



P.O. Box 10086 Eugene, OR 97440 541-687-2320

April 7, 2014

CONFIDENTIAL

NeighborImpact 2303 SW First Street Redmond, OR 97756-9608

We have prepared the enclosed returns from information provided by you without verification or audit. We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

Federal Filing Instructions

None is required. Your Form 990 for the year ended 6/30/13 shows no balance due.

You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

Jones & Roth, P.C. PO Box 10086 Eugene, OR 97440

Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records. If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Oregon Form CT-12

Your Oregon Form CT-12 for the year ended June 30, 2013 shows an amount due of \$790. An authorized officer of the organization should sign and date the return on page 2 and mail it with your check payable to the Oregon Department of Justice. Write "EIN 93-0884929, 2012 Form CT-12" on the check and mail by May 15, 2014 to:

Charitable Activities Section Oregon Department of Justice 1515 SW 5th Avenue, Suite 410 Portland, OR 97201-5451

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any

60036

significant changes in your financial affairs or of any correspondence received from taxing authorities.

IRS CIRCULAR 230 DISCLOSURE REQUIREMENT: IRS Circular 230 requires us to notify you that any tax advice contained in this communication (including attachments) is not intended or written to be used, and cannot be used, by any person for the purpose of avoiding tax penalties that may be imposed by law.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Jones & Roth, P.C.

Form **8879-E**C

IRS e-file Signature Authorization for an Exempt Organization

112 or fiscal year beginning	7/01	2012 and ending	6/30 a	. 13

For calendar year 2012, or fiscal year beginning // U L ,, 2012, and ending 0 / 3 U, 20

OMB No. 1545-1878

Department of the Treasury ▶ Do not send to the IRS. Keep for your records. Internal Revenue Service Name of exempt organization Employer identification number NeighborImpact 93-0884929 Name and title of officer Scott Cooper Executive Director Type of Return and Return Information (Whole Dollars Only) Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I. 1a Form 990 check here ► X b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 13,981,647 2a Form 990-EZ check here ► ___b Total revenue, if any (Form 990-EZ, line 9) ___2b 4a Form 990-PF check here ▶ □ b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b _____ 5a Form 8868 check here ▶ ☐ b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) _____5b **Declaration and Signature Authorization of Officer** Part II Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2012 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal. Officer's PIN: check one box only X lauthorize Jones & Roth, P.C. to enter my PIN as my signature Enter five numbers, but do not enter all zeros on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2012 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Officer's signature Part III **Certification and Authentication ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 93464710086 do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2012 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. ERO's signature _ Date

ERO Must Retain This Form—See Instructions Do Not Submit This Form To the IRS Unless Requested To Do So

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2012)

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)

Inte	rnal Revenue Service	The organization may have to use a copy of this return to satisfy state rep	orting req	ullements	Inspection
<u>A</u>		alendar year, or tax year beginning $0.7/0.1/1.2$, and ending $0.6/3.0/1.3$		D ='	vor identification number
В	Check if applicable:	C Name of organization		D Emplo	yer identification number
Ш	Address change	NeighborImpact		0.0	0004000
	Name change	Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Roor	m/ouit-		0884929
	Initial return	,	m/suite	•	one number
\exists		2303 SW First Street		541	-548-2380
	Terminated	City, town or post office, state, and ZIP code			14 000 000
Ц	Amended return	Redmond OR 97756-9608 F Name and address of principal officer:		G Gross rec	eipts\$ 14,006,294
	Application pending		(a) Is this a g	roup return for	affiliates? Yes X No
		Scott Cooper	(b.)	filiates include	<u> </u>
		2303 BW 1BC BC			t. (see instructions)
_		Redmond OR 97756	II INC	, allacira iis	i. (See instructions)
<u>+</u>	Tax-exempt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
<u>J</u>			formation: 1	emption num	
000000000	Form of organization: Part I Su	X Corporation Trust Association Other ► L Year of mmary	Tormation: 1	903	M State of legal domicile: OR
Ģ		scribe the organization's mission or most significant activities:			
anc		Schedule O			
Governance					
š	2 Check th	s box if the organization discontinued its operations or disposed of more than 25%	of its net		
ტ ფ	3 Number			1 _ 1	13
ş		of voting members of the governing body (Part VI, line 1a) If independent voting members of the governing body (Part VI, line 1b)			13
ij	5 Total nun	ober of individuals employed in calendar year 2012 (Part V, line 2a)		. 5	236
Activities	6 Total nun	har of valuations (actionate if passessons)			350
⋖	7a Total unr	elated business revenue from Part VIII, column (C), line 12			0
		ated business taxable income from Form 990-T, line 34			<u> </u>
	Direct direct	aced becomes taxable meeting mental state of the state of	Prior Yea		Current Year
<u>a</u>	8 Contribut	ons and grants (Part VIII, line 1h)	5,119	9,252	13,593,392
Revenue	9 Program	service revenue (Part VIII, line 2g)	579	7,157	363,437
ě	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)	-411	L,859	39,437
œ	11 Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-81	L,812	-14,619
	12 Total reve	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1	5,204		13,981,647
	13 Grants ar	nd similar amounts paid (Part IX, column (A), lines 1–3)	7,782	2,267	5,881,426
		paid to or for members (Part IX, column (A), line 4)			0
ses		other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,744	1,881	5,844,847
_	16aProfession	nal fundraising fees (Part IX, column (A), line 11e)			0
Expe	b Total fund	draising expenses (Part IX, column (D), line 25) ▶ 141,635			
Ш	11 Other ox	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,685		2,335,529
	1		5,212		14,061,802
	19 Revenue	less expenses. Subtract line 18 from line 12		7,866	-80,155
Net Assets or	70 Total aca	(7)	nning of Cur 8,130		End of Year 7,987,651
Asse	20 Total liab	ets (Part X, line 16)		3,669	366,402
let /	21 TOTAL HAD	s or fund balances. Subtract line 21 from line 20		L,404	7,621,249
000000000000000000000000000000000000000		Inature Block	1,101	L, 101	1,021,249
*****		perjury, I declare that I have examined this return, including accompanying schedules and statement	ents and to	the hest of	my knowledge and helief it
		omplete. Declaration of preparer (other than officer) is based on all information of which preparer h			my knowledge and belief, it
Si	gn 🛭 🔽 si	gnature of officer		Date	
	ere	Scott Cooper Executive	ve Di	recto	r
		pe or print name and title			
_	Print/Type	preparer's name Preparer's signature	Date	Check	if PTIN
Pa	id Sara H	ummel			ployed P00991199
Pre	eparer Firm's nai		F	irm's EIN	93-0819646
Us	e Only	P.O. Box 10086			
	Firm's ad	D 00 00 100	l _P	hone no.	541-687-2320
Ма		s this return with the preparer shown above? (see instructions)			Yes No

Part III Statement of Program Service Accomplishments Check if School II Countries a response to any question in this Part III	X
Check if Schedule O contains a response to any question in this Part III	<u>A</u>
See Schedule 0	
••••••	
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	[165 22 110
3 Did the organization cease conducting, or make significant changes in how it conducts, any program	
services?	Yes X No
If "Yes," describe these changes on Schedule O.	
4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others.	
the total expenses, and revenue, if any, for each program service reported.	>,
4a (Code:) (Expenses\$ 6,752,313 including grants of\$ 5,641,703) (Revenue \$ NeighborImpact and its 44 partner agencies collected and district million lbs. of food throughout Central Oregon. A total of 41, individuals were served. As the region's food bank, NeighborImvital supplemental assistance to income-qualified households, hunger for children, the elderly and struggling working-class individuals. NeighborImpact's energy assistance program served individuals last year. Direct funding from state and local gover well as public purpose charges collected by utilities helped must be a public purpose charges and be a publ	ributed 3.7 463 spact provides preventing families and 1 16,491 rernment as sinimize high being given all children. fuel oil,
Ab (Code:) (Expenses\$ 4,894,174 including grants of\$) (Revenue \$ NeighborImpact's HeadStart and Oregon Pre-Kindergarten program children become school ready in 2013. Three and four-year olds letters, numbers, colors and social-emotional skills essentrial able to fully participate in a kindergarten environment. Participate the program are selected based on eligibility criteria from local disadvantaged families, with special consideration given to chave suffered early childhood trauma, extreme poverty, family disability. Approximately 30 percent of NeighborImpact HeadStafederal funded, while the remaining 70 percent is state-funded operated 24 classrooms in Crook and Deschutes Counties in 2013	n helped 516 s learn al to being cipants in ow-income and aildren who disruption or art program is l. The agency
4c (Code:) (Expenses \$ 1,640,082 including grants of \$ 239,723) (Revenue \$	236 618 1
NeighborImpact's Housing Center Programs provide first-time houses, foreclosure prevention counseling, mortgage assistant reverse mortgage counseling, financial literacy education and savings program. The program also offers housing rehabilitatic weatherization programs, which address critical life-safety is low-income households reduce energy costs while improving persand well-being.	ome ownership be payments, a matched on and ssues and help
·	
4d Other program services. (Describe in Schedule O.)	
(Expenses \$ including grants of\$) (Revenue \$)
4e. Total program service expenses > 13, 286, 569	

Form 990 (2012) NeighborImpact
Part IV Checklist of Required Schedules

			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
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		X
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	Х	
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			7.7
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	l _		3.5
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			37
•	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	_	3.7	
40	debt negotiation services? If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	10		Х
11	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10		Λ
11	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	110	21	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more		21	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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		Χ
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Χ
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 and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Χ
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
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 United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			7.7
4.5	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		3.5	
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			3.5
20-	If "Yes," complete Schedule G, Part III	19		X
20a	• • • • • • • • • • • • • • • • • • • •	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 990 (2012) NeighborImpact Part IV Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any asymment or organization		Yes	No
1	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
2	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States		Λ	
_	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	l
3	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		Λ	\vdash
	organization's current and former officers, directors, trustees, key employees, and highest compensated			l
	employees? If "Yes," complete Schedule J	23		2
4a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			_
Tu	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			l
	through 24d and complete Schedule K. If "No," go to line 25	24a]
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		É
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
٠	to defease any tax-exempt bonds?	24c		Ì
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	240		
ра	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a]
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	<u>25a</u>		f
D	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			Ì
	If "Yes," complete Schedule L, Part I	25b		-
3	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or	230		f
,	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	Х	l
,	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20	Λ	\vdash
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
}	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		-
a b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	<u>20a</u>		f
	Schedule L, Part IV	28b		
_	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		f
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	F
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	Λ	\vdash
)	conservation contributions? If "Yes," complete Schedule M	30		-
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		H
	Part I	31		-
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			F
2	complete Schedule N, Part II	32		
}	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
	**	33	Х	l
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I		Λ	\vdash
ļ	or IV and Dart V line 4	34	Х	Ì
ia	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X	\vdash
a)	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a	Λ	H
J		35b	v	Ì
;	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330	X	
		26		۱.
,	related organization? If "Yes," complete Schedule R, Part V, line 2	36		
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	0.7		
	Part VI	37		-
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		37	l
	19? Note. All Form 990 filers are required to complete Schedule O		X 990	<u></u>

	990 (2012) NeighborImpact 93-0884	929			Pa	age 🕽
Pa	ort V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response to any question in this Part	V	<u></u>	<u> </u>		
	F		1 2 0		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	132			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	U			
С	Did the organization comply with backup withholding rules for reportable payments to vendors an	a		1.	v	
22	reportable gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	 I I	• • • • • • • • • • • • • • • • • • • •	1c	X	
Za	Statements, filed for the calendar year ending with or within the year covered by this return	2a	236			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax			2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruc		··	20	25	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or of	her au	thority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other					
	account)?			4a		X
b	If "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 Finar	icial A	counts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year	r?		5a		Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter tra	nsacti	on?	5b		Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and or	lid the				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contri	butions	s or			
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly	for go	ods			3.7
L	and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which required to file Form 8282?	ii was		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		70		Λ
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal bene		tract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit of			7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization fil			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		· · · · · · · · · · · · · · · · · · ·	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) support					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsor	_				
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources	446				
120	against amounts due or received from them.) Section 4047(a)(1) non-exempt charitable trusts. Is the examination filing Form 000 in liquid for	11b	0412	40-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	1 1	U41!	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13 a	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			13a		
а	Note. See the instructions for additional information the organization must report on Schedule O.			138		
b	Enter the amount of reserves the organization is required to maintain by the states in which					
~	the organization is licensed to issue qualified health plans	13b				
	• • • • • • • • • • • • • • • • • • •					

c Enter the amount of reserves on hand4a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Χ

14a

14b

13c

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section 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 13 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. Enter the number of voting members included in line 1a, above, who are independent 13 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ any other officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? b Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? Χ 13 13 Did the organization have a written document retention and destruction policy? 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 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 Χ b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ OR Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the 2303 S.W. First Street organization: ▶ Scott Lauray

OR 97756

Redmond

Form 990 (2012) Neighbor Impact

93-0884929

Page **7**

Part VII	Compensation of Officers	s, Directors, Trustees, Key Employees, Highest Compensated Employee	s, and
	Indopendent Contractors		

Check if Schedule O contains a response to any question in this Part VII

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. 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 organizations compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any	box	k, unle	ess pe	ition more rson	than or	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1)Susan Bailey President	2.00	v		4					0	0	
(2) Tony DeBone	2.00	X		X	ŀ	1		A F O	0	0	
Director	0.00	Х						0	0	0	
(3)Laura Beebe	2 00										
Director	2.00	Х						0	0	0	
(4) Sharlene Weed	0.00										
Director	2.00	Х						0	0	0	
(5) Andrus Soper											
Director	2.00	Х						0	0	0	
(6) Ellen Jacobs										<u> </u>	
Director	2.00	Х						0	0	0	
(7)Linda Walker	2.00										
Secretary/Treasurer	0.00	Х		Χ				0	0	0	
(8)Karole Stockton											
Vice President	2.00	Х		Х				0	0	0	
(9) Walt Ponsford											
Director	2.00	Х						0	0	0	
(10)Mike McCabe	2 00										
Director	2.00	Х						0	0	0	
(11)Mike Ahern	2 00										
Director	2.00	Х						0	0	0	

DAA

Part VII Section A. Officer (A) Name and title	(B) Average hours per week (list any hours for	(do box off	not o	Pos check ess pe	c) ition more rson irecto	than of the state	one n an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
(12)Edward B. Onimu										
Director (13)Scott Halvorson	2.00 0.00	X						0	0	0
Director	2.00	X						0	0	0
(14)Sharon Miller Former E.D.	40.00			X				79,090	0	27,060
(15)Ursula Houck	40.00									
Former CFO (16)Scott Cooper	40.00			Χ				70,816	0	8,335
Executive Director	40.00			Х				25,002	0	0
(17)Scott Lauray	40.00			37				0	0	0
<u>CFO</u> (18)	0.00			X				0	0	0
					Г			ΛГΤ		
(19)			L	J	Ī					
	• • • • • • • • • • • • • • • • • • • •							184 000		25 205
1b Sub-total c Total from continuation sh			ctio	n A .			>	174,908		35,395
d Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from	including but no	t lim	ited				▶ d ab	174,908 pove) who received more to	than \$100,000 in	35,395
3 Did the organization list any temployee on line 1a? If "Yes	," complete Sch	nedu	le J t	for s	uch	indiv	idua	al		Yes No
For any individual listed on ling organization and related organization and related organization. District of the control of the co	anizations great	er th	an \$	150	,000	? If "	Yes	ation and other compensa s," complete Schedule J fo	tion from the or such	4 X
5 Did any person listed on line for services rendered to the or	Ta receive or a	ccru	e co	mpe	nsai	ion t	rom	i any unrelated organizatio	on or individual	5 X
Section B. Independent Contract	tors							•		
Complete this table for your to compensation from the organization.	nization. Report							endar year ending with or	within the organization's	
	(A) d business address								(B) tion of services	(C) Compensation
All Phase Electric Bend	OF	2 9	77			79		merican Loop <u>Veatherizatio</u>	n	430,771
2 Total number of independent received more than \$100,000									1	

Total revenue Reliand or exempt Continue Reliand or exempt Continue Reliand or exempt Continue Reliand or exempt Continue C	
Total Contributions reported on line 1c). See Part IV, line 18 See Part IV, line 18 See Part IV, line 19	(D) Revenue excluded from tax under sections 512, 513, or 514
Total Contributions reported on line 1c). See Part IV, line 18 See Part IV, line 18 See Part IV, line 19	
Total Contributions reported on line 1c). See Part IV, line 18 See Part IV, line 18 See Part IV, line 19	
Total Contributions reported on line 1c). See Part IV, line 18 See Part IV, line 18 See Part IV, line 19	
Total Contributions reported on line 1c). See Part IV, line 18 See Part IV, line 18 See Part IV, line 19	
Total Contributions reported on line 1c). See Part IV, line 18 See Part IV, line 18 See Part IV, line 19	
Total Contributions reported on line 1c). See Part IV, line 18 See Part IV, line 18 See Part IV, line 19	
Total Contributions reported on line 1c). See Part IV, line 18 See Part IV, line 18 See Part IV, line 19	
Total Contributions reported on line 1c). See Part IV, line 18 See Part IV, line 18 See Part IV, line 19	
Total Contributions reported on line 1c). See Part IV, line 18 See Part IV, line 18 See Part IV, line 19	
Total Contributions reported on line 1c). See Part IV, line 18 See Part IV, line 18 See Part IV, line 19	
Total Contributions reported on line 1c). See Part IV, line 18 See Part IV, line 18 See Part IV, line 19	
Total Contributions reported on line 1c). See Part IV, line 18 See Part IV, line 18 See Part IV, line 19	
Total Contributions reported on line 1c). See Part IV, line 18 See Part IV, line 18 See Part IV, line 19	
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Total Contributions reported on line 1c). See Part IV, line 18 See Part IV, line 18 See Part IV, line 19	
Total Contributions reported on line 1c). See Part IV, line 18 See Part IV, line 18 See Part IV, line 19	
Total Contributions reported on line 1c). See Part IV, line 18 See Part IV, line 18 See Part IV, line 19	
and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6a Gross rents b Less: rental exps. c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventor b Less: ost or other basis & sales exps c Gain or (loss) d Net gain or (loss) d Net gain or (loss) d Net gain or (loss) see Part IV, line 18 a 25,757 b Less: direct expenses b 24,647 c Net income or (loss) from fundraising events See Part IV, line 19 a Less: direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 a Less: direct expenses c Net income or (loss) from gaming activities Less: direct expenses c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities c Net income or (loss) from gaming activities Less: direct expenses c Net income or (loss) from gaming activities Less: direct expenses c Net income or (loss) from gaming activities Less: direct expenses c Net income or (loss) from gaming activities Less: direct expenses c Net income or (loss) from gaming activities	<u> </u>
4 Income from investment of tax-exempt bond proceeds 5 Royalties	20 425
Second Part Continued Co	39,437
(ii) Personal (iii) Personal (iii) Personal (iii) Personal (iv) Personal (iv	
Basis & sales exps c Gain or (loss) d Net rental income or (loss) d Net rental income or (loss) b Less: cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) d Net gain or (loss) b Less: dross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a 25 , 757 b Less: direct expenses b 24 , 647 c Net income or (loss) from fundraising events. ▶ 1 , 110 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities. ▶	
b Less: rental exps. c Rental inc. or (loss) d Net rental income or (loss) fa Gross amount from sales of assets other than inventory b Less: cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 9a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b C Net income or (loss) from gaming activities Net income or (loss) from gaming activities Net income or (loss) from gaming activities	
C Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventor b Less: cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) d Net gain or (loss) b Less: direct expenses b 24,647 c Net income or (loss) from fundraising events See Part IV, line 19 a Less: direct expenses b C Net income from gaming activities See Part IV, line 19 b Less: direct expenses b C Net income or (loss) from gaming activities Net income or (loss) from gaming activities Net income or (loss) from gaming activities	
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Ta Gross amount from sales of assets other than inventory b Less: cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) Sa Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events. Description (ii) Other (iii) Other (iv) Other (i	
sales of assets other than inventory b Less: cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) soft contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities.	
b Less: cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities See Part IV, line 19 c Net income or (loss) from gaming activities C Net income or (loss) from gaming activities C Net income or (loss) from gaming activities	
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d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a 25,757 b Less: direct expenses b 24,647 c Net income or (loss) from fundraising events. See Part IV, line 19 a b Less: direct expenses b C Net income or (loss) from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities.	
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See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities >	
b Less: direct expenses b c Net income or (loss) from gaming activities ▶	
b Less: direct expenses b c Net income or (loss) from gaming activities ▶	
c Net income or (loss) from gaming activities ▶	
10a Gross sales of inventory, less	
returns and allowances a	
b Less: cost of goods sold b	
c Net income or (loss) from sales of inventory	
Miscellaneous Revenue Busn. Code	
11a Other income 35,376 35,376	
b Healy Heights Partner LLC -51,105	-51,105
C	= -, = 00
d All other revenue	
e Total. Add lines 11a–11d ► −15 , 729	
12 Total revenue. See instructions. • 13,981,647 398,813	-11,668

Form 990 (2012) NeighborImpact Part IX Statement of Functional Expenses

Sect	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response to any question in this Part IX										
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1			·	,	,						
	organizations in the U.S. See Part IV, line 21	35,433	35,433								
2	Grants and other assistance to individuals in										
	the U.S. See Part IV, line 22	5,845,993	5,845,993								
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,	104 060	172 606	16 000	4 2 4 4						
_	trustees, and key employees	194,969	173,696	16,929	4,344						
6	Compensation not included above, to disqualified										
	persons (as defined under section 4958(f)(1)) and										
7	persons described in section 4958(c)(3)(B) Other salaries and wages	4,050,295	3,631,127	351,982	67,186						
8	Other salaries and wages Pension plan accruals and contributions (include	4,030,293	3,031,127	331,902	07,100						
ŭ	section 401(k) and 403(b) employer contributions)	173,795	154,017	16,750	3,028						
9	Other employee benefits	908,812	805,387	87,587	15,838						
10	Payroll taxes	516,976	458,143	49,824	9,009						
11	Fees for services (non-employees):	,	,	/	- /						
а	Management										
	Legal	2,004	2,004								
С	Accounting	29,975	29,975								
	Lobbying										
	Professional fundraising services. See Part IV, line 1	7									
	Investment management fees		 								
g	Other. (If line 11g amount exceeds 10% of line 25, column		\								
	(A) amount, list line 11g expenses on Schedule O.)	7,742	455	10	7,277						
	Advertising and promotion	022 700	1 4 1 0 0 0	72 502	10 204						
13	Office expenses	233,729	141,922	73,503	18,304						
14 15	Information technology										
16	Royalties	237,528	211,456	24,378	1,694						
17	Occupancy Travel	213,231	207,196	3,054	2,981						
18	Travel Payments of travel or entertainment expense		201,100	3,031	2,001						
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	103,769	98,283	5,486							
23	Insurance	47,276	47,276								
24	Other expenses. Itemize expenses not covered										
	above (List miscellaneous expenses in line 24e. If										
	line 24e amount exceeds 10% of line 25, column										
_	(A) amount, list line 24e expenses on Schedule O.)	1 200 560	1 100 057		0 611						
a	Client assistance Other	1,208,568 112,731	1,198,957 112,731		9,611						
b c	Repairs and maintenance	64,459	64,459								
d	Training	51,447	48,272	1,489	1,686						
e	All other expenses	23,070	19,787	2,606	677						
25	Total functional expenses. Add lines 1 through 24e	14,061,802	13,286,569	633,598	141,635						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	, , , , , , ,			,						
DAA	following ŠOP 98-2 (ASC 958-720)				Form 990 (2012)						

Par	Check if Schedule O contains a response to a	any question	n in this Part X			
	•	7 1		(A) Beginning of year		(B) End of year
1				1,279,096	1	876,758
2	2 Savings and temporary cash investments		L		2	
3			L	594,872	3	977,225
4					4	
5	5 Loans and other receivables from current and forme					
	trustees, key employees, and highest compensated					
	Complete Part II of Schedule L		L		5	35,727
- 6		persons (a	s defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)			d		
	sponsoring organizations of section 501(c)(9) volunt	tary employ	ees' beneficiary			
ts	organizations (see instructions). Complete Part II of	Schedule L	-		6	
Assets				871,317	7	680,339
₹ 8				160,741	8	90,272
9	Dramaid averages and deferred shores			27,011	9	85,167
10	0a Land, buildings, and equipment: cost or			,		,
	other basis. Complete Part VI of Schedule D	10a	2,918,505			
	other basis. Complete Part VI of Schedule D b Less: accumulated depreciation	10b	1,192,347	1,829,926	10c	1,726,158
1.	4 1 4 4 100 4 1 1 100		= / = = - / = = :	=	11	
12				3,203,027	12	3,351,922
1:				3/203/02/	13	3/331/322
14					14	
1	F Other O Dt IV E 44			164,083	15	164,083
10				8,130,073		7,987,651
17				381,386	17	322,088
18				3017300	18	3227000
19	9 Deferred revenue				19	
20					20	
2		IV of Scher	dule D		21	
					4 I	
Liabilities	trustees, key employees, highest compensated emp					
iiq	disqualified persons. Complete Part II of Schedule L	-			22	
يا ا <u>ء</u>				47,283	23	44,314
24				47,203	24	44,314
2			d third		24	
2.	parties, and other liabilities not included on lines 17-					
	•	, .			25	
20				428,669	26	366,402
	Organizations that follow SFAS 117 (ASC 958), o	hook horo	NV and	420,009	20	300,402
ses	complete lines 27 through 29, and lines 33 and 3		A and			
al (2 062 702	07	2 405 127
3ala				2,862,782	27	2,405,127
B 28	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `		4,126,835 711,787		4,504,335 711,787	
ğ 29				/11,/8/	29	/11,/8/
o	Organizations that do not follow SFAS 117 (ASC	, ສວອງ, cned	k nere 🖊 📗 and			
ts	complete lines 30 through 34.				20	
SS 30					30	
Net Assets or Fund Balances					31	
a 32				7 701 404	32	7 (01 040
33				7,701,404	33	7,621,249
34	4 Total liabilities and net assets/fund balances			8,130,073	34	7,987,651

Form **990** (2012)

Pa	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13,98	31,	647
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,06	51,	802
3	Revenue less expenses. Subtract line 2 from line 1	3	- 8	30,3	<u> 155</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,70)1,	404
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	7,62	21,	249
Pa	art XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				. 🔲
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Χ	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		3a	Χ	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	Х	
				200	

SCHEDULE A

(Form 990 or 990-EZ)

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.

2012

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

Employer identification number Name of the organization NeighborImpact 93-0884929 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.) 8 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. Type III–Functionally integrated **d** Type III–Non-functionally integrated Tvpe II С By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box a Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and No (iii) below, the governing body of the supported organization? (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (iv) Is the organization (v) Did you notify (i) Name of supported (ii) EIN (iii) Type of organization (vi) Is the the organization in rganization in col organization in col. (i) listed in your (described on lines 1-9 support col. (i) of your (i) organized in the above or IRC section governing document? support? U.S.? (see instructions)) Yes Yes No Yes No (A) (B) (C) (D)

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

(E)

Page 2

Part II 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.)

Sec	tion A. Public Support	•			•	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	12,406,615	15,045,772	15,353,855	15,119,252	13,593,392	71,518,886
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	12,406,615	15,045,772	15,353,855	15,119,252	13,593,392	71,518,886
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						71,518,886
	tion B. Total Support						, ,
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	12,406,615	15,045,772	15,353,855	15,119,252	13,593,392	71,518,886
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	35,709	24,885	275,855	32,308	39,437	408,194
9	Net income from unrelated business activities, whether or not the business is regularly carried on	D	RA	FT			
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						71,927,080
12	Gross receipts from related activities, etc.						424,570
13	First five years. If the Form 990 is for the	e organization's fi	rst, second, third	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop he						
Sec	tion C. Computation of Public S						
14	Public support percentage for 2012 (line	6, column (f) divid	ded by line 11, co	lumn (f))		14	99.43 %
15	Public support percentage from 2011 Sc	hedule A, Part II, I	line 14			15	99.37 %
16a	33 1/3% support test—2012. If the orga				is 33 1/3% or mo	ore, check this	. \square
	box and stop here . The organization qu						► X
b	33 1/3% support test—2011. If the orga					or more,	. \Box
	check this box and stop here. The organ	•		•			▶ ∐
17a	10%-facts-and-circumstances test—2	_					
	10% or more, and if the organization me						
	Part IV how the organization meets the "organization						▶ □
b	10%-facts-and-circumstances test—2	•				•	
	15 is 10% or more, and if the organization						
	Explain in Part IV how the organization r			-	·		▶ □
10	supported organization		v on line 12 16-	16h 17a ar 17h	chock this box a		
18	instructions						>

Page 3

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.)

Sec	tion A. Public Support	quality arras		<u>a 50.011, p.oa</u>	oo oompioto i	art mj	
	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual	(a) 2000	(b) 2009	(6) 2010	(u) 2011	(e) 2012	(i) Total
	grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's fax-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 behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support			=			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6		\Box				
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated 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	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for the	•			•		
800	organization, check this box and stop he ction C. Computation of Public S						
				luman (f))		45	0/
15 16	Public support percentage for 2012 (line 8)	o, column (1) alvi	line 15, co	iumin (1))		15	<u>%</u>
16 Sec	Public support percentage from 2011 Schemon D. Computation of Investm					16	%_
<u>3ec</u> 17	Investment income percentage for 2012			13 column (f))		17	%
1 <i>1</i> 18	Investment income percentage for 2012 investment income percentage from 2013					4.0	% %
10 19a	33 1/3% support tests—2012. If the organization is a support test is a support test in the organization in the organization is a support test in the organization in the organization is a support test in the organization in the organization is a support test in the organization in the organization is a support test in the organization in the organization is a support test				15 is more than 3		70
ıJa	17 is not more than 33 1/3%, check this b						▶ □
b	33 1/3% support tests—2011. If the organization	-	_				and
	line 18 is not more than 33 1/3%, check t						
20	Private foundation. If the organization d						▶ 🗍

Schedule A (F	form 990 or 990-EZ) 2012 NeighborImpact	93-0884929	Page 4
Part IV	Supplemental Information. Complete this part to provide the ex Part II, line 17a or 17b; and Part III, line 12. Also complete this painstructions).	olanations required by Part II, line 10; art for any additional information. (See	- 3 -
	DDAET		
	DKAFI		
• • • • • • • • • • • • • • • • • • • •			

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

2012

NeighborImp	act	93-0884929
Organization type (chec		
Filers of:	Section:	
Form 990 or 990-EZ	\boxed{X} 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private f	foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private found	dation
	501(c)(3) taxable private foundation	
	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule	e and a Special Rule. See
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,0 y one contributor. Complete Parts I and II.	000 or more (in money or
Special Rules		
under sections 50	(c)(3) organization filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % suppor 09(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) F and II.	g the year, a contribution of
during the year, t	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received frontal contributions of more than \$1,000 for use exclusively for religious, charposes, or the prevention of cruelty to children or animals. Complete Parts	aritable, scientific, literary,
during the year, on not total to more year for an exclusion.	(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from the contributions for use exclusively for religious, charitable, etc., purposes, but than \$1,000. If this box is checked, enter here the total contributions that we sively religious, charitable, etc., purpose. Do not complete any of the parts ganization because it received nonexclusively religious, charitable, etc., cover	ut these contributions did were received during the s unless the General Rule contributions of \$5,000 or
990-EZ, or 990-PF), but i	n that is not covered by the General Rule and/or the Special Rules does not must answer "No" on Part IV, line 2 of its Form 990; or check the box or 190-PF, to certify that it does not meet the filing requirements of Schedule	n line H of its Form 990-EZ or on
For Paperwork Reduction	Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Page 1 of 1 of Part I

Name of organization
NeighborImpact

Employer identification number

93-0884929

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space i	s needed.
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
.1	Oregon Housing and Community Service 725 Summer St. NE, Suite B Salem OR 97301	s 4,516,970	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
. 2	U.S. Dept. of Health and Human Serv 2201 6th Ave. Seattle WA 98121	\$ 1,374,966	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.3	State of Oregon - OPK Head Start 500 Summer St. NE Salem OR 97301	\$ 2,903,958	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	Oregon Food Bank P.O. Box 55370 Portland OR 97238	\$ 3,043,984	Person X Payroll X Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	U.S. Dept. of Housing and Urban Development 909 1st Ave., Suite 200 Seattle WA 98104	\$ 298,121	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page 1 of 1 of Part II

Name of organization
NeighborImpact

Employer identification number

93-0884929

Part II	Noncash Property (see instructions). Use duplications	ate copies of Part II if addition	al space is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
.4	Food commodities - USDA	\$ 397,984	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
.4	Food commodities	\$2,632,752	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	DR/	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2012
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Nar	e of organization			Employer identifica	
	NeighborImpact			93-08849	
Pa	t I-A Complete if the organization is exe	empt under section 501	(c) or is a se	ction 527 organi	zation.
1	Provide a description of the organization's direct and inc	direct political campaign activit	ies in Part IV.		
2	Political expenditures			▶ \$	
3	Volunteer hours				
Pa	t I-B Complete if the organization is exe	empt under section 501	(c)(3).		
1	Enter the amount of any excise tax incurred by the orga			▶\$	
2	Enter the amount of any excise tax incurred by organiza	ation managers under section	4955	▶\$	
3	If the organization incurred a section 4955 tax, did it file	Form 4720 for this year?			Yes No
4a					
	If "Yes," describe in Part IV.				
000000000000000000000000000000000000000	t I-C Complete if the organization is exe	empt under section 501	(c), except s	ection 501(c)(3).	
1	Enter the amount directly expended by the filing organiz				
-	activities			▶ \$	
2	Enter the amount of the filing organization's funds contri	ibuted to other organizations f	or section	* *	
_	527 exempt function activities	•		▶\$	
3	Total exempt function expenditures. Add lines 1 and 2. I	Enter here and on Form 1120	.P∩I	• •	
Ū	· · · · · · · · · · · · · · · · · · ·			▶\$	
4	line 17b Did the filing organization file Form 1120-POL for this ye	 ear?		• Ψ	∵∵∵∵∵∵
5	Enter the names, addresses and employer identification	number (FIN) of all section 5	27 political organi	zations to which the f	L Tes L No
3	organization made payments. For each organization list	, ,			•
	the amount of political contributions received that were	· · · · · · · · · · · · · · · · · · ·			
	as a separate segregated fund or a political action comm			-	
	· · · · · · · · · · · · · · · · · · ·		•		
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
				,	delivered to a separate
					political organization. If none, enter -0
					Horic, Critici -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

Sche	edule C (Form 990 or 990-EZ) 2012 Neigh	borImpact	93-0884929	Page 2
Pa	art II-A Complete if the orga	nization is exempt under section 501(c)(3)	and filed Form 576	8 (election under
	section 501(h)).			
A	Check ▶ ☐ if the filing organiza	ation belongs to an affiliated group (and list in	Part IV each affiliate	ed group member's
	name, address, EII	N, expenses, and share of excess lobbying e	xpenditures).	
В	Check ▶ ☐ if the filing organiza	ation checked box A and "limited control" pro	visions apply.	
	Limits on Lo	bbying Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures"	means amounts paid or incurred.)	organization's totals	group totals
1	a Total lobbying expenditures to influence	e public opinion (grass roots lobbying)		
	b Total lobbying expenditures to influence	e a legislative body (direct lobbying)	730	
		1a and 1b)	730	
	d Other exempt purpose expenditures		14,132,104	
	e Total exempt purpose expenditures (ad		14,132,834	
	f Lobbying nontaxable amount. Enter the			
	columns.		856,642	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e.		
	Over \$500,000 but not over \$1,000,000			
	Over \$1,000,000 but not over \$1,500,000			
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
	Over \$17,000,000	\$1,000,000.		
	Grassroots nontaxable amount (enter 2)	5% of line 1f)	214 161	

4-Year Averaging Period Under Section 501(h)

h Subtract line 1g from line 1a. If zero or less, enter -0-

i Subtract line 1f from line 1c. If zero or less, enter -0-

reporting section 4911 tax for this year?

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

(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.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total		
2a Lobbying nontaxable amount	900,523	865,151	932,839	856,642	3,555,155		
b Lobbying ceiling amount (150% of line 2a, column(e))					5,332,733		
c Total lobbying expenditures	365	2,326	44	730	3,465		
d Grassroots nontaxable amount	225,131	216,288	233,210	214,161	888,790		
e Grassroots ceiling amount (150% of line 2d, column (e))					1,333,185		
f Grassroots lobbying expenditures							

Schedule C (Form 990 or 990-EZ) 2012

0

0

Part II-B Complete if the organization is exempt under section 501(c)(3) and has (election under section 501(h)).	NOT	iled Fo	orm 5768		
or each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(6	a)	(b		
escription of the lobbying activity.	Yes	No	Amo	unt	
1 During the year, did the filing organization attempt to influence foreign, national, state or local					
legislation, including any attempt to influence public opinion on a legislative matter or					
referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
Publications, or published or broadcast statements? Crapto to other organizations for labbying purposes?					
f Grants to other organizations for lobbying purposes?g Direct contact with legislators, their staffs, government officials, or a legislative body?	. —				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	-				
i Other activities?	·				
* T + 1 A 11 P - A - 0 - 1 - 1 - 2					
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	-				
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912	-				
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Part III-A Complete if the organization is exempt under section 501(c)(4), section	501(c)	(5), or	section		
501(c)(6).					
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?			1		
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "N answered "Yes."	lo," Ol		Fart III-	A, lin	e 3
 Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of 		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
		2a			
* *************************************		2b			
b Carryover from last yearc Total		2c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the					
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying					
and political expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)		5			
Part IV Supplemental Information					
Supplemental Information Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-	A (affilia	ted grou	JD		
st); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.	. ((g. c.	۳۳		

Schedule C (Form 99	90 or 990-EZ) 2012	NeighborImpact	93-0884929	Page 4
Part IV	Supplement	NeighborImpact al Information (continued)		
, are iv	Опристи	ar information (continued)		
		DRAE		
		IJRAF		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

2012
Open to Public Inspection

Name of the organization Employer identification number

NeighborImpact 93-0884929 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) 2 Aggregate grants from (during year) 3 Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) (i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Pa	rt III Organizations Maintain	ing Collections	of Art, Historic	cal Treasur	es, or Other S	Similar As	ssets (con	tinued)
3	Using the organization's acquisition, acceleration items (check all that apply):	ession, and other rec	cords, check any of	the following th	nat are a significar	nt use of its		
а	Public exhibition	d 🗌	Loan or exchange	programs				
b	Scholarly research	е 🗌	Other					
С	Preservation for future generations							
4	Provide a description of the organization'	s collections and exp	plain how they furth	er the organiza	ition's exempt pur	pose in Par	t	
	XIII.							
5	During the year, did the organization solid						□ ,,	□
Do	assets to be sold to raise funds rather tha					to Fo	Yes	No
Pa	Int IV Escrow and Custodial A				n answered Y	es to Fo	rm 990, Pa	art IV,
12	Is the organization an agent, trustee, cus				accete not			
ıa	in about a large Farma 000 Dant VO		•				X Yes	□ No
b	If "Yes," explain the arrangement in Part	XIII and complete th					21 100	
-			- · · · · · · · · · · · · · · · · · · ·				Amount	
С	Beginning balance					1c	7,	077
	Additions during the year					1d		649
е	Distributions during the year					1e		832
f	Ending balance					1f		894
2a	Did the organization include an amount of	n Form 990, Part X,	line 21?				Yes	X No
	If "Yes," explain the arrangement in Part							
Pa	rt V Endowment Funds. Cor							
4.	, , , ,	(a) Current year	(b) Prior year	(c) Two ye	ars back (d) Th	ree years back	(e) Four ye	ars back
1a	Beginning of year balance							
	Contributions Net investment earnings, gains, and							
·								
d	losses Grants or scholarships							
	Other expenditures for facilities and	-) -	$\forall \Delta \vdash$					
	programs							
f	Administrative expenses							
	End of year balance							
2	Provide the estimated percentage of the		ance (line 1g, colur	mn (a)) held as:				
	Board designated or quasi-endowment							
	Permanent endowment ▶ %							
С	Temporarily restricted endowment ▶							
20	The percentages in lines 2a, 2b, and 2c s	•	ni-ation that are ha	ماما مسط مطسماسا	40 m o ol 40 m 410 o			
за	Are there endowment funds not in the po	ssession of the orga	nization that are ne	eia ana aaminis	tered for the		v	es No
	organization by: (i) unrelated organizations						0-(:)	55 140
	(ii) related ergonizations						20(;;)	
b	If "Yes" to 3a(ii), are the related organizar	tions listed as require	ed on Schedule R?					
	Describe in Part XIII the intended uses of							
	rt VI Land, Buildings, and Ed			X, line 10.				
	Description of property	(a) Cost or other	basis (b) Cost	t or other basis	(c) Accumulate	ed	(d) Book val	ue
		(investmen	t)	(other)	depreciation			
1a	Land			654,357				,357
	Buildings		1,	303,116	388	,601	914	,515
	Leasehold improvements			061 000	000	746	1	006
	Equipment			961,032	803	,746	157	,286
	Other		Part X column (P)	line 10(c) \			1,726	150
· Jia	, wa mica ta unough te. (Column (u) illi	aut oqual i Ollil 990,	i art A, column (D)	, 10(0)./		🚩	1, /40	, ± J O

Part VII Investments—Other Securities. See Form 99	90, Part X, line 12.		- .
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	
		Cost of end-of-yea	i market value
(1) Financial derivatives (2) Closely-held equity interests			
(3) Other Certificates of deposit/T-bill	2,200,000	Market	
(A) Investment in Healy Heights Partner	1,151,922	Cost	
(B)	1/131/322		
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	2 251 000		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments—Program Related. See Form 9	3,351,922		
Part VIII Investments—Program Related. See Form 9 (a) Description of investment type	(b) Book value	(c) Method of	valuation:
(a) Description of investment type	(b) book value	Cost or end-of-yea	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) (10)	Λ		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	$\Delta \vdash \Box$		
Part IX Other Assets. See Form 990, Part X, line 15.	$\overline{}$		
(a) Description			(b) Book value
(1)			
(2)			
(3)			
(4)			
_(5)			
(6)			
(7)			
(8)			
<u>(9)</u> (10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		•	
Part X Other Liabilities. See Form 990, Part X, line 2	5.	······································	
1. (a) Description of liability	(b) Book value		
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8) (Q)			
(9) (10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			

Sche	dule D (Form 990) 2012 NeighborImpact		93-0884929		ge 4
	rt XI Reconciliation of Revenue per Audited Financial			Return	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d		<u>.</u>	2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b				
	Other (Describe in Part XIII.)	4b		4 -	
	Add lines 4a and 4b			4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			•	
	Int XII Reconciliation of Expenses per Audited Financia				
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	ا ما			
a	Donated services and use of facilities	2a 2b			
D	Prior year adjustments				
C	Other losses				
a	Other (Describe in Part XIII.)			20	
_	Add lines 2a through 2d		·····	2e	
3	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 :			3	
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.) Add lines 4a and 4b			4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5	
***********	art XIII Supplemental Information	7 10.)			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and	9: Part III, lines 1a a	and 4: Part IV. lines 1b	and 2b:	
-	V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4				
	nation.				
	art IV, Line 1b - Explanation for Unr	eported Co	ontributions	s or Assets	
= .	<u></u>	AF.Y. T . X X XX Y.	Y Y. H. H. H. Y. Y. Y. H. H. H. H. H.	·	
Tl	nrough the rehabilitation loan progra	m, the Org	ganization l	nolds escrow	
_		. 1			
<u>.</u>	unds on behalf of its loan recipients	through d	closing of t	the loan prod	cess
тŀ	ne liability balance is included in A	ccounts Pa	avable and a	Accrued Expen	ngeg
	ic flability balance is included in A	ccountry 1	ayabic and A	icci aca iixpei	11000
• • • • • •					

Schedule D (F	Form 990) 2012	NeighborI	mpact		93-08	84929	Page 5
Part XIII	Supplemen	NeighborIt	(continued)				
			,				
			_ I / [T			
• • • • • • • • • • • • • • • • • • • •					 		

SCHEDULE G (Form 990 or 990-EZ

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

See separate instructions.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization Employer identification number 93-0884929 NeighborImpact Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events C d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund (v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity fundraiser listed in or entity (fundraiser) from activity organization control of contributions col. (i) Yes No 2 5 7 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Schedule G (Form 990 or 990-EZ) 2012 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Empty Bowls (add col. (a) through None col. (c)) (event type) (event type) (total number) 1 Gross receipts 25,757 25,757 2 Less: Contributions **3** Gross income (line 1 minus 25,757 25,757 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs **7** Food and beverages 8 Entertainment 24,647 24,647 9 Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) 24,647 11 Net income summary. Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes **Direct Expenses** 3 Noncash prizes 4 Rent/facility costs **5** Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? **b** If "Yes," explain:

Sche	edule G (Form 990 or 990-EZ) 2012					93-0884		P	age 3
11	Does the organization operate gaming	activities with no	onmembers?				[Yes	No
12	Is the organization a grantor, beneficial formed to administer charitable gamin	ary or trustee of a	a trust or a meml	ber of a partnership	or other entity			Yes	No
13	Indicate the percentage of gaming act								
а	The organization's facility					<u>1</u>	3a		%
b	An outside facility						3b		%
14	Enter the name and address of the perecords:	rson who prepar	es the organizat	ion's gaming/special	events books and				
	Name ▶								
	Address ▶								
15a	Does the organization have a contract revenue?		-	-			[Yes	☐ No
b	If "Yes," enter the amount of gaming re	evenue received	by the organiza	tion ▶\$	and	the			
	amount of gaming revenue retained by	y the third party	> \$						
С	If "Yes," enter name and address of the	e third party:							
	Name ▶								
	Address ▶								
16	Gaming manager information:								
	Name ▶								
	Gaming manager compensation ►\$. Description of services provided ►			ΔFT					
							•		
	Director/officer Emp	loyee	Independen	t contractor					
17	Mandatory distributions:								
а	Is the organization required under state	te law to make ch	haritable distribu	tions from the gamin	g proceeds to				
	retain the state gaming license?							Yes	No
b	Enter the amount of distributions requ	ired under state I	law to be distribu	uted to other exempt	organizations or				
	spent in the organization's own exemp								
Pai	columns (iii) and (v), and part to provide any add	id Part III, line	es 9, 9b, 10b,	15b, 15c, 16, ar	•	•			is
	part to provide any add	ilionai inioiffia	auon (see ins	u ucuons).					

DAA

SCHEDULE I (Form 990)

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

OMB No. 1545-0047
2012

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

Inspection

Employer identification number

<u>NeighborImpact</u>						93	3-0884929
Part I General Information on Grants ar	nd Assistance	!					
 Does the organization maintain records to substantiate the selection criteria used to award the grants or assis Describe in Part IV the organization's procedures for records. 	tance?						X Yes No
Part II Grants and Other Assistance to C Part IV, line 21, for any recipient that	overnments	and Org	anizations in the	United States.	[:] additional spa	ce is needed.	answered "Yes" to Form 990
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Saving Grace 1425 NW Kingston Ave Bend OR 97701	93-0797194	50103	9,646				Shelter - Utilities
(2) Grandma's House 1600 NE Rumgay							Shelter - Utilities
Bend OR 97701 (3) Bethlehem Inn 3705 N. Hwy 97	94-3162069	501C3	5,557				Shelter - Utilities
Bend OR 97701 (4)	93-1323419	501C3	20,230	-			
(5)							
(6)							
(7)							
(8)							
·····							
(9)							
 Enter total number of section 501(c)(3) and governme Enter total number of other organizations listed in the 							<u> </u>
For Paperwork Reduction Act Notice, see the Instruction							Schedule I (Form 990) (2012)

60	00	36	3

93-0884929

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistanc
Emerg. Serv - LIEAP/OEA	6886	2,588,869			
Food programs	41463		3,043,891	Cost	Food
Weatherization	116	204,290			
CCR / ES	41	8,943			
Part IV Supplemental Information. (information.	Complete this part to p	rovide the information	on required in Part I	, line 2, Part III, column (l	o), and any other additional
Part I, Line 2 - Procedu	res for Monito	ring the Use	of Grant Fu	ınds	
Operations Dimeston:					
- Review budget status re					
percent budget remaining					
percent budget remaining					
	s needed.				
when further follow up is - Meet monthly with staff					

- Monitor payroll distributions and activity reports monthly.

- Monitors report system to ensure that staff receive monthly reports.

meetings.

6	00	13	6

Schedule I	(Form 990)	(2012)	NeighborImpact

93-0884929

Page 2

<u> </u>) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
. 11.7	0			<u> </u>		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
art IV	Supplemental Information. information.	Complete this part to p	rovide the informat	ion required in Part I	I, line 2, Part III, column (t	o), and any other additional
- Conc	luct quarterly revi	ews of expense	s to ensure	match percer	ntages are in	
				\ 		
	llists and Coordina					
	eive and review gen					
- Repo	ort to the Operation	ns Director mo	nthly that	reports have	been reviewed	
and ic	lentify errors.					
- Noti	fy the Operations 1	Director of an	y budget ad	justments tha	at need to be	
a .						
nade.						

60	0	13	6

Schedule I (Form 990) (2012) Neighbor Im Part III Grants and Other Assistance	ce to Individuals in th		93-0884929 Complete if the organ	ization answered "Yes" to	Page 2 Form 990. Part IV. line 22.
Part III can be duplicated if a			omprete in the organi		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
j					
1					
,					
Part IV Supplemental Information. information.	Complete this part to p	provide the informat	ion required in Part	I, line 2, Part III, column (I	o), and any other additional
- Provide oversight of f	inancial opera	ations, budg	et process ar	ıd	
development, and review	of monthly rep	ports with i	n-depth revie	ew by the	
Finance Committee.					
- Receive, review and ap	prove audit re	ports and m	anagement let	ter.	
- Direct correction of a	ny non-complia	ance in the	audit report.	•	

SCHEDULE L (Form 990 or 990-EZ) **Transactions With Interested Persons**

Complete if the organization answered

"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Open To Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

OMB No. 1545-0047

NeighborImpact 93-0884929 Part I **Excess Benefit Transactions** (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

(d) Corrected?		
Yes	No	

2	Enter the amount of tax incurred by the organization managers or disqualified persons during the year		
	under section 4958		\$
3	Enter the amount of tax, if any, on line 2, above, reimbursed by the organization	\blacktriangleright	\$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 000 Part V line 5 6 or 22

organization reported an amount												
(a) Name of interested person	(b) Relationship with organization		or fro	oan to om the g.?		(f) Balance due	(g) In (default?	by bo	proved pard or nittee?	(i) W agree	ritten ment?
			То	From			Yes	No	Yes	No	Yes	No
Karole Stockton	Board mem	ber										
(1) Rehab				Χ	35,727	35,727		Х	Х		Х	
(2)												
(3)		$R\Delta$		E								
_(4)												
<u>(5)</u>												
(6)												
(7)												
(8)												
(9)												
(10)												
Total					▶\$	35.727						

Part III **Grants or Assistance Benefiting Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

	Complete if the organization and role of 100							
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance			
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)				·				
(10)								

Part IV	Business Transactions Involving	Interested Persons				
	Complete if the organization answered "Yes"	on Form 990, Part IV, lin	e 28a, 28b, or 28c.			
	(a) Name of interested person	(b) Relationship between	(c) Amount of	(d) Description of transaction	(e) S	haring org
		interested person and the organization	transaction			org. nues?
/1\		organization			Yes	No
(1)						
(3)						
(4)						
(5)						
(6)						
(7)						
(1) (2) (3) (4) (5) (6) (7) (8) (9)						
(9) (10)						-
Part V	Supplemental Information]
	Complete this part to provide additional infor	mation for responses to q	uestions on Schedule	L (see instructions).		
				(1000)		
		JKAF	-			
		/ \/ \				
,						

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Part I

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Name of the organization NeighborImpact
Types of Property Employer identification number 93-0884929

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) of determining tribution amounts		
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
-	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded							
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
• • • • • • • • • • • • • • • • • • • •	• • •							
40	or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation							
	contribution—Historic							
	structures							
14	Qualified conservation							
	contribution—Other			Λ \perp \perp				
15	Real estate—Residential			A				
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory	X	1511782	3,043,891				
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ▶(Other goods)	X	1	8,395				
26	Other ►()			,				
27	Other ►()							
28	Other ▶(
29	Number of Forms 8283 received by	v the orga	nization during the tax	ear for contributions for		-		
_	which the organization completed				29			
	, , , , , , , , , , , , , , , , , , , ,		, ,		-		Yes	No
30a	During the year, did the organization	on receive	by contribution any pro	perty reported in Part I. li	nes 1–28 that			
	it must hold for at least three years							
	used for exempt purposes for the					30a		X
b	If "Yes," describe the arrangement		iiig period:					
	Does the organization have a gift a		a policy that requires the	o roviow of any non-stand	lard			
31	contributions?	•		•		24	Х	
220	contributions? Does the organization hire or use t			no to colicit process or s		31	Λ	
32a	a a mérila usi a ma O	•	•	•				
						32a	Χ	
b	If "Yes," describe in Part II.		to antique (a) ()	at a second of the second	(-) il-			
33	If the organization did not report ar	n amount i	in column (c) for a type	oi property for which colu	iiii (a) is checked,			
	describe in Part II.							
ror Pa	aperwork Reduction Act Notice, see the Instr	ructions for I	⊦orm 990.			Schedule M (For	m 990)	(2012)

Part II	Supplemental Informand 33, and whether number of items received.	the organization i	s reporting in P	vide the informa art I, column (b).	, the number of cont	ributions, the
Part I	, Line 32b -	Third Party	Used to	Process No	ncash Contri	butions
Motori	zed vehicles	will be acc	epted pro	vided they	are being h	andled and
dispos	ed of by an i	ndependent	processin	g center a	nd NeighborI	mpact is held
harmle	ss from any l	iability as	sociated	with the v	ehicle donat	ion.
		D	RA			
			1 \/ \			

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 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012
Open to Public Inspection

Name of the organization

NeighborImpact

Employer identification number 93-0884929

Form 990 - Organization's Mission or Most Significant Activities
Organized in 1985, NeighborImpact is committed to supporting individuals
and serving communities in Crook, Deschutes and Jefferson counties, Oregon
The Organization provides essential community services, such as food,
energy assistance and housing stabilization. NeighborImpact also provides
early childhood education, through Head Start and the Oregon Pre-
Kindergarten program and the Agency offers a wide array of education,
counseling and financial services related to assisting low to moderate
income individuals to become homeowners and preserve their housing and to
build financial skills and personal assets. The agency also operates a
childcare resource and referral arm, which trains and rates providers and
matches those in need of childcare with provider options. The Agency serve
an estimated 40,000, or approximately one in four residents (unduplicated)
in the Central Oregon region. NeighborImpact is a Community Action Agency
in the state of Oregon and a NeighborWorks America affiliate.
Form 990, Part I, Line 6
Head Start/Oregon Pre Kindergarten - Classroom assistance, governance
participation, facilities & playground maintenance, food service
assistance, office support, advisory committee participation, staff
training, child health and developmental screening assistance,
interpretation and translation.
Child Care Resources - Grant writing support, delivery of literacy kits to
child care provider, and story time readers at local child care providers.
Food Program - Driver assistance picking up and distributing store recover

60036

Page 2 Employer identification number Name of the organization NeighborImpact 93-0884929

food, sorting and repackaging food drive donations, maintaining educational garden in Redmond, warehouse support with partner agency truck loading, working at large food drives and fund raising events. Shelter - Landscaping duties including weeding, pruning, planting, spreading bark dust, yard debris haul-away, sweeping parking area and Housing Services - Teaching classes. The volunteers help set up the room, assist with signing in all participants, making sure they have an intake and that it is fully completed. Hand out brochures and materials. Helps the counselor during the class when needed, then helps clean up the room after class. HR - Office assistance. Development/Community Relations - Special Events and serving on committees. Provide labor at organizations' signature fundraising events, Empty Bowls. Governance and Advisory Structure - Serving on the board and committees. Facilities maintenance - Landscaping duties including weeding, pruning, planting, spreading bark dust, yard debris haul-away, sweeping parking area and driveway. May also include interior and exterior painting or light cleaning. Reception - Answering phones, greeting clients, data entry and other clerical tasks. Often performed in coordination with federal and state job-training programs. Form 990, Part III, Line 4a - First Accomplishment

propane, pallets and wood. Demand for this program far outstrips available resources, but NeighborImpact is happy to be able to offset at least some of the energy-burden faced by residents during Central Oregon's cold60036

Name of the organization NeighborImpact	Employer identification number 93-0884929
weather season.	
Form 990, Part III, Line 4d - All Other Accom	plishment
Other programs	
Form 990, Part VI, Line 11b - Organization's	Process to Review Form 990
The auditor reviews the 990 with the Finance/	Audit committee. If the
Committee accepts the 990 as presented, it is	recommended to the Board for
approval. However, before the Board approves	the 990, it will review the
990 with the Auditor. To enable each board me	mber to participate in the
review, each board member receives a copy of	the 990.
Form 990, Part VI, Line 12c - Enforcement of On an annual basis, a list of insiders who en	
likely to engage in transactions that constit	ute conflicts of interest with
the Organization is developed. A designated	employee will be
responsible for maintaining this list and for	obtaining annual disclosures
from officers, directors and key employees.	
Form 990, Part VI, Line 15a - Compensation Pr	ocess for Top Official
Every two years (at a minimum), the Human Res	ource Manager collects wage
comparable data from a variety of sources inc	luding: local employers both
public and non-profit, other Oregon employers	with like positions,
associations such as the Oregon Head Start As	sociation, Association of
Oregon Community Development Organizations an	d other Oregon community
action, community development and Head Start	programs.
This data is converted into a wage matrix whi	ch is line with wage goals

60036

Schedule O (Form 990 or 990-EZ) (2012) Page 2 Employer identification number Name of the organization NeighborImpact 93-0884929 approved by management and the Board. The matrix is used as a basis for compensation adjustments. The Board annually reviews the compensation of the Executive Director to ensure compensation received does not exceed an amount equal to the rate payable for level II of the Executive Schedule under section 5313 of title 5, United State Code. Adjustments to compensation must be approved by the Board. Form 990, Part VI, Line 15b - Compensation Process for Officers Every two years (at a minimum), the Human Resource Manager collects wage comparable data from a variety of sources including: local employers both public and non-profit, other Oregon employers with like positions, associations such as the Oregon Head Start Association, Association of Oregon Community Development Organizations and other Oregon community action, community development and Head Start programs. This data is converted into a wage matrix which is line with wage goals approved by management and the Board. The matrix is used as a basis for compensation adjustments. The Board annually reviews the compensation of the Head Start Director, Fiscal Director and Human Resource Manager to ensure that compensation received does not exceed an amount equal to the rate payable for level II of the Executive Schedule under section 5313 of title 5, United States Code.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation The Organization's governing documents and conflict of interest policy are made available to the public upon request. The annual audited financial

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Part I

Attach to Form 990.

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

► See separate instructions.

Name of the organization
NeighborImpact

Semployer identification number 93-0884929

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicil or foreign co	e (state Tota	(d) income	(e) End-of-year assets	(f) Direct controlling entity	
(1) Healy Heights Partner LLC 2303 SW First Street 93-0884929 Redmond OR 97756-9608	Afford hs	sq OR		-51,105	1,151,922	N/A	
(2)		39 OK		31,103	1,131,722	N/A	
(3)							
(4)							
(5)	PA	FT					
Part II Identification of Related Tax–Exempt Organizations one or more related tax-exempt organizations during the second	s (Complete if the tax year.)	ne organization	answered "Yes"	to Form 990,	Part IV, line 34 b	ecause it	had
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity statu: (if section 501(c)(3)	(f) Direct controlling	(g) 512(b)(13) ed entity?
(1) Community Action Found. of Cent. OR 2303 SW 1st St. Redmond OR 97756	A.H.Rental	OR	509a3	11b	NeighborIm		.,,
(2)							
(3)							
(4)							
(5)							

Schedule R (Form 990) 2012 NeighborImpact	93-0884929	

Schedule R (Form 990) 2012 NeighborImpact			93-0	884929										Page 2
Part III Identification of Related Organiza because it had one or more related	tions Taxab organization	le as	s a Partnersh ated as a par	nip (Complete tnership during	if the organ g the tax ve	izatio ar.)	on answered "\	res"	to F	orm 99	90, Part l	V, li	ne 3	34
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of tota income		(g) Share of end-of- year assets	Dis port all	(h) spro- ionate loc.?	Code amoun of Sch	(i) e V—UBI t in box 20 edule K-1 m 1065)	mana partr	ral or iging ner?	(k) Percentage ownership
1)Deschutes Family Housing LP		courin y)		00010110 012 014)				Yes	s No			Yes	No	
2303 SW 1st St. Redmond OR 97756		0.7	22 = 20		•	4.4.6	100 60							
	AH Rental	OR	CAFCO	Excluded	-3,	446	-182,63	5	Х				Х	99.00
2)														
3)														
4)														
		Г	1D	$V \sqsubseteq$	Т									
Part IV Identification of Related Organiza	tions Taxab	le as	a Corporati	on or Trust (C	Complete if	the o	organization an	swe	red	"Yes" t	o Form 9	90,	Par	t IV,
(a) Name, address, and EIN of related organization	(b) Primary activi		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)		(f) Share of total income		(g) Share of	of assets	(h) Percent owners	age		(i) Section 512(b)(13) controlled entity?
													Υ	es No
1)														
2)														
3)														
4)														

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Not	e. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
	During the tax year, did the organization engage in any of the following transactions with one or more						
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		Х
b	Gift, grant, or capital contribution to related organization(s)				1b		Х
С	Gift, grant, or capital contribution from related organization(s)				1c		Х
d	Loans or loan guarantees to or for related organization(s)				1d	Х	
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		Х
h	Purchase of assets from related organization(s)				1h		X
ı	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X	
- 1	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
m	Performance of services or membership or fundraising solicitations by related organization(s)				1m		Х
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		X
0	Sharing of paid employees with related organization(s)				10		X
р	Reimbursement paid to related organization(s) for expenses				1p		Х
	Reimbursement paid by related organization(s) for expenses				1q		Х
r	Other transfer of cash or property to related organization(s)				1r		Х
s	Other transfer of cash or property from related organization(s)				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including cov	ered relationships and tra	ansaction thresholds.			
	(a)	(b)	(c)	(d)			
	Name of other organization	Transaction	Amount involved	Method of determining amou	unt invol	ved	
		type (a-s)					
(1)	Community Action Found. of Cent. OR	d	164,083				
(2)	Community Action Found. of Cent. OR	j	12,359				
(3)							
(4)							
(5)							
(6)			1				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

g ,													
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	unrelated, excluded from tax under	Are all p sec 501(organiz	cartners tion (c)(3)	(f) Share of total income	(g) Share of end-of-year assets	Disprop	h) ortionate ations?	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging ner?	(k) Percentage ownership
		country)	section 512-514)	Yes	No			Yes	No		Yes	No	
(1)								100					
(2)													
(3)													
(4)													
(5)			RA	F									
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Schedule R - Group Exemption Relationships Both Community Action Foundation of Central Oregon, Inc. and NeighborImpact are organizations exempt from income tax as described in Section 501 (c) (3) of the Internal Revenue Code. NeighborImpact is a typical exempt organization because it is publicly supported, and is therefore not a private foundation because it is an organization described in Section 509 (a) (2) of the Code. CAFCO, on the other hand, was formed solely to support NeighborImpact in furtherance of its charitable activities. CAFCO, therefore, is not a private foundation because it is an organization described in Section 509 (a) (3). As set forth in CAFCO's articles of incorporation, as amended, CAFCO was formed solely to support NeighborImpact. CAFCO's directors are appointed by NeighborImpact's board of directors. Article IV of CAFCO's restated articles of incorporation initially provided that upon dissolution or final liquidation of CAFCO, its assets would be distributed to NeighborImpact or to a closely related nonprofit organization if NeighborImpact were no longer in existence. This article was subsequently amended, however, to substitute IRS standard dissolution language, at the request of the IRS. Schedule R - Additional Information NeighborImpact is an organization exempt from income tax as described in section 501(c)(3) of the IRC. The Organization receives significantly more than one-third of it's operating support from public resources and operates for the benefit of the general public, specifically low and, to a lesser degree, moderate-income individuals. Community Action Foundation of Central Oregon (CAFCO) exists as a seperate entity with a purpose of "marshalling

Part VII	Sup	olemental	Information
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Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Instructions).
and coordinating resources and agencies, both public and private, in Crook
Deschutes and Jefferson Counties, Oregon, for the purpose of alleviating
poverty and of resolving other socio-economic problems existing or
occurring within said counties." CAFCO shares NeighborImpact's goal of
alleviating poverty in the Central Oregon region and financially supports
the provision of facilities, which enable the accomplishment of
NeighborImpact's charitable purpose.
•
DDAET
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Forms 990-PF

Receivables Due from Officers, Directors, Trustees, and Key Employees For calendar year 2012, or tax year beginning 07/01/12, and ending 06/30/13

2012

Name

Employer Identification Number

NeighborImpact	93-0884929

NeighborImpact					93-	0884929
Form 990, Part 2	K. Line 5 -	- Additi	ona	l Informat	ion	
					-	
	e of borrower			_	Title	
(1) Karole Stockto	on			Board Mer	<u>mber</u>	
(2)						
(3)						
<u>(4)</u>						
(5)						
(6) (7)						
(8)						
(9)						
(10)						
(10)						
Original amount		Maturity	,	_		Interest
borrowed	Date of loan	date		Re	epayment terms	rate
(1) 35,727						
(2)						
(3)						
(4)						
(5) (6)						
(6) (7)						
(8)				\ 		
(9)				$\overline{}$		
(10)						
(10)						
Security prov	ided by borrower				Purpose of loan	
(1)	•			Rehab	•	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Consideration ful	rnished by lender		B b	alance due at eginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	•			•	35,727	
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
(10)						
Totals					35.727	ĺ

Totals

	A .1	N . (· · · · · · ·	1			
Forms 990-PF	Oti	her Notes and	Loans Recei	vapie		2012
330733011	For calendar year 2012	. or tax vear beginning	07/01/12	and ending 06	/30/13	2012
Name	,	, , <u></u>		,		lentification Number
NeighborImpa	ct				93-088	4929
Form 990, Pa	rt X, Line 7 -	- Additiona	l Informat	ion		
	Name of borrower				agualified per	200
(1) Notes rece				Relationship to di	squaimed per	SOII
(2)						
(3)						
(4)						
(5)						
<u>(6)</u>						
(7)						
(8)						
<u>(9)</u> (10)						
(10)						
Original amoun borrowed	t Date of loan	Maturity date	Re	epayment terms		Interest rate
(1)						
(2)						
(3)						
(4)						
<u>(5)</u>						
(6)				1		
(7) (8)			\leftarrow			
(9)						
(10)						
			1			
Sec	curity provided by borrower			Purpose o	of loan	
(1)	,			•		
(2)						
(3)						
(4)						
(5)						
<u>(6)</u> <u>(7)</u>						
(8)						
(9)						
(10)						
		<u> </u>			ı	
Considera	ation furnished by lender	E b	Balance due at Deginning of year	Balance due a end of year		air market value (990-PF only)
<u>(1)</u>			871,317	680,3	339	
(2)						
(3)						
<u>(4)</u>						
<u>(5)</u> <u>(6)</u>						
(7)						
(8)						
(9)						
(10)						

871,317

680,339

Totals

Forms	Mor	tgages and Ot	her Notes Pay	able		
990 / 990-PF					/20/12	2012
Name	For calendar year 2012	, or tax year beginning	0//01/12 ,8	and ending 06	/30/13 Employer Iden	tification Number
NeighborImpa	at.				93-0884	929
					JJ-0004.	929
Form 990, Pa	rt X, Line 23	- Additiona	al Informat	ion		
	Name of lender			Relationship to dis	squalified persor	١
(1) Home Feder	al Bank					
(2)						
(4)						
(5)						
(6)						
(7) (8)						
(9)						
(10)						
Original amoun borrowed	t Date of loan	Maturity date	Re	epayment terms		Interest rate
(1)			Monthly p		of \$550	6.750
(2)						
(3)						
(4) (5)						
(6)						
(7)		DD/				
(8)			$+\Gamma$			
(9) (10)						
(10)						
				_		
s (1) Trust Deed	ecurity provided by borrowe	r		Purpose o	of Ioan	
(2)						
(3)						
(4)						
(5) (6)						
(7)						
(8)						
(9)						
(10)						
			Balance d	lue at	Bala	nce due at
	eration furnished by lender		beginning	of year		d of year
(1)			47	7,283		44,314
(2)						
(4)						
(5)						
(6)						
(7) (8)						
(9)						
(10)						

47,283

44,314

60036 NeighborImpact 93-0884929

FYE: 6/30/2013

Federal Statements

Taxable Interest on Investments



60036 NeighborImpact 93-0884929 FYE: 6/30/2013

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	E:	Total xpenses	ogram ervice	<u> </u>	gement & eneral	 Fund Raising
Contract services	\$	7,742	\$ 455	\$	10	\$ 7,277
Total	\$	7,742	\$ 455	\$	10	\$ 7,277

Form 990, Part IX, Line 24e - All Other Expenses

Description	E	Total Expenses	 Program Service	agement & General	Fund aising
Dues and other fees Janitorial	\$	12,780 10,290	\$ 9,497 10,290	\$ 2,606	\$ 677
Total	\$	23,070	\$ 19,787	\$ 2,606	\$ 677



60036 NeighborImpact 93-0884929

FYE: 6/30/2013

Federal Statements

Schedule A, Part II, Line 1(e)

Description		 Amount
Federal/State/Local Grants Other goods Contributions		\$ 700,849 8,395 512,414
Food inventory		13,155
Oregon Housing and Community Service Cash Contribution		4,516,970
U.S. Dept. of Health and Human Serv. Cash Contribution		1,374,966
State of Oregon - OPK Head Start Cash Contribution		2,903,958
State of Oregon - ODE Cash Contribution		220,580
Oregon Food Bank Cash Contribution		13,248
Food commodities - USDA		397,984
Food commodities	D D A E T	2,632,752
U.S. Dept. of Housing and Urban Cash Contribution	I)RAFI	298,121
Total		\$ 13,593,392

Schedule A, Part II, Line 12

Description	Amo	ount
Other program service income	\$ 3	63,437
Other income		35,376
Empty Bowls		25,757
Total	\$4	24,570

60036 NeighborImpact

93-0884929 FYE: 6/30/2013

Federal Statements

Empty Bowls

Other Direct Fundraising or Gaming Expenses

Description	Amount
Salaries and wages	\$ 24,647
Total	\$ 24,647

