided resident services grants to 5 organizations durin resident services programs.	itcomes as well as system-related outcomes. NPF	
(Grants and allocations \$ 11,090) If this amount includes foreign grants, check here	37,404
c The NPF training and technical assistance program provious issues; provides peer support networks and on-site technorganizations (CDC). 18 CDC emerging leaders are particular non-profit executive directors attended the national and refunded trainings provided training to 142 participants for refunded.	nical assistance to the staff of community developn cipating in a year long Future Leaders Initiative. 250 egional Executive Directors' trainings. Six HUD	
(Grants and allocations \$ 436) If this amount includes foreign grants, check here	498,607
d NPF is the nonprofit partner for the State of Oregon's Indi NPF raises funds through the sale of tax credits that mate a small business start-up. This IDA and Asset Building pro- financial literacy, business development and homeowners. There were 130 new participants this fiscal year. 20 IDA Conference. 110 pratitioners attended quarterly training materials.	ch individuals' savings towards education, housing ogram includes training & counseling for ship. Over 500 Individuals participated this year. practioners attended the 2006 Asset Learning	
) If this amount includes foreign grants, check here	218,663
e Other program services (attach schedule)		
) If this amount includes foreign grants, check here	235,908
f Total of Program Service Expenses (should equal line	44, column (B), Program services) ▶	1,906,861

Form **990** (2006)

Part IV Balance Sheets (See the instructions.) Note: Where required, attached schedules and amounts within the description (A) (B) column should be for end-of-year amounts only. Beginning of year End of year 45 19,938 45 40,812 46 Savings and temporary cash investments 1,256,126 46 3,322,661 47 a Accounts receivable 47a **b** Less: allowance for doubtful accounts . . 47b 47c 48 a Pledges receivable 48a 48b **b** Less: allowance for doubtful accounts . . 48c 1.063.910 49 1.220.670 50 a Receivables from current and former officers, directors, trustees, and 50a **b** Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule) . . 50b Assets **51 a** Other notes and loans receivable (attach schedule) 51a **b** Less: allowance for doubtful accounts . . . 51c Inventories for sale or use 52 52 8,734 Prepaid expenses and deferred charges . . . 53 96,503 **54 a** Investments—publicly-traded securities. ▶ FMV 54a FMV **b** Investments—other securities (attach schedule). . ▶ Cost 54b **55 a** Investments—land, buildings, and equipment: basis **b** Less: accumulated depreciation (attach schedule) 55b 55c 56 Investments—other (attach schedule) . . . **57 a** Land, buildings, and equipment: basis . . 57a 82,579 **b** Less: accumulated depreciation (attach schedule) 73.760 13.299 57c 8.819 58 Other assets, including program-related investments 58 (describe ► Total assets (must equal line 74). Add lines 45 through 58 . . . 59 2,362,007 59 4,689,465 60 3,480 60 75,171 61 715,537 61 2,352,018 62 161,771 62 83,460 Loans from officers, directors, trustees, and key employees (attach 63 63 64 a Tax-exempt bond liabilities (attach schedule) 64a **b** Mortgages and other notes payable (attach schedule) 64b 65 Other liabilities (describe ► Accrued payroll and vacation) 17,281 65 22,005 66 **Total liabilities.** Add lines 60 through 65 . . . 898,069 66 2,532,654 Organizations that follow SFAS 117, check her▶ X and complete lines 67 through 69 and lines 73 and 74. **Net Assets or Fund Balances** 67 128,530 67 139,544 68 1.335.408 68 2.017.267 69 69 Organizations that do not follow SFAS 117, check here ▶ and complete lines 70 through 74. 70 70 71 Paid-in or capital surplus, or land, building, and equipment fund . . . 71 72 72 Retained earnings, endowment, accumulated income, or other funds . 73 **Total net assets or fund balances.** Add lines 67 through 69 **or** lines 70 through 72. (Column (A) must equal line 19 and column (B) must 73 1,463,938 2,156,811 Total liabilities and net assets/fund balances. Add lines 66 and 73. 2,362,007 74 4,689,465

Part I	V-A Reconciliation of Revenue per instructions.)	Aud	ited Financial	Statements	Witl	n Revenue per F	Retu	rn (See the
а	Total revenue, gains, and other support pe	er auc	lited financial sta	tements			а	2,074,891
b	Amounts included on line a but not on Pal						-	_,0::,,00:
~ 1	Net unrealized gains on investments				b1			
	Donated services and use of facilities .				b2			
	Recoveries of prior year grants				b3			
4	Other (specify):							
-					b4			
	Add lines b1 through b4						b	
С	Subtract line b from line a						С	2,074,891
d	Amounts included on Part I, line 12, but no	ot on I	ine a:					,
1	Investment expenses not included on Par	t I, line	e 6b		d1			
2	Other (specify):							
					d2			
	Add lines d1 and d2						d	
е	Total revenue (Part I, line 12). Add lines	c and	d				е	2,074,891
Part I	V-B Reconciliation of Expenses pe	er Au	dited Financia	I Statements	s Wi	th Expenses pe	r Re	tur
а	Total expenses and losses per audited fin						а	2,012,018
b	Amounts included on line a but not on Par							,
1	Donated services and use of facilities .				b1			
2	Prior year adjustments reported on Part I,	line 2	0		b2			
3	Losses reported on Part I, line 20				b3			
4	Other (specify):							
					b4			
	Add lines b1 through b4						b	
С	Subtract line b from line a						С	2,012,018
d	Amounts included on Part I, line 17, but no	ot on I	ine a:					
1	Investment expenses not included on Par	t I, line	e 6b		d1			
2	Other (specify):							
					d2			
	Add lines d1 and d2						d	
е	Total expenses (Part I, line 17). Add lines						е	2,012,018
Part V	•		•	• • •		•		
	trustee, or key employee at any time	e durii	uring the year even if they were not compensated.) (So					nstructions.)
	(A) Name and address	T:41	(B)	(C) Compensation (If not paid,	on (I	Contributions to empl	•	(E) Expense account
	(A) Name and address		nd average hours per devoted to position	enter -0)		benefit plans & deferre compensation plans		and other allowances
Name	MIKE BARR Str 111 SW FIFTH AVE			,				
		Hr/WK						
	KELLY CARTALE Str 10227 WINCIPIN C		DIRECTOR					
	COLUMBIA ST MD ZIP 21044	Hr/WK						
	BRUCE DOBBS Str 220 NW SECOND A		DIRCTOR					
	PORTLAND ST OR ZIP 97209	Hr/WK						
	BERNIE KRONBE str 1300 SW FIFTH AV		TREASURER					
		Hr/WK						
	DANIEL ROBERT str PO BOX 880		CHAIR					
	000000000000000000000000000000000000000	Hr/WK						
	LYNN SCHOESS str PO BOX 14508		SECRETARY					
	SALEM ST OR ZIP 97309							
	BRIAN STEWART Str 811 SW SIXTH AVE	Hr/WK	DIRECTOR		+			
	PORTLAND ST OR ZIP 97204	Hr/WK			+			
	CARL TALTON Str 805 SW BROADWA		DIRECTOR					
	PORTLAND ST OR ZIP 97205	Hr/WK			+			
	JEAN TATE Str 1375 OLIVE #510		DIRECTOR					
	EUGENE ST OR ZIP 97401	Hr/WK	1 EVEC DIDECT	-	-			
	JANET BYRD Str 2844 NE 22ND AVE		EXEC DIRECTO					
City	PORTLAND ST OR ZIP 97212	Hr/WK	40	77,90)1	18	3,696	

Form 9	90 (2006) Neighborhood Partnership Fund			91-1943624		!	Page 6
Part	V-A Current Officers, Directors, Tru	ustees, and Key Ei	mployees (conti	nued)		Yes	No
75 a	Enter the total number of officers, directors, a						
	meetings			9			
h	Are any officers, directors, trustees, or key er	nnlovees listed in For	m 000 Part \/-Δ (or highest compensated			
D	employees listed in Schedule A, Part I, or hig						
	contractors listed in Schedule A, Part II-A or I						
					75h		
	relationships? If "Yes," attach a statement that				75b		X
С	Do any officers, directors, trustees, or key em						
	compensated employees listed in Schedule A		•				
	independent contractors listed in Schedule A						
	organizations, whether tax exempt or taxable	, that are related to th	e organization? S	ee the instructions for			
	the definition of "related organization."				75c		Χ
	If "Yes," attach a statement that includes the	information described	in the instructions	S.			
d	Does the organization have a written conflict	of interest policy?			75d	Х	
Part	V-B Former Officers, Directors, Trustees	and Kev Employee	s That Received	Compensation or Other B	enefit	s (If a	nv forr
	officer, director, trustee, or key employe						
	person below and enter the amount of	-			-	-	
	person below and enter the amount of		-				
	(A) Name and address	(D) I asses and Advances	(C) Compensation	(D) Contributions to employee		Expens	
	(A) Name and address	(B) Loans and Advances	(if not paid, enter -0-)	benefit plans & deferred compensation plans		int and o owances	
Nome	N/A Str		enter -o-)	compensation plans	and	Jwances	,
City							
	N1/A						
City							
	N/A Str						
City							
City							
	N/A Str						
City	11/A						
	N/A Str						
City							
	N/A Str						
City							
	N/A Str						
City							
	N/A Str						
City							
Name	N/A Str						
City						т	
	Other Information (See the instruc					Yes	No
76	Did the organization make a change in its act						
	detailed statement of each change				76		Χ
77	Were any changes made in the organizing or	governing documents	s but not reported	to the IRS?	77		Χ
	If "Yes," attach a conformed copy of the chan	ges.					
78 a	Did the organization have unrelated business		000 or more during	the vear covered by			
	this return?	-	-	•	78a		Х
h	If "Yes," has it filed a tax return on Form 990				78b		X
79	Was there a liquidation, dissolution, termination				700		
19					70		V
••	a statement				79		X
80 a	Is the organization related (other than by asse						
	common membership, governing bodies, trus		•	•			
	organization?				80a		Х
b	If "Yes," enter the name of the organization▶						
04 -							
	Enter direct and indirect political expenditures		·		0.41		V
b	Did the organization file Form 1120-POL for	tnis year?	<u> </u>		81b		Х

Neighborhood Partnership Fund

Pai	rt \	Other Information (continued)		Yes	No			
82	а	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge						
-		or at substantially less than fair rental value?	82a		Х			
		If "Yes," you may indicate the value of these items here. Do not include this amount	O_Lu		,			
	~	as revenue in Part I or as an expense in Part II.						
		(See instructions in Part III.)						
83	а	Did the organization comply with the public inspection requirements for returns and exemption applications	83a	Х				
•		Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	83b	X				
84		Did the organization solicit any contributions or gifts that were not tax deductible?	84a	- , ,	Х			
•		If "Yes," did the organization include with every solicitation an express statement that such contributions	0.0					
		or gifts were not tax deductible?	84b	N/A				
85		501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	N/A				
		Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A				
		If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the						
		organization received a waiver for proxy tax owed for the prior year.						
	С	Dues, assessments, and similar amounts from members 85c N/A						
	d	Section 162(e) lobbying and political expenditures						
	е	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A						
	f	Taxable amount of lobbying and political expenditures (line 85d less 85e) . 85f N/A						
	g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A				
	h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to						
		its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the						
		following tax year?	85h	N/A				
86		501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12 86a						
	b	Gross receipts, included on line 12, for public use of club facilities						
87		501(c)(12) orgs. Enter: a Gross income from members or shareholders . 87a						
	b	Gross income from other sources. (Do not net amounts due or paid to other						
		sources against amounts due or received from them.)						
88	а	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or						
		partnership, or an entity disregarded as separate from the organization under Regulations sections	00-		V			
		301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		Х			
	D	meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		Х			
89	а	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:	000					
		section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶						
		501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction						
		during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach						
		a statement explaining each transaction	89b		Х			
		Enter: Amount of tax imposed on the organization managers or disqualified						
		persons during the year under sections 4912, 4955, and 4958 ▶						
		Enter: Amount of tax on line 89c, above, reimbursed by the organization . ▶						
		All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter						
		transaction?	89e		X			
		All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		Х			
		For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the						
		supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings	89g	NI/A				
an	2	at any time during the year?	oag	IN/A				
50	h	Number of employees employed in the pay period that includes March 12, 2006 (See						
		instructions.)						
91	а	The books are in care of ► Name Michael Fuss Telephone no. ► (506) 22:	6-300°	1				
•		Located at ► 1020 SW Taylor St #680 City Portland ST OR ZIP + 4 ► 97205						
		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		Yes	No			
		account)?	91b		Χ			
		If "Yes," enter the name of the foreign country▶						
		See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank						
		and Financial Accounts.						

Part X	Information Regard	ding Transfers	Associated v	vith Personal	Benefit Contracts	(See the i	nstructions.)
(a) Did the	organization, during the year,	receive any funds, di	rectly or indirectly,	to pay premiums on	a personal benefit contra	ct?	Yes X No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part 2	Information Regarding is a controlling organizat			s. Comple	ete only if ti	he org	aniza	
106	Did the reporting organization mathe Code? If "Yes," complete the	ake any transfers to a co	ntrolled entity as defined	in section	512(b)(13) o	Yes	No X	
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer		(Amount	D) of trans	•	
а								
b								
С								
	Totals							
107	Did the reporting organization re 512(b)(13) of the Code? If "Yes,"	-	-		ction	Yes	No X	
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) tion Description of transfer			(D) Amount of transfer		
а								
b								
С								
	Totals							
108	Did the organization have a bindi rents, royalties, and annuities de	_	_	overing the	e interest,	Yes	No X	
Please Sign	Under penalties of perjury, I declare that I and belief, it is true, correct, and complete							
Here	Signature of officer Janet Byrd Type or print name and title			Date Exec	utive Directo	or		
Paid Prepare	Preparer's signature		Date Check if self- employed	<u> </u>	Preparer's SSN or F	PTIN (See G	ien. Inst. X)	
Use On	I FILLI S HALLE (OF VOUIS			EIN Phone no.	>			
					Fo	_{rm} 990	(2006)	

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information—(See separate instructions.)

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

OMB No. 1545-0047

Employer identification number Name of the organization Neighborhood Partnership Fund 91-1943624 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees Part I (See page 2 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to (e) Expense (a) Name and address of each employee paid more (b) Title and average hours (c) Compensation employee benefit plans & account and other than \$50,000 per week devoted to position deferred compensation allowances Cynthia Winter, 1020 SW Taylor St #680 Prog Officer Portland, OH 97205 36 74,735 17,936 Amy Fauver, 1020 SW Taylor St #680 Prog Officer Portland, OH 97205 40 57,685 13,844 Total number of other employees paid over \$50,000 ▶ Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "Non (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation Celilo Group Media Inc, 3941 SE Hawthorne Blvd. Portland, OR 97214 Marketing of tax credit program 57,536 Portland State University, PO Box 751 Portland, OR 97201 Program evaluation services 72,500 Total number of others receiving over \$50,000 for professional services Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services (List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.) (a) Name and address of each independent contractor paid more than \$50,000 (b) Type of service (c) Compensation NONE

Total number of other contractors receiving over \$50,000 for other services

Part	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including ar attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses pai or incurred in connection with the lobbying activities * 31,303 (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)	1	X	
	Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, with any taxable organization with which any such person is affiliated as an officer, director, trustee, majorit owner, or principal beneficiary?(If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
а	Sale, exchange, or leasing of property?	2a		Х
b	Lending of money or other extension of credit?	2b		Х
С	Furnishing of goods, services, or facilities?	2c		Х
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .	2d		Х
е	Transfer of any part of its income or assets?	2e		Х
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		Х
b	Did the organization have a section 403(b) annuity plan for its employees?	3b		Х
С	Did the organization receive or hold an easement for conservation purposes, including easements to preserve ope space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3с		Х
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Х
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," comple lines 4f and 4g	4a		Х
b	Did the organization make any taxable distributions under section 4966?	4b		Х
С	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		Х
d	Enter the total number of donor advised funds owned at the end of the tax year			
е	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			
f	Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advise funds included on line 4d) where donors have the right to provide advice on the distribution or investment o amounts in such funds or accounts			
g	Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year			

Page 3

art IV	Reason for Non-Private	Foundation	Status (See pages 4	through 7 of	the instruction	1 S.)		
ertify that	at the organization is not a private f	oundation becaus	e it is: (Please check or 0)NE	applicable box.)			
5	A church, convention of churches	, or association of	f churches. Section 170(b)(1)(A)(i).				
6 🗌	A school. Section 170(b)(1)(A)(ii).	(Also complete F	Part V.)					
,	A hospital or a cooperative hospit	al service organiz	ation. Section 170(b)(1)(A)(iii).				
3	A Federal, state, or local governm	nent or governmer	ntal unit. Section 170(b)(1)(A	A)(v)				
 ,	A medical research organization of	-			Enter the hospita	al'e		
	name, city, and state		City			Country		
	An organization operated for the lagrangement (Also complete the Support Sche	-	•	erated by a gove	rnmental unit. Sec	ction 170(b)(1)(A)(i\		
а	An organization that normally reco			overnmental uni	t or from the gene	ral public. Secti		
b	A community trust. Section 170(b)(1)(A)(vi). (Also c	complete th Support Sched	ule in Part IV-A.)	l			
: X	X An organization that normally receives(1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions—subject to certain exceptions, ar(2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from business acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete tlSupport Schedule in Part IV-A.) An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets requirements of section 509(a)(3). Check the box that describes the type of supporting organization:							
		pe II	Type III-Functionally Integr	<u></u>	ype III-Other	otructions \		
Provide the following info (a) ame(s) of supported organization(s		(b)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	ls the su organization the sup organiz governing d	pported in porting cation's	(e) Amount of support		
			Section)		_			
				Yes	No			
						_		
otal								
<i>-</i> tui .								
٠ 🔲	An organization organized and op	erated to test for	public safety. Section 509(a)(4). (See page	7 of the instruction	ns		

Neighborhood Partnership Fund

No	e: You may use the worksheet in the instruction	s for converting	from the accru	al to the cash r	nethod of accou	ınting.
Ca	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	1,636,173	1,020,457	1,010,477	1,424,329	5,091,436
16	Membership fees received					
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing o facilities in any activity that is related to the organization's charitable, etc., purpose	61,780	36,558	65,938	49,616	213,892
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the against tax of the large 20, 1075.					
19	by the organization after June 30, 1975 Net income from unrelated business activities not included in line 18	11,375	7,703	5,621	-21,785	2,914
20	Tax revenues levied for the organization's benefit and either paid to it or expended or its behalf					
21	The value of services or facilities furnished to the organization by a governmental uni without charge. Do not include the value or services or facilities generally furnished to the public without charge.					
22	Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	6,940		5,565	1,358	13,863
23	Total of lines 15 through 22	1,716,268	1,064,718	1,087,601	1,453,518	5,322,105
24	Line 23 minus line 17	1,654,488	1,028,160	1,021,663	1,403,902	5,108,213
25	Enter 1% of line 23	17,163	10,647	10,876	14,535	
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in column	(e). line 24	▶ 26a	
	Prepare a list for your records to show the name of an governmental unit or publicly supported organization) amount shown in line 26a.Do not file this list with you	nd amount contrib whose total gifts our return. Enter	outed by each pers for 2002 through the total of all the	son (other tha 2005 exceeded the se excess amoun	ts > 26b	
	Total support for section 509(a)(1) test: Enter line 24, Add: Amounts from column (e) for lines: 18	19	<u> </u>			
			Sb			
	Public support (line 26c minus line 26d total)					
1	Public support percentage (line 26e (numerator) o	divided by line 26	6c (denominator))	▶ 26f	
27	Organizations described on line 12: a For am prepare a list for your records to show the name of, a file this list with your return. Enter the sum of such (2005) (2004)	nd total amounts amounts for each	received in each	ear from, each "o	lisqualified pers o	d' not
1	For any amount included in line 17 that was received to show the name of, and amount received for each y \$5,000. (Include in the list organizations described in After computing the difference between the amount redifferences (the excess amounts) for each year:	from each person rear, that was mor lines 5 through 1	n (other than "disq re than t hærger of 1b, as well as indi	ualified persons") (1) the amount or vidualsDo not file	, prepare a list for line 25 for the year this list with you	your reco ar o (2) ı r return .
			(2003)		(2002)	
	2 Add: Amounts from column (e) for lines: 15 17 213,892 20	2	1	<u></u>		5,305,328
(E 00E 000
(Public support (line 27c total minus line 27d total)					5,305,328
	Total support for section 509(a)(2) test: Enter amount				,322,105	00.000
	Public support percentage (line 27e (numerator) o	-				99.68%
	n Investment income percentage (line 18, column (e					0.05%
28	Unusual Grants: For an organization described in lin	ie 10, 11, or 12 th	at received any ui	nusual grants duri	ng 2002 through 2	2005, prepare

a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description

the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

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

Part V Private School Questionnaire (See page 9 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

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

	, tolgriboniou		=	•				•
Pai	Lobbying Expenditures by Electi	_	•	-	he ir	struction	าร.)	
Chec	(To be completed ONLY by an elige to be a lift the organization belongs to an affiliated gr			cked "a" and	"limi	ted control	" provi	sions apply
	Limits on Lobbying B	Expenditures		oned a dire		(a) Affiliated g	ıroup	(b) To be completed for all electing
36	(The term "expenditures" means Total lobbying expenditures to influence public opinion (36			organizations 2,386
37	Total lobbying expenditures to influence a legislative boo	, ,		<u> </u>	37			28,917
38	Total lobbying expenditures (add lines 36 and 37)				38			31,303
39	Other exempt purpose expenditures				39			1,980,715
40	Total exempt purpose expenditures (add lines 38 and 39))			40			2,012,018
41	Lobbying nontaxable amount. Enter the amount from the	ŭ						
		bying nontaxable		,				
		the amount on line		,,,,				
		00 plus 15% of the ϵ 00 plus 10% of the ϵ			41			250,601
	Over \$1,500,000 but not over \$17,000,000 . \$225,00	0 plus 5% of the ex	cess over \$1,500,0	000	71			200,001
42	Grassroots nontaxable amount (enter 25% of line 41)	000			42			62,650
43	Subtract line 42 from line 36. Enter -0- if line 42 is more				43			02,000
44	Subtract line 41 from line 38. Enter -0- if line 41 is more			<u> </u>	44			
	Caution: If there is an amount on either line 43 or line 44	4. you must file Fori	n 4720					
		ging Period Ur		i01(h)				
	(Some organizations that made a section	n 501(h) election do	not have to comp	lete all of the		columns b	elow.	
	See the instructions for							
		Lobbyi	ng Expenditure	es During	4-Ye	ar Avera	ging	Period
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004		(d) 2003	1	(e) Total
45	Lobbying nontaxable amount	250,601	229,716	247,	692			728,009
46	Lobbying ceiling amount (150% of line 45(e))							1,092,014
47	Total lobbying expenditures	31,303	50,195	24,	539			106,037
48	Grassroots nontaxable amount	62,650	57,429	61,	923			182,002
49	Grassroots ceiling amount (150% of line 48(e))							273,003
50	Grassroots lobbying expenditures	2,386	45,080	21,	644			69,110
Pai	Lobbying Activity by Nonelecting (For reporting only by organizations			-A) (See n	age	13 of th	e inst	tructions.)
Durin			•		- 5 -			,
	g the year, did the organization attempt to influence natio of to influence public opinion on a legislative matter or rel		-	an		Yes	No	Amount
atten	Volunteers							
b	Paid staff or management (Include compensation in expe							
С	Media advertisements	•						
d	Mailings to members, legislators, or the public							
e	Publications, or published or broadcast statements							
f	Grants to other organizations for lobbying purposes							
g h	Direct contact with legislators, their staffs, government or Rallies, demonstrations, seminars, conventions, speeche	_						
n i	Total lobbying expenditures (Add linesc through h.)	-						
•	If "Yes" to any of the above, also attach a statement giving							1

Part VII	Information Regarding Transfers	s To and Transact	ions and Relationships Wit	th Noncharitable
	Exempt Organizations (See page	e 13 of the instruction	ons.)	

51			-		ving with any other organization described in 527, relating to political organizations?	sectio		
а	Transf	ers from the reporting	organization to a	noncharitable exempt organiza	ation of		Yes	No
•		-	-			51a(i)		Χ
						a(ii)		X
b	` '	transactions:				a(II)		
b			.f4;4h		_	h (1)		v
	• •			, -	1	b(i)		X
						b(ii)		X
						b(iii)		X
	(iv) F	Reimbursement arran	ngements			b(iv)		Χ
	(v) l	Loans or loan guarant	tees			b(v)		Χ
	(vi) F	Performance of service	ces or membershi	p or fundraising solicitations .		b(vi)		Х
С	Sharin	g of facilities, equipm	ent, mailing lists,	other assets, or paid employees	8	С		Х
d	If the a	answer to any of the a	above is "Yes," co	mplete the following schedule. (Column (b) should always show the fair mark	et valu		
					the organization received less than fair mark	et valu		
	in any	transaction or sharing	g arrangement, sh	now in column (d) the value of th	ne goods, other assets, or services received			
(a)	(b)		(c)	(d)			
Lin	e no.	Amount involved	Name of none	charitable exempt organization	Description of transfers, transactions, and sha	ring arran	gement	is
	describ		of the Code (other	ed with, or related to, one or more than section 501(c)(3)) or in se	ore tax-exempt organization ection 527?	Yes	X	No
		(a) Name of organization	า	(b) Type of organization	(c) Description of relationship			

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2006

Name of organization	Employer identification number						
Neighborhood Partnership F	- und	91-1943624					
Organization type (check of							
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 for	oundation					
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private found	lation					
	501(c)(3) taxable private foundation						
• •	s covered by the General Rule or a Special Rule . (Note : Only a sectors of some sectors of the General Rule and a Special Rule—see instructions.)	tion 501(c)(7), (8), or (10)					
General Rule—							
	ng Form 990, 990-EZ, or 990-PF that received, during the year, \$5,00 ne contributor. (Complete Parts I and II.)	0 or more (in money or					
Special Rules—							
under sections 509(a	(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3 a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the 2% of the amount on line 1 of these forms. (Complete Parts I and II.)	· · ·					
during the year, aggr	(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that recregate contributions or bequests of more than \$1,000 for use <i>exclusiv</i> educational purposes, or the prevention of cruelty to children or anim	vely for religious, charitable,					
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 <i>exclusively</i> 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 <i>exclusively</i> 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 during the year.)							
990-EZ, or 990-PF), but the	aution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 90-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 90-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

Line 1 (990) - Public Support and Contributions

	Cash	Non Cash
Line 1a - Contributions to Donor Advised Funds		
Line 1b - Direct public support 1 Contributions	2,220,386 1 2 3	
5		·
6	6	
7	7	
8	8	
9	9	
10 Total	2,220,386 10	
Line 1c - Indirect public support		
Line 1d - Government contributions (grants)	95,993	

Neighborhood Partnership Fund 91-1943624

₋ine 22 (990)) - Cash	Grants Paid Sche	dule			799,676

	Chec	k box if	Other									
	grar	ntee is	grants and							Foreign		
	a bu	siness	allocations		Grantee's name	Address	City	State	Zip code	Country	Amount given	Relationship
1			X		FARMWORKER HOUS DEV				97071		5,000	
2			X				EUGENE		97401		10,000	
3			X	COMMUNITY DEV		PO BOX 1193	MCMINNVILLE		97128		20,000	
4			X	COMMUNITY DEV	CARITAS COMM HOUS COI				97214		15,000	
5			X	COMMUNITY DEV	COMMUNITY ACTION TEAM		ST HELENS	OR	97051		55,000	
6			X		COMM PARTNERS FOR AF		TIGARD		97281		32,365	
7			X			220 SE 12TH AVE SUITE A-100			97123		42,000	
8			X	COMMUNITY DEV	NORTHWEST HOUS ALTER		MILWAUKIE		97222		42,672	
9			X	COMMUNITY DEV					97303		10,000	
10			X	COMMUNITY DEV	TUALATIN VALLEY HOUS	6160 SW MAIN ST			97008		30,000	
11			X			3630 AVIATION WAY	MEDORD		97501		10,000	
12			X	COMMUNITY DEV	METROPOLITAN AFFORD I		EUGENE		97405		10,000	
13			X	COMMUNITY DEV	COLUMBIA CASCADE HSG		THE DALLES		97058		10,000	
14			X	COMMUNITY DEV	HUMAN SOLUTIONS	12350 SE POWELL			97236		50,000	
15			X	COMMUNITY DEV	CASCADIA BEHAV HEALTH	PO BOX 8459	PORTLAND		97207		65,000	
16			X	COMMUNITY DEV	CENTRAL CITY CONCERN		PORTLAND		97209		70,000	
17			X				PORTLAND		97218		52,295	
18			X		PORTLAND REINVESTMEN	6329 NE MLK BLVD	PORTLAND		97211		52,216	
19			X			1135 SE SALMON	PORTLAND	OR	97214		65,000	
20			X	COMMUNITY DEV	ROSE CDC	5215 SE DUKE	PORTLAND	OR	97206		50,000	
21			X	COMMUNITY DEV	AFFORDABLE COMM ENVII	PO BOX 61446	VANCOUVER	WA	98666		50,000	
22			X	COMMUNITY DEV	ONTRACK INC	221 WEST MAIN ST	MEDFORD	OR	97501		10,000	
23			X	COMMUNITY DEV	WILLAMETTE NEIGHBORH	257 SW MADISON AVE	CORVALLIS	OR	97333		15,000	
24			X	COMMUNITY DEV	UMPQUA CDC	605 SE KANE ST	ROSEBURG	OR	97470		7,000	
25			X	COMMUNITY DEV	CORPORATION FOR ENTE	777 N CAPITAL ST STE 800	WASHINGTON	DC	20002		7,650	
26			Х	COMMUNITY DEV	INNOVATIVE HOUSING	1214 SW WASHINGTON	PORTLAND	OR	97205		2,042	
27			Х	COMMUNITY DEV	ST VINCENT DE PAUL	PO BOX 24608	EUGENE	OR	97402		436	
28			X	COMMUNITY DEV	COMMUNITY ALLIANCE OF	2710 NE 14TH AVE	PORTLAND	OR	97212		1,000	
29			X	COMMUNITY DEV	CLACKAMAS COMMUNITY	2316 SE WILLARD ST	MILWAUKIE	OR	97222		10,000	

Lin	e 43 (990) - Other Deductions	588,557	579,970	8,142	445
	Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Contracted Services-trainers, consultants	341,288	341,288	ana gonorai	
2	Computer Supplies & Service	8,901	3,388	5,362	151
3	Travel for training	673	673	-,	-
4	Facilitiy Rental & Food - Training programs	227,336	227,336		
5	Insurance	3,713	3,082	514	117
6	Memberships and Dues	1,325	790	400	135
7	Training and staff development	1,171	781	365	25
8	Other	4,150	2,632	1,501	17
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

Line 57 (990) - Land, Buildings, and Equipment

Land (net of any amortization)				Land (net of any	amortization)
				Beginning	End
			1		
			2		
			3		
			4		
			5		
Total land (net of any amortization)			6		
Buildings and equipment	Г	Buildings and	d equipment	Accumulated (depreciation
		Beginning	End	Beginning	End
Equipment, Furniture, Fixtures	7	82,579	82,579	69,280	73,760
		02,0.0	52,0.0	33,233	10,100
	ا ه				
,	10 				
'	11				
	12				
	13				
	13				
	15				
, 6	16				
Total buildings and equipment		82,579	82,579	69,280	73,760
Buildings and equipment (less accumula	ted denre			13,299	8,819
Total land, buildings and equipment				13,299	8,819
Total land, buildings and equipment				15,299	0,019
				Accumulated	1
<u> </u>	1		Cost/Other Basis	Depreciation	Book Value
Category or Item					
Category or Item		1	-		
		· · · · · · · · · · · · · · · · · · ·	-		
Category or Item		2			
		· · · · · · · · · · · · · · · · · · ·			
		2			
		2 3 4 5			
		2 3 4 5			
		2 3 4 5 6			
		2 3 4 5			
		2 3 4 5 6 7 8			
		2 3 4 5 6			

Lir	ne 65 (990) - Other Liabilities	17,281	22,005
		Beginning	End
1	Accrued payroll and vacation	17,281	22,005
2			
3			
4			
5			
6			
7			
8			
9			
10			

Part III, Line e (990) - Other Program Services

			Expenses
inspires them with a passion for comm	levelops long-term relationships with the decision leaders and nunity development. NPF supports these efforts with research live strategies, and proven approaches.		
(Grants and allocations \$	1,500) If this amount includes foreign grants, check here		128,415
NPF is the coordinator for a four coun	ty, two state effort to alleviate family homelessness. As the coor ntralize program design and delivery, to evaluate impact, and to		-, - <u>-</u>
(Grants and allocations \$) If this amount includes foreign grants, check here		107,493
(Grants and allocations \$) If this amount includes foreign grants, check here		
(Grants and allocations \$) If this amount includes foreign grants, check here		
(Grants and allocations \$) If this amount includes foreign grants, check here		
(Grants and allocations \$) If this amount includes foreign grants, check here		
(Grants and allocations \$) If this amount includes foreign grants, check here		
(Grants and allocations \$) If this amount includes foreign grants, check here		
(Grants and allocations \$) If this amount includes foreign grants, check here		
(Grants and allocations \$) If this amount includes foreign grants, check here		
(Grants and allocations \$) If this amount includes foreign grants, check here	Ш	
(Grants and allocations \$) If this amount includes foreign grants, check here		
(Grants and allocations \$) If this amount includes foreign grants, check here		
Total	1,500	Total	235,908

Line 22 (Sch A (990/990-EZ)) - Other Income

Description	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
1 MISCELLANEOUS REIMBURSEMENTS/OT	6,940		5,565	1,358	13,863
2					
3					
4					
5					
b					
0					
å					
10					
Total of Other Income	6,940		5,565	1,358	13,863