

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93493136036102

Form **990** 

Department of the Treasury

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

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

OMB No 1545-0047

Open to Public

Internal F	Revenue	Service	► The organization	may na	ve to use a copy of this ret	turn to satisty s	state reporting	requirem	ients	Inspec	tion
A Fo	r the 2	2010 cal	lendar year, or tax ye	ar begii	nning 07-01-2010 and en	ding 06-30-201	1				
<b>B</b> Che	eck if ap	pplicable	C Name of organization NETWORK FOR OREGO	N AFFOR	DABLE HOUSING			D Empl	oyer	identification n	umber
┌ Add	ress ch	nange						93-1	037	330	
┌ Nar	ne chai	nge	Doing Business As					E Telep	hone	number	
┌ Initi	ıal retui	m	Number and street (or	P O hov	ıf maıl ıs not delivered to street	address)	Room/suite	(503		2 2211	
Г <sub>Теп</sub>	mınated	d	1020 SW TAYLOR STRE			addicssy	Room, suite	(503	) 22.	3-3211	
_	ended i		City or town, state or co	ountry a	nd 7IP + 4			<b>G</b> Gross	receip	ots \$ 10,976,143	
_			PORTLAND, OR 97205	ountry, a	nu 21r + 4						
j App	lication	n pending					1				
			F Name and addr WILLIAM A VAN		orincipal officer		H(a) Is this a	group return	for affil	lates? Yes	No
			1020 SW TAYLOF	STRE	ET SUITE 585		H(b) Are all	affiliates in	cluded	17 <b>Г</b> Ү	′es □ No
			PORTLAND, OR	97205			` ´			t (see instruc	,
					<u> </u>		H(c) Grou			•	,
<u> </u>	k-exem	ipt status	<b> →</b> 501(c)(3)   501	.(c) ( )	◀ (Insert no )	or   527	` `				
J W	ebsite	e: <b>►</b> WW\	W NOAH-HOUSING	ORG							
K Forn	n of ord	ganization	Corporation Trust	Associ	ation Other ►		L Year of fo	mation 19	90	<b>M</b> State of legal of	domicile OR
	rt I	Sumi			·						
Governance	)   	CORPOR TO DEVE MODERA	ATION, SERVING C ELOP AND IMPLEME TE INCOME TO OB	OMMU NT PRO TAIN H	OAH'S ARTICLES OF INC NITIES WITHIN THE STA OGRAMS TO PROVIDE OF OUSING THAT IS AFFOR RAGE ECONOMIC DEVEL	TE OF OREGO PPORTUNITIE DABLE AND A	N THE PURP S FOR COMM PPROPRIATE	OSES OF UNITY M AND TO	THE EMBI ENG	ECORPORATI ERS OF LOW	ION ARE AND
3	-		–			<del> </del>					
Activities &			•		discontinued its operation			5% of its		assets I	
tle:			<del>-</del>	=	erning body (Part VI, line 1	•			3	_	12
ЖIМ					rs of the governing body (F				4		12
Ā					ın calendar year 2010 (Pa	irt V, line 2a)			5		10
			nber of volunteers (es						6		9
					n Part VIII, column (C), lır e from Form 990-T, lıne 3				7a	+	0
	D	ivet uillei	ated business taxable	e mcon	e nom Form 990-1, mie 3	<del></del>	Drie	r Year	7b	Current \	0
	8	Contrib	outions and grants (B)	5rt \/ I I I	, line 1h)		FIIO	272,	054	Current	361,162
ē	9							5,162,	_	5	,084,556
Revenue	10		n service revenue (Part VIII, line 2g)					11,			63,103
	11		•	-		nes 5, 6d, 8c, 9c, 10c, and 11e)					0
	12 Total revenue—add lines 8 through 11					-	e				
				_	<u> </u>	, ,,		5,445,	740	5	,508,821
	13	Grants	and similar amounts	paıd (P	art IX, column (A ), lines 1	-3)		53,	53,000		90,000
	14	Benefit	s paid to or for memb	ers (Pa	rt IX, column (A), line 4)			734,86		0	
ø	15	Salarıe 5–10)	s, other compensatio	n, empl	oyee benefits (Part IX, col	umn (A ), lines					849,938
)Se	160	,	sional fundraising foo	. (Dart	V column (A) line 11e)						0 13,330
Expenses	16a		_		(X, column (A), line 11e)				0		
D	17		ndraising expenses (Part D			f)		4,192,	522		150 221
	17 18				a), lines 11a–11d, 11f–24 must equal Part IX, columi			4,192,			,158,231 ,098,169
	19				ne 18 from line 12			465,	_		410,652
<u></u>	19	Revenu	ie iess expelises out	Julace II	ne 10 nom me 12	<u> </u>	Beginning				410,032
ୟୁଷ୍ଟ ଅନ୍ତ								ear	"`	End of Y	ear
SSe.	20	Total a	ssets (Part X, line 16	)			1	13,806,	591	127	,118,935
Not Assets or Fund Balances	21						1	10,427,	300	123	,328,992
žĪ	22								291	3	,789,943
Par	t II		ature Block								
	edge a				nined this return, including te. Declaration of preparer (						
		****	*				20	12-05-09			
Sign			ture of officer				Da				
Here		WILLTA	AM A VAN VLIET EXECUTIV	/E DIREC	ΓOR						
			or print name and title								
		Print/Type			Preparer's signature			Check if se		PTIN	
Paid		preparer's	name SANG AHN ne • MCDONALD JACOBS	DC .	SANG A	חוא		employed l	<u> </u>	1	
	- 1	i iiiii 5 HdH	IC - FICEDONALD JACOBS							Firm's EIN	

PORTLAND, OR 97204

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

Firm's address F 520 SW YAMHILL STE 500

**Preparer** 

**Use Only** 

Phone no 🕨 (503) 227-

	Page Z
Part III Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	. [고
Briefly describe the organization's mission	
NOAH IS A COMMUNITY DEVELOPMENT CORPORATION, SERVING COMMUNITIES WITHIN THE STATE OF OREGON THE PURPOSES OF THE CORPORATION ARE TO DEVELOP AND IMPLEMENT PROGRAMS TO PROVIDE OPPORTUNITIES FOR COMMUNITY MEMBERS OF LOW AND MODERATE INCOME TO OBTAIN HOUSING THAT IS AFFORDABLE AND APPROPR TO ENGAGE IN OTHER NON-PROFIT ACTIVITIES THAT ENCOURAGE ECONOMIC DEVELOPMENT WITHIN THE COMMU	R IATE AND
Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	ì
If "Yes," describe these new services on Schedule O	
Did the organization cease conducting, or make significant changes in how it conducts, any program services?	)
If "Yes," describe these changes on Schedule O	
Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants a allocations to others, the total expenses, and revenue, if any, for each program service reported	and
<b>4a</b> (Code ) (Expenses \$ 3,889,104 including grants of \$ ) (Revenue \$ 4,605,6	26 )
NOAH PERMANENT LOAN PROGRAM NOAH PROVIDES FINANCING AND TECHNICAL ASSISTANCE TO FACILITATE THE DEVELOPMENT OF AFFORDABLE IN THE STATE OF OREGON DURING FISCAL YEAR 2010/2011, SEVENTEEN (17) PERMANENT LOANS WERE CLOSED AND THE TOTAL DOLLAR VALUE OF THE TOTAL THE TOTAL DOLLAR VALUE OF THE TOTAL VALUE OF THE TOT	
<b>4b</b> (Code ) (Expenses \$ 429,017 including grants of \$ 90,000 ) (Revenue \$ 88,4	453 )
NOAH PARTNERS WITH THE STATE OF OREGON HOUSING & COMMUNITY SERVICES DEPARTMENT TO FUND PREDEVELOPMENT LOANS DURING FISC 2011, 3 LOANS TOTALING \$642,971 WERE FUNDED IN THIS PROGRAM TO PAY COSTS ASSOCIATED WITH ACQUISITION AND DEVELOPMENT OF AFFO HOUSING PROJECTS	
4c (Code ) (Expenses \$ 354,721 including grants of \$ ) (Revenue \$ 425,0 NOAH PRESERVATION LOAN PROGRAM NOAH MAKES LOANS THROUGH OREGON HOUSING ACQUISITION FUND (OHAF) WHICH HAS BEEN CREATED TO	•
INVESTMENTS BY THE STATE OF OREGON, SEVERAL FOUNDATIONS, AND BY THE NOAH MULTI-BANK CONSORTIA. EACH INVESTOR IN THE FUND HAS INVESTMENT CRITERIA AND TERMS. BY DRAWING FUNDS FROM EACH INVESTOR TO CREATE PROJECT SPECIFIC FUNDING, NOAH IS ABLE TO MIX TO FETHER FUNDERS TO MEET MORE BORROWERS' NEEDS AND PROVIDE FINANCING TO PRESERVE AFFORDABLE HOUSING PROJECTS THROUGHOUT OF NOAH'S PRESERVATION LOANS IS LIMITED TO NON-PROFIT ORGANIZATIONS AND TO FOR-PROFIT ORGANIZATIONS THAT COMMIT TO OPERATE THAT AS AFFORDABLE, THEREBY PROVIDING A PUBLIC BENEFIT COMPARABLE TO THAT PROVIDED BY NON-PROFITS. THESE LOANS TARGET THE ACQUISITE PRESERVATION OF FEDERALLY RENT-SUBSIDIZED UNITS THAT ARE AT RISK OF CONVERSION TO MARKET RATES. DURING FISCAL YEAR 2010/2011, LOANS WERE CLOSED AND THE TOTAL DOLLAR VALUE OF THE LOANS FUNDED WAS \$2,250,000.	S UNIQUE THE STRENGTHS PREGON ACCESS THE PROPERTY TION AND
4d Other program services (Describe in Schedule O )	
(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e Total program service expenses▶\$ 4,672,842	

Part TV	Chec	klist of	Required	<b>Schedules</b>
		KIISL VI	IXC quii Cu	Scriculics

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? $^{f g}$	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II $^{\bullet}$	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.	11b		No
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV.	16		N o
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	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	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		Νo
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Part I	31		Νo
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		No
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," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Νo
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $			
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		No
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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	Yes	

•	•
Part V	Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V				
		Ţ	Yes	No
Enter the number reported in Box 3 of Form 1096 Enter - 0 - if not applicable	6			
Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b	0			
L I  Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		LC		
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	10			
f at least one is reported on line 2a, did the organization file all required federal employment tax returns?		_		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2	2b	Yes	
Old the organization have unrelated business gross income of \$1,000 or more during the				l
rear?	-	Ba   Bb		No
At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		ka		No
f "Yes," enter the name of the foreign country 🕨				
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	;			
Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5	ia		No
Old any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5	b		No
f "Yes" to line 5a or 5b, did the organization file Form 8886-T?		ic i		_ <del></del>
Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	_	ia		No
f "Yes," did the organization include with every solicitation an express statement that such contributions or g vere not tax deductible?		ib		
Organizations that may receive deductible contributions under section 170(c).				
Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods an services provided to the payor?		'a		No
f "Yes," did the organization notify the donor of the value of the goods or services provided?		'b		
Old the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required like Form 8282?		'c		No
Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit				l
contract?		'e 'f		N c
f the organization received a contribution of qualified intellectual property, did the organization file Form 8899 equired?	as	'g		
f the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file form 1098-C?	7	'h		
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did he supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess ousiness holdings at any time during the year?		В		
Sponsoring organizations maintaining donor advised funds.		$\top$		
Old the organization make any taxable distributions under section 4966?	<u>⊢</u>	a		
Old the organization make a distribution to a donor, donor advisor, or related person?	9	b		
nitiation fees and capital contributions included on Part VIII, line 12   10a				
Gross receipts, included on Form 990, Part VIII, line 12, for public use of club	$\Box$			
Section 501(c)(12) organizations. Enter				
Gross income from members or shareholders				
Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )				
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1.7	2a		<u> </u>
f "Yes," enter the amount of tax-exempt interest received or accrued during the rear				
Section 501(c)(29) qualified nonprofit health insurance issuers.				
a the common term become data as a second term of the first of the common terms of the	13	3a		
s the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O		ı	ì	
Note. See the instructions for additional information the organization must report on Schedule O		_		
Note. See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states n which the organization is licensed to issue qualified health plans		$\frac{1}{1}$		
Note. See the instructions for additional information the organization must report on Schedule O  Enter the amount of reserves the organization is required to maintain by the states				

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who 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		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? $\cdot$ $\cdot$	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, 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	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νo
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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	114	103	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	121	.,	
c	to conflicts?	12b	Yes	
4.0	describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?		v	
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
D	Other officers or key employees of the organization	15b	Yes	
	The state to the 15a of 15b, describe the process in Schedule O (See histractions)			
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		No
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 the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed <b>▶</b> OR			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply  Own website. A nother's website. Upon request.			

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► WILLIAM A VAN VLIET
  1020 SW TAYLOR STREET SUITE 585

PORTLAND, OR 97205

(503) 223-3211

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ 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 all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ 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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per	Posi	(( tion ( that a	<b>C)</b> Chec	ck a			( <b>D)</b> Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	week (describe hours for related organizations in Schedule O)	Key employee Officer Institutional Trustee Individual trustee or director		Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations	
(1) JOHN VAN LANDINGHAM BOARD MEMBER	50	х		Х				0	0	0
(2) BARBARA B SMITH BOARD MEMBER	50	х		Х				0	0	0
(3) BRIAN STEWART BOARD MEMBER	50	х		Х				0	0	0
(4) DAVE CASTRICANO BOARD MEMBER	50	х						0	0	0
(5) GINA LEON BOARD MEMBER	50	х						0	0	0
(6) JOHN EPSTEIN BOARD MEMBER	50	Х						0	0	0
(7) DEAN GISVOLD BOARD MEMBER	50	х						0	0	0
(8) PETER HAINLEY BOARD MEMBER	50	Х						0	0	0
(9) ANN LININGER BOARD MEMBER	50	х						0	0	0
(10) TERRY MORRISON BOARD MEMBER	50	х						0	0	0
(11) LYNN SCHOESSLER BOARD MEMBER	50	х						0	0	0
(12) JAMES WALKER BOARD MEMBER	50	х						0	0	0
(13) JAN LASKEY BOARD MEMBER	50	х						0	0	0
(14) FRANCES JOHNSTON BOARD MEMBER	50	х						0	0	0
(15) WILLIAM A VAN VLIET EXEC DIRECTOR	40 00			х				142,570	0	17,558
(16) JONI-MARIE A HARTMANN DEPUTY DIRECTOR	40 00			х				124,126	0	15,262

\$100,000 in compensation from the organization  $\blacktriangleright$ 1

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and Title	(B) A verage hours per		(ition that a			11		( <b>D</b> ) Reporta compens from t	able atıon	(E) Reportable compensation from related		(F) Estima amount o compens	ted f other
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	organizati 2/1099-1	on (W-	organizations (W- 2/1099- MISC)		from t organizati relati organiza	he on and ed
												+		
												_		
					<u> </u>							+		
												+		
												+		
1b	Sub-Total							<b>*</b>						
С	Total from continuation sheets	-					<b>•</b>							
d 	Total (add lines 1b and 1c) .  Total number of individuals (incl						above	) who		266,696 nore tha	in (	)		32,820
_	\$100,000 in reportable compen							,						
													Yes	No
3	Did the organization list any <b>for</b> on line 1a? If "Yes," complete Sci					eye	mploy •	ee, c	or highest co	ompens • •	ated employee	3		No
4	For any individual listed on line organization and related organiz													
	ındıvıdual			•	•	•		•				4	Yes	
5	Did any person listed on line 1a services rendered to the organiz								-	zation o	or individual for •	5		No
Se	ction B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation from			ındep	end	ent d	contra	ctors	that receiv	ed more	e than			
	Nai	(A) me and business ad	dress							Descr	( <b>B)</b> ription of services		(C) Compen	
	NK W FIFTH AVENUE .AND, OR 97204								BAI	NKING SE	RVICES			119,205
	Total number of independent cont	ractors (includu	na hut n	ot lir	nito	1 to	thoso	licto	d abovo) wh	0 70001	and mare than			

Party	, <del>, , , ,</del>	Statement of Revenue					
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	
							512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns	361,162	361,162			
une	2a		Business Code				
Program Serwce Revenue		MORTGAGE INTEREST  TAY EVENDS BOOKDA	531390		5,066,323		
Н		TAX-EXEMPT BOND PROGRA LOAN AND COMMITMENT FE	531390	16,466	16,466		
7 4	d	LOAN AND COMMITMENT IE	531390	1,767	1,767		
<u>م</u> ر	e						
튵	f	All other program service revenue					
્રે							
		Total. Add lines 2a-2f		5,084,556			
		Investment income (including dividends, interest		28,507			28,50
		and other similar amounts)  Income from investment of tax-exempt bond proceeds		20,507			20,30
		Royalties					
	5	(i) Real	(II) Personal				
	6a	Gross Rents	(II) F el solidi				
	b	Less rental					
	_	expenses Rental income					
		or (loss)					
-	d	Net rental income or (loss)	( ) =				
	7a	(ı) Securities Gross amount	(II) O ther 5,501,918				
	-	from sales of assets other	3,332,323				
		than inventory					
		Less cost or other basis and	5,467,322				
		sales expenses Gain or (loss)	34,596				
		Net gain or (loss)	3 1,030	34,596	34,596		
.		Gross income from fundraising events		,			
ine		(not including					
<b>5</b> >		\$of contributions reported on line 1c)					
<u>د</u> ا		See Part IV, line 18					
Other Revenue		a					
₹		Less direct expenses <b>b</b>					
-		Net income or (loss) from fundraising events	1				
		Gross income from gaming activities See Part IV, line 19 . a Less direct expenses b					
		Less direct expenses					
-		Gross sales of inventory, less					
		returns and allowances .					
		<b>a</b>					
		Less cost of goods sold <b>b</b>					
L	С	Net income or (loss) from sales of inventory Miscellaneous Revenue	Business Code				
l	11a		Dusiness Code				
-							
	-		1				I
	b	<del></del>					
_	c	A II abban managara					
	c	All other revenue					
	c	All other revenue					
	c d e			5,508,821		0	28,50

	990 (2010)				Page <b>10</b>
Par	Statement of Functional Expenses	*lata all a			
А	Section $501(c)(3)$ and $501(c)(4)$ organizations mus II other organizations must complete column (A) but are not required to $c$			(D).	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	( <b>A</b> ) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21 $$	90,000	90,000		·
2	Grants and other assistance to individuals in the U S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and				
6	key employees	301,824	181,094	120,009	721
7	Other salaries and wages	361,010	219,336	140,228	1,446
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	38,720	23,232	15,488	1,440
9	Other employee benefits	78,352	47,011	31,341	
10	Payroll taxes	70,032	42,019	28,013	
а	Fees for services (non-employees) Management	,	12,122		
b	Legal	8,373	7,840	533	
c	Accounting	76,393	31,113	45,280	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	63,238	54,130	4,335	4,773
12	Advertising and promotion	7,451	4,471	2,980	· · · · · ·
13	Office expenses	66,399	39,839	26,560	
14	Information technology				
15	Royalties				
16	Occupancy	38,041	22,825	15,216	_
17	Travel	27,798	16,679	11,119	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,598	3,598		
20	Interest	3,704,599	3,704,599		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	10,461	6,277	4,184	
23	Insurance	27,609	16,565	11,044	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
а	FEES TO AGENT BANKS	122,790	122,790		
b	LOAN SERVICING	5,768	5,768		
c	REGULATORY FEES	624	624		
d	OTHER ADMIN ALLOCATION	0	37,943	-37,943	
е	PROVISION FOR LOAN LOSS	-4,911	-4,911		
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	5,098,169	4,672,842	418,387	6,940
26	Joint costs. Check here ► ☐ If following  SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational company and fundancing collectation.				
	combined educational campaign and fundraising solicitation				000 (2010)

Pa	rt X	Balance Sheet					<u> </u>
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash—non-interest-bearing			1,004,637	1	1,407,371
	2	Savings and temporary cash investments			12,594,967	2	17,671,649
	3	Pledges and grants receivable, net	•			3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees highest compensated employees Complete Part II of	, key e	mployees, and			
		Schedule L				5	
s	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$ , and contributing emsponsoring organizations of section $501(c)(9)$ voluntary employed organizations (see instructions)	ploye	rs, and			
÷.		Schedule L				6	
Assets	7	Notes and loans receivable, net			99,863,683	7	107,849,886
ď	8	Inventories for sale or use				8	_
	9	Prepaid expenses and deferred charges			307,740	9	159,712
	10a	Land, buildings, and equipment cost or other basis <i>Complete Part VI of Schedule D</i>	10a	97,716			
	b	Less accumulated depreciation	10b	67,399	35,564	10c	30,317
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	_
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			113,806,591	16	127,118,935
	17	Accounts payable and accrued expenses .			581,702	17	706,845
	18	Grants payable		18			
	19	Deferred revenue	2,710,000	19	3,411,589		
	20	Tax-exempt bond liabilities		20			
68	21	Escrow or custodial account liability Complete Part IV of Schedule	D .		947,439	21	1,032,037
bilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Lia		persons Complete Part II of Schedule L				22	
_	23	Secured mortgages and notes payable to unrelated third parties			97,647,559	23	107,650,415
	24	Unsecured notes and loans payable to unrelated third parties .			8,500,000	24	10,500,000
	25	Other liabilities Complete Part X of Schedule D			40,600	25	28,106
	26	Total liabilities. Add lines 17 through 25			110,427,300	26	123,328,992
-S		Organizations that follow SFAS 117, check here ▶ 🔽 and compl	ete lir	ies 27			
ě		through 29, and lines 33 and 34.					
an	27	Unrestricted net assets			3,379,291	27	3,789,943
Balance	28	Temporarily restricted net assets				28	
돧	29	Permanently restricted net assets				29	
Fund		Organizations that do not follow SFAS 117, check here ► ┌ and	l comp	olete			
ö		lines 30 through 34.					ı
	30	Capital stock or trust principal, or current funds				30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund .	•			31	
	32	Retained earnings, endowment, accumulated income, or other fur	nds			32	
Net	33	Total net assets or fund balances			3,379,291	33	3,789,943
	34	Total liabilities and net assets/fund balances			113,806,591	34	127,118,935

Pal	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		5.5	508,82
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,098,16		
3	Revenue less expenses Subtract line 2 from line 1	3		2	110,65
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		379,29	
5	Other changes in net assets or fund balances (explain in Schedule O)	5			,
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		3,7	789,94
Par	<b>TXII</b> Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			৮	
1	Accounting method used to prepare the Form 990			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?	[	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separated basis	sued			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the reaudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	quired	3b		

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493136036102

93-1037330

OMB No 1545-0047

Inspection

### **SCHEDULE A**

(Form 990 or 990EZ)

Name of the organization

NETWORK FOR OREGON AFFORDABLE HOUSING

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

**Employer identification number** 

-	,	~ Ciluit	en, convent	on or charcines, or as	330CIGCIOII OI	Citatelles de	. 3 CTIDGU III 3 C		ハーハベハル			
2	Γ	A scho	ol described	in <b>section 170(b)(1</b>	.)( <b>A)(ii).</b> (At	tach Schedu	ıle E)					
3	Γ	A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descrı	bed in <b>sectio</b>	n 170(b)(1)	(A)(iii).			
4	Γ			h organization operat ity, and state	ed in conjun	ction with a	hospital desc	cribed in <b>sec</b>	tion 170(b)(	<b>1)(A)(iii).</b> Ei	nter the	
5	$\Gamma$	An orga	anızatıon op	erated for the benefit	t of a college	or universit	y owned or o	perated by a	government	tal unit descr	ıbed ın	
		sect ion	170(b)(1)(	(A)(iv). (Complete P	art II )							
6	Γ	A feder	al, state, or	local government or	government	al unit desc	rıbed ın <b>secti</b>	on 170(b)(1	)(A)(v).			
7	Γ	describ	ed in	at normally receives (A)(vi) (Complete P		l part of its	support from	a governme	ntal unit or fi	rom the gene	ral public	
8	Г			described in <b>section</b>		A)(vi) (Com	nplete Part II	)				
9	<u></u>			at normally receives					outions, mem	bership fees	, and gross	s
	·	_		ities related to its ex							_	
				oss investment inco	•	=						
		-	_	ganızatıon after June				-		,		
LO	Г	-	-	, ganızed and operated	-			-	-			
<b>1</b>	Ē	_		ganized and operated	· ·	•	· ·			o carrv out tl	ne purpose	es of
	,	one or the box	more public	ly supported organizations the type of supp  b Type I	atıons descri ortıng organı	ibed in secti ization and c	on 509(a)(1)	or section s 11e throu	509(a)(2) S gh 11h	ee <b>section 5</b> 0		Check
e	Γ	other tl		ox, I certify that the on managers and oth								
f		check t	his box	received a written de						III supportın	g organıza	tion,
g			Nugust 1 / , a ng persons?	2006, has the organi	zation accep	ited any gift	or contribution	on from any	of the			
				rectly or indirectly c	ontrols, eithe	er alone or to	gether with p	oersons des	cribed in (ii)		Yes	No
				governing body of th						11g(	i)	
				er of a person descri		_				11g(		
				lled entity of a perso			bove?			11g(i		
h				ng information about							<u> </u>	
				J		3	` '					
	(i) Name suppo rganız	e of rted	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section	(iv) Is the organizati col (i) list your gove docume	e on in ted in rning	(v) Did you not organizati col (i) of suppor	on in your	(vi) Is th organizat col (i) org in the U	ie Ion in Janized	(vii A mou supp	nt of
				(see	Vos	No	Yes	No	Vac	No	1	
				inst ruct ions))	Yes	No	res	No	Yes	INO		
							-	<u> </u>	<del> </del>			
									1			
							-		1			
							-		1			
	_								1			
ota	I					1		1			1	

# Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1) (A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u> </u>	ection A. Public Support		and to quanty t			Jaco complete	
	endar year (or fiscal year beginning						
Care	in)	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	ınclude any "unusual						
	grants ")						
2	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its						
_	behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
	(f)						
6	Public Support. Subtract line 5 from						
Ū	line 4						
S	ection B. Total Support		<u> </u>	<b>I</b> I.			
	endar year (or fiscal year beginning						
	ın) <b>&gt;</b>	<b>(a)</b> 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total
7	A mounts from line 4						
8	Gross income from interest,						
Ū	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar						
	sources						
9	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 )						
11	Total support (Add lines 7						
	through 10)					<u> </u>	
12	Gross receipts from related activiti	es, etc (See inst	ructions )			12	
13	First Five Years If the Form 990 is t	for the organizati	on's first, second	, thırd, fourth, or	fifth tax year as a	501(c)(3) organı	
	check this box and <b>stop here</b>						<b>►</b>
	-tiC Ct-tiC D-I	L'a Carana at B					
<u> </u>	ection C. Computation of Pub Public Support Percentage for 2010			11 column (f))			
	· ·		•	II Column (1))		14	
15	Public Support Percentage for 2009	Schedule A, Pa	rt II, line 14			15	
16a	<b>33 1/3% support test—2010.</b> If the				line 14 is 33 1/3%	or more, check	
_	and <b>stop here.</b> The organization qua						<b>▶</b> □
b	<b>33 1/3% support test—2009.</b> If the				5a, and line 15 is 3	33 1/3% or more,	- <del>-</del>
	box and <b>stop here.</b> The organization				45.46		<b>►</b>
1/a	10%-facts-and-circumstances test-						
	is 10% or more, and if the organization made						rt a d
	in Part IV how the organization mee	ts the "racts and	circumstances"	test ine organiz	ration qualifies as	a publicly suppo	
L	organization	_2000 If+ba a	anization did not	chack a hay an l	no 12 165 166 -	r 17a and line	<b>►</b> □
D	<b>10%-facts-and-circumstances test-</b> 15 is 10% or more, and if the organ						
	Explain in Part IV how the organization						v
	supported organization	aon meets the 10	acts and circuilis	tances test file	z organizacion qual	mes as a publici	y ▶[¯
18	Private Foundation If the organizati	on did not check	a box on line 13	. 16a. 16b. 17a o	r 17b, check this	box and see	- 1
	instructions	on ala not check	a box on fine 15	, 100, 100, 1700	I by check tills	SON GING SCC	<b>▶</b> □

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	<b>(d)</b> 2009	<b>(e)</b> 2010	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received (Do not	539,243	90,689	241,184	272,054	361,162	1,504,33
2	include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the	3,756,820	4,259,016	4,792,538	5,162,668	5,084,556	23,055,59
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its						
5	behalf The value of services or facilities furnished by a governmental unit to the organization without charge						
6	<b>Total.</b> Add lines 1 through 5	4,296,063	4,349,705	5,033,722	5,434,722	5,445,718	24,559,93
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	20,000	20,000	222,296	209,442	361,162	832,90
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b	20,000	20,000	222,296	209,442	361,162	832,90
8	Public Support (Subtract line 7c						23,727,03
Se	from line 6)						
	ndar year (or fiscal year beginning	<b>(a)</b> 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total
_	ın)		` '		` '		
9 10a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar	4,296,063 97,094	4,349,705 96,858	5,033,722	5,434,722	5,445,718	24,559,93 329,32
b	ources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b  Net income from unrelated	97,094	96,858	61,255	11,018	63,103	329,32
11	business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	<b>Total support</b> (Add lines 9, 10c, 11 and 12)	4,393,157	4,446,563	5,094,977	5,445,740	5,508,821	24,889,25
14	First Five Years If the Form 990 is check this box and stop here	for the organization	on's first, second	third, fourth, or f	ifth tax year as a	section501(c)(3	) organization, ▶
Se	ction C. Computation of Pub	lic Support Pe	ercentage				
15	Public Support Percentage for 2010			13 column (f))		15	95 330 %
16	Public support percentage from 200	09 Schedule A, Pa	art III, line 15			16	96 430 %
Se	ection D. Computation of Inv	estment Inco	me Percenta				
17	Investment income percentage for				(f))	17	1 320 %
18	Investment income percentage from	m <b>2009</b> Schedule <i>i</i>	A, Part III, line 1	7		18	1 440 %
10-	33 1/3% support tests—2010. If the	e organization did				than 33 1/3% and	line 17 is not

33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV

**Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A (Form 990 or 990-EZ) 2010

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493136036102

OMB No 1545-0047

Open to Public

# **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

**Political Campaign and Lobbying Activities** 

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

Inspection

If the organization answered "\	Yes," to Form 990, Part IV,	Line 3, or Form 990-EZ, Part	V, line 46 (Political Campaign Activitie	es),
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

<ul><li>Se</li><li>Se</li><li>If the</li></ul>	ection 501(c)(3) organizations that ection 501(c)(3) organizations that	s," to Form 990, Part IV, Line 4, or have filed Form 5768 (election under have NOT filed Form 5768 (election us," to Form 990, Part IV, Line 5 (Prestions Complete Part III	section 501(h)) C nder section 501(	Complete Part II-A Do (h)) Complete Part II-I	not co B Do	omplete Part II-B not complete Part II-A
	me of the organization	NOTE OF THE OFFICE OFFI		Employ	erıde	ntıfıcatıon number
NE	TWORK FOR OREGON AFFORDABLE HOL	ISING		93-103	27330	
Par	t I-A Complete if the or	ganization is exempt under	section 501(c			
1	Provide a description of the ord	ganization's direct and indirect politic	al campaign acti	vities in Part IV		
2	Political expenditures	,			<b>-</b>	<b>\$</b>
3	Volunteer hours				•	¥ <u> </u>
Par	<u> </u>	ganization is exempt under				
1	Enter the amount of any excise	e tax incurred by the organization und	ler section 4955		•	\$0
2	Enter the amount of any excise	e tax incurred by organization manag	ers under section	14955	•	\$0
3	If the organization incurred a s	┌ Yes				
4a	Was a correction made?					┌ Yes ┌ No
ь	If "Yes," describe in Part IV					
Par	t I-C Complete if the or	ganization is exempt under	section 501(c	c) except sectio	n 50	1(c)(3).
1	Enter the amount directly expe	nded by the filing organization for se	ction 527 exemp	t function activities	Þ	\$
2	Enter the amount of the filing o	rganızatıon's funds contrıbuted to ot	ner organizations	for section 527		
	exempt funtion activities				-	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here a	and on Form 112	0-POL, line 17b	F	\$
4	Did the filing organization file <b>F</b>	form 1120-POL for this year?				☐ Yes ☐ No
5	organization made payments F amount of political contribution	nd employer identification number (El For each organization listed, enter the is received that were promptly and d political action committee (PAC) If	e amount paid fro rectly delivered	m the filing organiza to a separate politic	tıon's al org	funds Also enter the anization, such as a
	(a) Name	( <b>b)</b> Address	<b>(c)</b> EIN	(d) Amount paid filing organization funds If none, ent	n's	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization. If none,

<b>(a)</b> Name	( <b>b)</b> Address	(c) EIN	(d) A mount 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-
For Boursey of Bodowski and Assa Notice	 		l .	L

section 4911 tax for this year?

┌ Yes ┌ No

Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under section 501(c)(3)	and filed Form	5768	(election
	Check I if the filing organization belongs to a	an affiliated group x A and "limited control" provisions apply			
	Limits on Lobbying E (The term "expenditures" means an		(a) Fılı O rganızat Total:	tion's	<b>(b)</b> Affiliated Group Totals
<b>1</b> a	Total lobbying expenditures to influence public o	ppinion (grass roots lobbying)		0	
b	Total lobbying expenditures to influence a legisl	ative body (direct lobbying)		3,159	
c	Total lobbying expenditures (add lines 1a and 1	b)		3,159	
d	Other exempt purpose expenditures		5,0	95,010	
е	Total exempt purpose expenditures (add lines 1	c and 1d)	5,0	98,169	
f	Lobbying nontaxable amount Enter the amount columns	from the following table in both	4	04,908	
	If the amount on line 1e, column (a) or (b) is:  Not over \$500,000	The lobbying nontaxable amount is: 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 lir	ne 1f)	1	01,227	
h	Subtract line 1g from line 1a If zero or less, ent	er -0 -		0	
	Subtract line 1 f from line 1 c If zero or less ente	or - 0 -			

# 4-Year Averaging Period Under Section 501(h) (Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	<b>(c)</b> 2009	( <b>d)</b> 2010	(e) Total				
2a	Lobbying non-taxable amount	365,378	389,915	399,019	404,908	1,559,220				
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,338,830				
c	Total lobbying expenditures				3,159	3,159				
d	Grassroots non-taxable amount	91,345	97,479	99,755	101,227	389,806				
e 	Grassroots ceiling amount (150% of line 2d, column (e))					584,709				
f	Grassroots lobbying expenditures				l. C (Farma 200 c					

che	edule C (Form 990 or 990-EZ) 2010				Pί	age <b>3</b>
Pa	rt II-B Complete if the organization is exempt under section 501(c)(3) and has N (election under section 501(h)).	IOT fi	led F	orm	5768	3
		(;	a)		(b)	
		Yes	No	, F	Amoun	it
L	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 c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?  Media advertisements?			-		
	Mailings to members, legislators, or the public?		$\vdash$	+-		
			$\vdash$	+-		
e	Publications, or published or broadcast statements?			+-		
f	Grants to other organizations for lobbying purposes?		<del></del>	₩		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		<u> </u>	₩		
h i	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?  Other activities? If "Yes," describe in Part IV		<del> </del>	$\vdash$		
j	Total lines 1c through 1i			+-		
, 2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		I			
	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?		I			
	t III-A Complete if the organization is exempt under section 501(c)(4), section 5	01/6	1(5)			
	501(c)(6).	J)10-	<u>,,,,,</u>			
			_	_	Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		- L	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		L	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?			3		
<sup>2</sup> aı	t III-B Complete if the organization is exempt under section 501(c)(4), section 5501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part II answered "Yes".				ectio	n
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).					
а	Current year	2a				
b	Carryover from last year	2b				
c	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				

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 11

Identifier | Return Reference | Explanation

Part IV Supplemental Information

Also, complete this part for any additional information

5 Taxable amount of lobbying and political expenditures (see instructions)

5

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493136036102

OMB No 1545-0047

# **SCHEDULE D**

(Form 990)

Department of the Treasury

**Supplemental Financial Statements** ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public

illidi F	evenue Service   F- Attach to Fe	orm 990. F See separate instructions.			Tusher	CIOII
	e of the organization ORK FOR OREGON AFFORDABLE HOUSING			loyer identificat	tion numb	er
	Opposite the Mariet Co.	duting district of the control of th		1037330	Crail	t- C''
'a r	Organizations Maintaining Donor Acordanization answered "Yes" to Form 99		unas	or Accounts.	Comple	te if the
	organization answered Tes to Form 55	(a) Donor advised funds		( <b>b)</b> Funds and of	her accou	ınts
-	Fotal number at end of year			(-,		
	Aggregate contributions to (during year)					
	Aggregate grants from (during year)					
	Aggregate value at end of year					
	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		or adv	ısed	┌ Yes	┌ No
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben conferring impermissible private benefit	donor advisors in writing that grant funds efit of the donor or donor advisor, or for ai	ny othe	r purpose	☐ Yes	┌ No
ar	Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	o Forr	n 990, Part IV	<u>, lıne 7.</u>	
	Preservation of land for public use (e g , recreating Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualication the last day of the tax year	Preservation of a o	certifie	d historic struct	ure	
				Held at the	End of the	Year
_	Total number of conservation easements		2a			
)	Total acreage restricted by conservation easements		2b			
2	Number of conservation easements on a certified his	toric structure included in (a)	2c			
d	Number of conservation easements included in (c) a	equired after 8/17/06	2d			
	Number of conservation easements modified, transfe the taxable year  Number of states where property subject to conserva	ation easement is located 🛌			iuring	
	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		aling of	violations, and	☐ Yes	☐ No
	Staff and volunteer hours devoted to monitoring, insp Amount of expenses incurred in monitoring, inspection					
	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?			g the year F \$ _	☐ Yes	
	In Part XIV, describe how the organization reports contained balance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financial				ŕ
art	Organizations Maintaining Collection Complete If the organization answered '		or Ot	her Similar <i>F</i>	\ssets.	
-	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or research	ch in fu			e,
	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for p provide the following amounts relating to these items	oublic exhibition, education, or research i				
	(i) Revenues included in Form 990, Part VIII, line 1			<b>►</b> \$		
	(ii) Assets included in Form 990, Part X			·		
	If the organization received or held works of art, histo	orical treasures, or other similar assets fo	or finan	· -		
	following amounts required to be reported under SFA			, p,		
3	Revenues included in Form 990, Part VIII, line 1			<b>▶</b> \$		

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>:, His</u>	tori	<u>cal Tı</u>	<u>easur</u>	es, or O	<u>the</u>	<u>r Similar Ass</u>	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing	that are	a significa	nt us	se of its collection	on	
а	Public exhibition		d	Γ	Loan	orexch	ange progr	ams			
b	Scholarly research		e	Γ	Othe	r					
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ıın hov	w the	/ furthe	er the or	ganızatıon	's ex	empt purpose ın		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answered	d "Ye	es" to Form 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	for c	ontribu	itions or	other ass	ets n		Yes	✓ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	/ıng ta	able		Г	I	Amo	n+	
_	Dammung balanca						F	10	Alik	June	
c d	Additions during the year							1c   1d			
e	Additions during the year  Distributions during the year						<b>⊢</b>	1e			
f	Ending balance						<b>—</b>	1f			
2a	Did the organization include an amount on Fo	orm 990 Part V lin	_ <b>21</b> 2				L			Yes	✓ No
	If "Yes," explain the arrangement in Part XIV	•	e Zīr						'	165	J* 140
	rt V Endowment Funds. Complete		n and	wor	d "Vo	s" to F	orm 990	Dar	t IV line 10		
Гa	Endowment Funds. Complete	(a)Current Year		)Prior '			Years Back			<b>e)</b> Four \	ears Back
1a	Beginning of year balance	,	`			<u> </u>					
b	Contributions										
С	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨										
c	Term endowment ▶										
За	Are there endowment funds not in the posses organization by	ssion of the organiz	atıon	that a	re hel	d and ad	mınıstered	for	the	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								За(ii	)	
b	If "Yes" to $3a(II)$ , are the related organizatio	•							3b		
4	Describe in Part XIV the intended uses of th										
Par	t VI Investments—Land, Buildings	s, and Equipme	nt. S	ee F	orm 9	90, Pai	rt X, lıne	10.	<u> </u>		
	Description of investment					or other estment)	( <b>b)</b> Cost or obasis (oth		(c) Accumulated depreciation	(d) i	Book value
1a	Land										
b	Buildings		•								
C	Leasehold improvements										
d	Equipment						97	,716	67,39	9	30,317
	Other	<u> </u>	•								
Tota	<b>I.</b> Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colui	mn (B,	), line	10(c).,						30,317
									Schedule D	(Form !	990) 2010

Part VII Investments—Other Securities. See	Form 990, Part X, line 1.	2.
(a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security)	` '	Cost or end-of-year market value
(1) Financial derivatives		
(2)Closely-held equity interests Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )	•	
Part VIII Investments—Program Related. See		13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	•	
Part IX Other Assets. See Form 990, Part X, III		
(a) Descri	ption	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1		
Part X Other Liabilities. See Form 990, Part >		
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
CUSTOMER DEPOSITS	28,106	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	28,106	
2 Fin 49 (ASC 740) Footpote In Bart VIV provide the tay		aization's financial statements that reports the

· ( · )	XII Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	115	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,508,821
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	5,098,169
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	410,652
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	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	410,652
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	1,809,133
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities 2b		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,809,133
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	<b>4</b> c	3,699,688
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	5,508,821
Part		per	
1	Total expenses and losses per audited financial statements	1	1,398,481
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities		
b	Prior year adjustments	1	
c	Other losses	1	
d	Other (Describe in Part XIV) 2d	1	
e	Add lines <b>2a</b> through <b>2d</b>	2e	0
3	Subtract line <b>2e</b> from line <b>1</b>	3	1,398,481
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	3,699,688
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	5,098,169
Par	t XIV Supplemental Information		

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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS		INTEREST EXPENSE NETTED AGAINST REVENUES PROVISION FOR LOAN LOSS NETTED AGAINST REVENUES
PART XIII, LINE 4B - OTHER ADJUSTMENTS		INTEREST EXPENSE NETTED AGAINST REVENUES PROVISION FOR LOAN LOSS NETTED AGAINST REVENUES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Schedule I (Form 990)

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

OMB No 1545-0047

DLN: 93493136036102

Open to Public **Inspection** 

Department of the Treasury Internal Revenue Service

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

Name of the organization **Employer identification number** NETWORK FOR OREGON AFFORDABLE HOUSING 93-1037330 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed. **(b)** EIN (c) IRC Code section (d) Amount of cash 1 (a) Name and address of (e) A mount of non-(f) Method of (g) Description of (h) Purpose of grant organization ıf applicable arant cash valuation non-cash assistance or assistance or government assistance (book, FMV, appraisal other) (1) NORTHWEST HOUSING 93-0814473 GREEN/ENERGY 501(C)(3) 45,000 ALTERNATIVES2316 SE RETROFITS AT THREE AFFORDABLE WILLARD STREET MILWAUKIE, OR 97222 HOUSING PROJECTS (2) CENTRAL CITY 93-0728816 501(C)(3) 15,000 GREEN/ENERGY CONCERN232 NW 6TH AVE RETROFITS AT ROSE PORTLAND, OR 97201 WOOD APARMENTS (3) COMMUNITY 93-1155559 501(C)(3) 15,000 CAPITAL NEEDS PARTNERS FOR ASSESMENT AFFORDABLE HOUSINGPO INCLUDING BOX 23206 POTENTIAL TIGARD, OR 97281 GREEN/ENERGY RETROFITS AT SPENCER HOUSE (4) REACH COMMUNITY 91-1764112 501(C)(3) 15,000 GREEN/ENERGY **DEVELOPMENT INC1135** RETROFITS AT TWO SE SALMON STREET AFFORDABLE PORTLAND, OR 97214 HOUSING PROPERTIES, INCLUDING PERFORMANCE AND EVALUATION OF ENERGY SAVINGS 

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Pa	art IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b)Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	,	SCHEDULE I, PART I, LINE 2 PURSUANT TO THE TERMS OF A MEMORANDUM OF UNDERSTANDING DATED MAY 1, 2009 ("MOU"), NOAH PROVIDES FUNDING FOR THE GREEN PILOT PROGRAM INITIATIVE THE MOU DESCRIBES THE PURPOSES FOR WHICH FUNDS MAY BE GRANTED AND OUTLINES PROCESS FORMAL APPLICATION AND DRAW REQUEST FORMS DOCUMENT QUALIFIED EXPENSES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -**Compensation Information** 

DLN: 93493136036102

OMB No 1545-0047

Open to Public Inspection

#### **Schedule J** (Form 990)

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Name of the organization NETWORK FOR OREGON AFFORDABLE HOUSING **Employer identification number** 

93-1037330

Pa	It I Questions Regarding Compensation	on			
				Yes	No
1a		rovided any of the following to or for a person listed in Form II to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b		organization follow a written policy regarding payment or cribed above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executiv	o reimbursing or allowing expenses incurred by all ve Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all	that apply			
	Compensation committee	Written employment contract			
	Independent compensation consultant	Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990 or a related organization	, Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	ol payment from the organization or a related organization?	4a		Νo
b	Participate in, or receive payment from, a supplement	ental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-	based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and p	provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only m	nust complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	A, line 1a, did the organization pay or accrue any			
а	The organization?		5a		Νo
b	Any related organization?		5b		No
	If "Yes," to line 5a or 5b, describe in Part III				
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	A, line 1a, did the organization pay or accrue any			
а	The organization?		6a		Νo
b	Any related organization?		6b		No
	If "Yes," to line 6a or 6b, describe in Part III				
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"	A , line 1a , did the organization provide any non-fixed ' describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described	, paid or accured pursuant to a contract that was in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	- , , , ,	8		No
9	If "Yes" to line 8, did the organization also follow the section 53 $4958-6(c)$ ?	he rebuttable presumption procedure described in Regulations	9		

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation				<b>(F)</b> Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
(1) WILLIAM A VAN VLIET	(I) (II)	122,570 0	20,000 0		9,805 0	7,753 0	160,128 0	0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
( 10 )								
(11)								
( 12 )								
( 13 )								
( 14 )								
( 15 )								
( 16 )								

Schedule J (Form 990) 2010 Page **3** 

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

	Identifier	Return Reference	Explanation
--	------------	------------------	-------------

Schedule J (Form 990) 2010

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493136036102

OMB No 1545-0047

2010

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization NETWORK FOR OREGON AFFORDABLE HOUSING **Employer identification number** 

93-1037330

ldentifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		REVIEW OF FORM 990 EACH MEMBER OF THE BOARD OF DIRECTORS SHALL BE PROVIDED A COPY OF NOAH'S FORM 990 FOR REVIEW BEFORE IT IS FILED WITH THE IRS THE AUDIT COMMITTEE SHALL CONDUCT A REVIEW OF THE FORM 990 AND SHALL REPORT TO THE BOARD IN A TIMELY FASHION THE RESULTS OF ITS REVIEW OF THE FORM 990 THE BOARD SHALL TAKE ANY ADDITIONAL ACTION THAT IT FEELS APPROPRIATE

ldentifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	1 ON AN ANNUAL BASIS, THE SECRETARY OF THE CORPORATION OR THE SECRETARY'S DESIGNEE SHALL DEVELOP AND MAINTAIN A LIST OF INSIDERS WHO ENGAGE IN OR ARE REASONABLY LIKELY TO ENGAGE IN TRANSACTIONS THAT CONSTITUTE CONFLICTS OF INTEREST WITH THE CORPORATION DURING THE YEAR 2 THE OFFICERS, DIRECTORS AND KEY EMPLOYEES SHALL EACH YEAR DISCLOSE INTERESTS THAT COULD GIVE RISE TO A CONFLICT OF INTEREST UNDER THIS POLICY SUCH DISCLOSURE SHALL BE MADE ON A DISCLOSURE AND ACKNOWLEDGMENT FORM SIMILAR TO THE ONE ATTACHED TO THIS POLICY AND SHALL BE FILED WITH THE SECRETARY OR THE SECRETARY'S DESIGNEE 3 THE SECRETARY OR THE SECRETARY'S DESIGNEE SHALL MONITOR AND ENFORCE COMPLIANCE WITH THIS POLICY BY REVIEWING THE LIST OF INSIDERS AND THE DISCLOSURE AND ACKNOWLEDGMENT FORMS EACH YEAR AND BY BRINGING POTENTIAL OR ACTUAL CONFLICTS TO THE ATTENTION OF THE PRESIDENT OF THE BOARD THE PRESIDENT SHALL DISCLOSE CONFLICTS TO THE BOARD AS THEY ARISE AND ENSURE THAT THE PROCEDURES IN THIS POLICY ARE FOLLOWED 4 THE SECRETARY OR THE SECRETARY'S DESIGNEE SHALL CONVEY THE LIST OF INSIDERS IDENTIFIED ABOVE TO THE EXECUTIVE DIRECTOR AND SHALL INSTRUCT THE EXECUTIVE DIRECTOR TO NOTIFY THE BOARD IF THE EXECUTIVE DIRECTOR OR ANY EMPLOYEE PLANS TO ENGAGE IN A TRANSACTION WITH AN INSIDER THAT CONSTITUTES A CONFLICT OF INTEREST, INCLUDING PAYMENT OR REIMBURSEMENT FOR BUSINESS OR TRAVEL EXPENSES OF THE INSIDER AND/OR MEMBERS OF THE INSIDER'S FAMILY NOT MADE PURSUANT TO AN ACCOUNTABLE PLAN UNDER IRS REG 1 62-2(C)(2) IF SO, THE BOARD SHALL MONITOR THE TRANSACTION TO BNSURE THAT IT COMPLIES WITH THE PROCEDURE IN SECTION 2 ABOVE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	PURSUANT TO THE POLICY ATTACHED, NOAH'S EXECUTIVE COMMITTEE, ACTING WITH AUTHORITY DELEGATED BY THE FULL BOARD, ESTABLISHES COMPENSATION LEVELS FOR ALL EMPLOYEES ANNUALLY THE EXECUTIVE DIRECTOR MAKES INITIAL RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE, WHICH THEN DELIBERATES AND MAKES FINAL COMPENSATION DECISIONS NOAH OPERATES SIMILARLY TO A COMMERCIAL REAL ESTATE LENDING DIVISION OF A COMMERCIAL BANK, AND NOAH'S EXECUTIVE COMMITTEE INCLUDES SEVERAL SENIOR MANAGERS OF SIMILAR LENDING DIVISIONS OF COMMERCIAL BANKS THESE DIRECTORS BRING EXTENSIVE EXPERIENCE AND KNOWLEDGE OF COMPENSATION LEVELS FOR POSITIONS OF COMPARABLE RESPONSIBILITY THIS PROCESS HAS BEEN USED SINCE AT LEAST 1999, THE FORMAL POLICY WAS ADOPTED IN MAY 2009

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	NOAH SHALL MAKE ITS ARTICLES OF INCORPORATION, ANY AMENDMENTS OR RESTATEMENTS TO THE ARTICLES, AND ITS MOST RECENT THREE YEARS OF THE FORM 990 AVAILABLE TO THE PUBLIC FOR INSPECTION AND COPY ING UPON REQUEST NOAH DOES NOT HAVE TO DISCLOSE THE NAME AND ADDRESS OF ANY CONTRIBUTOR TO THE ORGANIZATION NOAH HAS DETERMINED THAT IT IS NOT IN THE BEST INTEREST OF NOAH TO MAKE ANY ADDITIONAL DOCUMENTS OR INFORMATION AVAILABLE TO THE PUBLIC THE DOCUMENTS DESCRIBED ABOVE SHALL BE AVAILABLE FOR INSPECTION UPON REQUEST AT THE NOAH OFFICE DURING REGULAR BUSINESS HOURS

ldentifier	Return Reference	Explanation
	FORM 990, PART XI, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR