

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

► **File a separate application for each return.**

► **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box. ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only. ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	NEIGHBORIMPACT	93-0884929
	Number, street, and room or suite number. If a P.O. box, see instructions.	Social security number (SSN)
	2303 SW FIRST STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	REDMOND, OR 97756-9608	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► SCOTT COOPER

Telephone No. ► (541) 548-2380 Fax No. ► _____

- If the organization does not have an office or place of business in the United States, check this box. ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box. ☐. If it is for part of the group, check this box. ☐ and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15, 20 15, to file the exempt organization return for the organization named above.
The extension is for the organization's return for:

- ☐ calendar year 20 ____ or
- ☒ tax year beginning 7/01, 20 13, and ending 6/30, 20 14.

2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning 7/01, 2013, and ending 6/30, 2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C NEIGHBORIMPACT 2303 SW FIRST STREET REDMOND, OR 97756-9608		D Employer Identification Number 93-0884929
	F Name and address of principal officer: SCOTT COOPER SAME AS C ABOVE		E Telephone number (541) 548-2380
	I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ▶ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 14,350,781.
	J Website: ▶ WWW.NEIGHBORIMPACT.ORG		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No,' attach a list. (see instructions)
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1985	M State of legal domicile: OR

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO SERVE THE ECONOMICALLY DISADVANTAGED OF CROOK, DESCHUTES AND JEFFERSON COUNTIES, OREGON, THROUGH DIRECT SERVICE, EDUCATION, HOUSING AND ADVOCACY.</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a).....	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b).....	4	15
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a).....	5	242
	6 Total number of volunteers (estimate if necessary).....	6	350
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12.....	7a	0.
	7b Net unrelated business taxable income from Form 990-T, line 34.....	7b	0.
	8 Contributions and grants (Part VIII, line 1h).....	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g).....	13,593,392.	13,419,732.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d).....	363,437.	254,291.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e).....	39,437.	38,712.
	12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12).....	-14,619.	638,046.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).....	13,981,647.	14,350,781.
	14 Benefits paid to or for members (Part IX, column (A), line 4).....	5,881,426.	6,450,390.
	Expenses	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).....	5,844,847.
16a Professional fundraising fees (Part IX, column (A), line 11e).....			
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 219,049.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e).....			
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25).....		2,335,529.	1,333,187.
19 Revenue less expenses. Subtract line 18 from line 12.....		14,061,802.	13,925,107.
20 Total assets (Part X, line 16).....		-80,155.	425,674.
Net Assets or Fund Balances	21 Total liabilities (Part X, line 26).....	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20.....	7,987,651.	8,539,961.
		366,402.	493,038.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer		Date	
	SCOTT COOPER		EXECUTIVE DIRECTOR	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed PTIN
	CANDACE S. FRONK	<i>Candace S. Fronk</i>	2/9/2015	P00051000
	Firm's name	HARRIGAN PRICE FRONK & CO. LLP		
	Firm's address	975 SW COLORADO AVE, SUITE 200 BEND, OR 97702		
		Firm's EIN ▶ 93-0620214		Phone no. (541) 382-4791

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III. ☒ **X****1** Briefly describe the organization's mission:TO SERVE THE ECONOMICALLY DISADVANTAGED OF CROOK, DESCHUTES AND JEFFERSON COUNTIES,
OREGON, THROUGH DIRECT SERVICE, EDUCATION, HOUSING AND ADVOCACY.**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? SEE SCHEDULE O☒ **X** Yes ☐ No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ 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 and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 4,318,179. including grants of \$) (Revenue \$ 140.)EDUCATION - NEIGHBORIMPACT'S HEADSTART AND OREGON PRE-KINDERGARTEN PROGRAM HELPED 516
CHILDREN BECOME SCHOOL READY. THREE- AND FOUR-YEAR OLDS LEARN LETTERS, NUMBERS,
COLORS AND SOCIAL-EMOTIONAL SKILLS ESSENTIAL TO BEING ABLE TO FULLY PARTICIPATE IN A
KINDERGARTEN ENVIRONMENT. PARTICIPANTS IN THE PROGRAM ARE SELECTED BASED ON
ELIGIBILITY CRITERIA FROM LOW-INCOME AND DISADVANTAGED FAMILIES, WITH SPECIAL
CONSIDERATION GIVEN TO CHILDREN WHO HAVE SUFFERED EARLY CHILDHOOD TRAUMA, EXTREME
POVERTY, FAMILY DISRUPTION OR DISABILITY. APPROXIMATELY 30% OF NEIGHBORIMPACT
HEADSTART PROGRAM IS FEDERALLY FUNDED WHILE THE REMAINING 70% IS STATE-FUNDED. THE
AGENCY OPERATED 24 CLASSROOMS IN CROOK AND DESCHUTES COUNTIES.**4b** (Code:) (Expenses \$ 3,453,238. including grants of \$ 3,453,238.) (Revenue \$ 1,244.)FOOD - NEIGHBORIMPACT AND ITS 44 PARTNER AGENCIES COLLECTED AND DISTRIBUTED
MILLION OF POUNDS OF FOOD THROUGHOUT CENTRAL OREGON. A TOTAL OF 41,463
INDIVIDUALS WERE SERVED. AS THE REGION'S FOOD BANK, NEIGHBORIMPACT PROVIDES
VITAL SUPPLEMENTAL ASSISTANCE TO INCOME-QUALIFIED HOUSEHOLDS, PREVENTING
HUNGER FOR CHILDREN, THE ELDERLY AND STRUGGLING WORKING-CLASS FAMILIES AND
INDIVIDUALS.**4c** (Code:) (Expenses \$ 2,438,469. including grants of \$ 2,438,469.) (Revenue \$)WEATHERIZATION & ENERGY EDUCATION/ASSISTANCE - NEIGHBORIMPACT IS CENTRAL OREGON'S
WEATHERIZATION PROVIDER FOR INCOME QUALIFIED HOUSEHOLDS. WEATHERIZATION INVOLVES
UPGRADES WHICH ARE NEEDED TO PROTECT A HOME FROM THE ELEMENTS, PARTICULARLY
PRECIPITATION AND WIND. THE BENEFITS OF WEATHERIZATION INCLUDE COST SAVINGS FOR
EXTREMELY COST BURDENED HOUSEHOLDS AND BENEFITS TO THE ENVIRONMENT OF REDUCED DEMAND
FOR ENERGY. THROUGH THIS PROGRAM, THE AGENCY ALSO PROVIDES ENERGY EDUCATION AVAILABLE
TO RESIDENTS OF CENTRAL OREGON, REGARDLESS OF INCOME.**4d** Other program services. (Describe in Schedule O.) SEE SCHEDULE O(Expenses \$ 1,916,962. including grants of \$ 558,683.) (Revenue \$ 253,537.)**4e** Total program service expenses **▶** 12,126,848.

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.	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
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.		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.	X	
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.		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 'Yes,' complete Schedule D, Part I.		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II.		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	X	
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 debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	X	
b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	X	
c Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.		X
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.		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X.		X
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.	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.		X
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.	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E.		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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.		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV.		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions).		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.		X
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H.		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II.</i>	21 X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If 'Yes,' complete Schedule I, Parts I and III.</i>	22 X	
23 Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J.</i>	23	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25a.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If 'Yes,' complete Schedule L, Part I.</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' complete Schedule L, Part I.</i>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28b	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If 'Yes,' complete Schedule M.</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If 'Yes,' complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete Schedule N, Part II.</i>	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I.</i>	33 X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a X	
b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	35b	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If 'Yes,' complete Schedule R, Part V, line 2.</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI.</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38 X	

BAA

Form 990 (2013)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V. ☐

		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1 a 126		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1 b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2 a 242		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O.	3 b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		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 Financial Accounts.			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		X
d If 'Yes,' indicate the number of Forms 8282 filed during the year.	7 d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9 a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12.	10 a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10 b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.	11 a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b		
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12 b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
Note. See the instructions for additional information the organization must report on Schedule O.			
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.	13 b		
c Enter the amount of reserves on hand.	13 c		
14 a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14 b		

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

Check if Schedule O contains a response or note to any line in this Part VI. ☒ **X**

Section A. Governing Body and Management

	Yes	No
1 a Enter the number of voting members of the governing body at the end of the tax year. 1 a 15		
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.		
b Enter the number of voting members included in line 1a, above, who are independent. 1 b 15		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7 a 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?	7 a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7 b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8 a X	
b Each committee with authority to act on behalf of the governing body?	8 b X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10 a Did the organization have local chapters, branches, or affiliates?	10 a	X
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?	10 b	
11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13.	12 a X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done.	12 c X	
13 Did the organization have a written whistleblower policy?	13 X	
14 Did the organization have a written document retention and destruction policy?	14 X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official. . . SEE SCHEDULE O	15 a X	
b Other officers of key employees of the organization. . . SEE SCHEDULE O	15 b X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a	X
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 taken steps to safeguard the organization's exempt status with respect to such arrangements?	16 b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► OR

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► SCOTT COOPER 2303 SW 1ST ST REDMOND OR 97756 (541) 548-2380

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** 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 organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUSAN BAILEY PRESIDENT	2 0	X		X				0.	0.	0.
(2) TONY DEBONE DIRECTOR	2 0	X						0.	0.	0.
(3) LAURA BEEBE DIRECTOR	2 0	X						0.	0.	0.
(4) SHARLENE WEED DIRECTOR	2 0	X						0.	0.	0.
(5) ANDRUS SOPER VICE PRESIDENT	0 0	X		X				0.	0.	0.
(6) EDWARD ONIMUS DIRECTOR	2 0	X						0.	0.	0.
(7) LINDA WALKER SECRETARY/TREAS	2 0	X		X				0.	0.	0.
(8) MIKE AHERN DIRECTOR	2 0	X						0.	0.	0.
(9) SUSAN BRAY DIRECTOR	2 0	X						0.	0.	0.
(10) CHAD CARPENTER DIRECTOR	2 0	X						0.	0.	0.
(11) WALT PONSFORD DIRECTOR	2 0	X						0.	0.	0.
(12) SHARON SMITH DIRECTOR	2 0	X						0.	0.	0.
(13) JOE HIGHT DIRECTOR	2 0	X						0.	0.	0.
(14) BRIAN CARMACK DIRECTOR	2 0	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) SETH CRAWFORD DIRECTOR	2 0	X						0.	0.	0.
(16) SCOTT COOPER EXECUTIVE DIRECTOR	40 0				X			100,006.	0.	0.
(17) JANET MERRELL EMERGENCY SERVICES DIRECTOR	40 0				X			75,466.	0.	0.
(18) SCOTT LAURAY CHIEF FINANCIAL OFFICER	40 0				X			72,120.	0.	0.
(19) PATTY WILSON DEPUTY DIRECTOR	40 0				X			65,520.	0.	0.
(20) BILL KEMP DEVELOPMENT DIRECTOR	40 0				X			64,560.	0.	0.
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total								377,672.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								377,672.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII. ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a 43,201.					
	b Membership dues.	1 b					
	c Fundraising events.	1 c					
	d Related organizations	1 d					
	e Government grants (contributions) . . .	1 e 9,620,895.					
	f All other contributions, gifts, grants, and similar amounts not included above . . .	1 f 3,755,636.					
	g Noncash contributions included in lines 1a-1f: \$	3,146,004.					
	h Total. Add lines 1a-1f.	▶ 13,419,732.					
PROGRAM SERVICE REVENUE	2 a <u>PROGRAM INCOME</u>		Business Code	254,291.	254,291.		
	b -----						
	c -----						
	d -----						
	e -----						
	f All other program service revenue.						
	g Total. Add lines 2a-2f.	▶ 254,291.					
	3 Investment income (including dividends, interest and other similar amounts).	▶ 38,712.			38,712.		
4 Income from investment of tax-exempt bond proceeds. . .	▶						
5 Royalties.	▶						
OTHER REVENUE	6 a Gross rents	(i) Real (ii) Personal					
	b Less: rental expenses						
	c Rental income or (loss) . . .						
	d Net rental income or (loss).	▶					
	7 a Gross amount from sales of assets other than inventory. . .	(i) Securities (ii) Other					
	b Less: cost or other basis and sales expenses						
	c Gain or (loss).						
	d Net gain or (loss).	▶					
	8 a Gross income from fundraising events (not including. . \$ _____ of contributions reported on line 1c). See Part IV, line 18.	a 35,001.					
	b Less: direct expenses.	b					
	c Net income or (loss) from fundraising events.	▶ 35,001.			35,001.		
	9 a Gross income from gaming activities. See Part IV, line 19.	a					
	b Less: direct expenses.	b					
	c Net income or (loss) from gaming activities.	▶					
	10 a 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		Business Code				
	11 a <u>HEALY HTS LOW-INC HOUSING</u>		603,045.	603,045.			
	b -----						
c -----							
d All other revenue							
e Total. Add lines 11a-11d.	▶ 603,045.						
12 Total revenue. See instructions.	▶ 14,350,781.	857,336.	0.	73,713.			

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	20,000.	20,000.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.	6,430,390.	6,430,390.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	377,672.	0.	313,112.	64,560.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	4,111,690.	3,683,194.	360,292.	68,204.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.				
10 Payroll taxes.	1,652,168.	1,370,628.	247,825.	33,715.
11 Fees for services (non-employees):				
a Management.				
b Legal.	2,442.		2,442.	
c Accounting.	33,416.		33,416.	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	84,532.	47,799.	36,693.	40.
12 Advertising and promotion.				
13 Office expenses.	195,151.	156,619.	19,515.	19,017.
14 Information technology.				
15 Royalties.				
16 Occupancy.	404,805.	295,777.	94,602.	14,426.
17 Travel.	221,984.	196,833.	22,198.	2,953.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	924.		924.	
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	103,646.	101,573.	2,073.	
23 Insurance.	45,156.	40,640.	4,516.	
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.)				
a OTHER EXPENSES	79,763.	69,938.	7,979.	1,846.
b TRAINING & RECRUITMENT	78,009.	64,412.	11,701.	1,896.
c PRINTING AND PUBLICATIONS	49,393.	34,322.	4,939.	10,132.
d DUES & FEES	33,966.	14,723.	16,983.	2,260.
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	13,925,107.	12,526,848.	1,179,210.	219,049.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	876,758.	1	752,360.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	977,225.	3	1,713,968.
	4 Accounts receivable, net	35,727.	4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	680,339.	7	609,608.
	8 Inventories for sale or use	90,272.	8	105,489.
	9 Prepaid expenses and deferred charges	85,167.	9	8,145.
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10 a 3,014,525.		
	b Less: accumulated depreciation	10 b 1,281,616.		
		1,726,158.	10 c	1,732,909.
	11 Investments — publicly traded securities		11	
	12 Investments — other securities. See Part IV, line 11	3,351,922.	12	3,453,399.
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	164,083.	15	164,083.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,987,651.	16	8,539,961.	
LIABILITIES	17 Accounts payable and accrued expenses	322,088.	17	451,866.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	44,314.	23	41,172.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D ..		25	
	26 Total liabilities. Add lines 17 through 25	366,402.	26	493,038.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,405,127.	27	2,490,115.
	28 Temporarily restricted net assets	4,504,335.	28	4,845,021.
	29 Permanently restricted net assets	711,787.	29	711,787.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	7,621,249.	33	8,046,923.
	34 Total liabilities and net assets/fund balances.	7,987,651.	34	8,539,961.

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Form 990 (2013)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI. ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,350,781.
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,925,107.
3	Revenue less expenses. Subtract line 2 from line 1.	3	425,674.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	7,621,249.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)).	10	8,046,923.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		
2 a Were the organization's financial statements compiled or reviewed by an independent accountant?..... 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant?..... 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c 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?..... If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3 a 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?.....	X	
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.	X	

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Form 990 (2013)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

NEIGHBORIMPACT

Employer identification number

93-0884929

Part I 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.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 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 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.
- a ☐ Type I b ☐ Type II c ☐ Type III – Functionally integrated d ☐ Type III – Non-functionally integrated
- e ☐ 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).
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box. _____
- g 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 (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

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

Schedule A (Form 990 or 990-EZ) 2013

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	15045772.	15353855.	15119252.	13593392.	13419732.	72,532,003.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
4 Total. Add lines 1 through 3	15045772.	15353855.	15119252.	13593392.	13419732.	72,532,003.
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).						0.
6 Public support. Subtract line 5 from line 4.						72,532,003.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4.	15045772.	15353855.	15119252.	13593392.	13419732.	72,532,003.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	24,885.	275,855.	32,308.	39,437.	38,712.	411,197.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10.						72,943,200.
12 Gross receipts from related activities, etc (see instructions)					12	892,967.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)).	14	99.44 %
15 Public support percentage from 2012 Schedule A, Part II, line 14.	15	99.43 %
16 a 33-1/3% support test — 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input checked="" type="checkbox"/>		
b 33-1/3% support test — 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
17 a 10%-facts-and-circumstances test — 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test — 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization. ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ <input type="checkbox"/>		

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.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants'.)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
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.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6.						
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.						
c 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 lns 9, 10c, 11 and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**. ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33-1/3% support tests – 2013. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐

b 33-1/3% support tests – 2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ☐

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

Part IV

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

[illegible]

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

► **Attach to Form 990, Form 990-EZ, or Form 990-PF**
► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

NEIGHBORIMPACT

Employer identification number

93-0884929

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- ☒ 501(c)(3) (enter number) organization
☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules

- ☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. ► \$

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization NEIGHBORIMPACT	Employer identification number 93-0884929
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	OREGON HOUSING & COMMUNITY SERVICES 725 SUMMER ST NE STE B SALEM, OR 97301	\$ 2,329,613.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	US DEPT OF HEALTH & HUMAN SERVICES 2201 6TH AVE SEATTLE, WA 98121	\$ 1,268,753.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	US DEPT OF HOUSING & URBAN DEV 909 FIRST AVE STE 200 SEATTLE, WA 98104	\$ 507,804.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	CHILD CARE RESOURCES & REFERRAL 1515 N COURTHOUSE RD 11TH FL ARLINGTON, VA 22201	\$ 439,956.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	OREGON FOOD BANK P O BOX 55370 PORTLAND, OR 97238	\$ 3,146,004.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Employer identification number

93-0884929

organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

► \$ N/A

\$ N/A

BAA Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

OMB No. 1545-0047

2013

Open to Public Inspection

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.

Name of organization	Employer identification number
NEIGHBORIMPACT	93-0884929

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures \$ ▶
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. \$ 0.
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955. \$ 0.
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
- 4 a Was a correction made? ☐ Yes ☐ No
b If 'Yes,' describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities. \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities. \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. \$
- 4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2013

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check ☐ if the filing organization checked box A and 'limited control' provisions apply.

Limits on Lobbying Expenditures (The term 'expenditures' means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1 a Total lobbying expenditures to influence public opinion (grass roots lobbying)															
b Total lobbying expenditures to influence a legislative body (direct lobbying)		385.													
c Total lobbying expenditures (add lines 1a and 1b)		385.	0.												
d Other exempt purpose expenditures		13,924,722.													
e Total exempt purpose expenditures (add lines 1c and 1d)		13,925,107.	0.												
f Lobbying nontaxable amount. Enter the amount from the following table in both columns		846,255.													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		211,564.	0.												
h Subtract line 1g from line 1a. If zero or less, enter -0-		0.	0.												
i Subtract line 1f from line 1c. If zero or less, enter -0-		0.	0.												
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2 a Lobbying non-taxable amount	856,642.	932,839.	865,151.	846,255.	3,500,887.
b Lobbying ceiling amount (150% of line 2a, column (e))					5,251,331.
c Total lobbying expenditures	44.	2,326.	365.	385.	3,120.
d Grassroots nontaxable amount	216,288.	233,210.	214,161.	211,564.	875,223.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,312,835.
f Grassroots lobbying expenditures					0.

BAA

Schedule C (Form 990 or 990-EZ) 2013

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each 'Yes' response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
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?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i.			
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	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No' OR (b) Part III-A, line 3, is answered 'Yes.'

1 Dues, assessments and similar amounts from members.	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).		
a Current year	2 a	
b Carryover from last year.	2 b	
c Total.	2 c	
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

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013**Open to Public
Inspection**

Employer identification number

NEIGHBORIMPACT

93-0884929

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part II Conservation Easements.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2 a
b Total acreage restricted by conservation easements	2 b
c Number of conservation easements on a certified historic structure included in (a)	2 c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2 d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8 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)?

☐ Yes ☐ No

9 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.

1 a 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. **SEE PART XIII**

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

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☒ Yes ☐ No
- b If 'Yes,' explain the arrangement in Part XIII and complete the following table:
- SEE PART XIII
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1 c |
| d Additions during the year | 1 d |
| e Distributions during the year | 1 e |
| f Ending balance | 1 f 0. |
- 2 a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☒ No
- b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. ☐

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1 a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ☐ %
- b Permanent endowment ☐ %
- c Temporarily restricted endowment ☐ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3 a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land		654,357.		654,357.
b Buildings		1,303,116.	438,508.	864,608.
c Leasehold improvements				
d Equipment		1,057,052.	843,108.	213,944.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,732,909.

BAA

Schedule D (Form 990) 2013

Part VII Investments – Other Securities.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives.....		
(2) Closely-held equity interests.....	1,678,399.	COST
(3) Other <u>CERTIFICATES OF DEPOSIT</u>	1,775,000.	COST
(A) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ▶	3,453,399.	

Part VIII Investments – Program Related.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶		

Part IX Other Assets.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII. **SEE PART XIII.** ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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:			
	a Net unrealized gains on investments.....	2 a		
	b Donated services and use of facilities.....	2 b		
	c Recoveries of prior year grants.....	2 c		
	d Other (Describe in Part XIII.).....	2 d		
	e Add lines 2a through 2d.....	2 e		
3	Subtract line 2e from line 1.....		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b.....	4 a		
	b Other (Describe in Part XIII.).....	4 b		
	c Add lines 4a and 4b.....	4 c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).....		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

N/A

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

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:			
	a Donated services and use of facilities.....	2 a		
	b Prior year adjustments.....	2 b		
	c Other losses.....	2 c		
	d Other (Describe in Part XIII.).....	2 d		
	e Add lines 2a through 2d.....	2 e		
3	Subtract line 2e from line 1.....		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b.....	4 a		
	b Other (Describe in Part XIII.).....	4 b		
	c Add lines 4a and 4b.....	4 c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).....		5	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART III, LINE 1A - F/S FOOTNOTE FOR ART, TREASURES, ETC.

THE AGENCY OWNS A SIGNIFICANT PIECE OF ARTWORK, DISPLAYED AT ITS MAIN HEADQUARTERS, VALUED AT \$10,000 BY THE ARTIST. THE PIECE IS ENTITLED "BUILDING OUR OWN" AND WAS PAINTED IN 1991. THE ARTIST IS ARVIE SMITH.

PART IV, LINE 1B - CONTRIBUTIONS OR OTHER ASSETS NOT INCLUDED ON B/S

THE AGENCY PROVIDES FINANCIAL EDUCATION TO CLIENTS. FINANCIAL EDUCATION HAS BEEN DEEMED BY THE IRS TO QUALIFY AS CREDIT COUNSELING. THE AGENCY DOES NOT PROVIDE DEBT MANAGEMENT, CREDIT REPAIR OR DEBT NEGOTIATIONS SERVICES.

BAA

Schedule D (Form 990) 2013

Part XIII Supplemental Information (continued)**PART X - FIN 48 FOOTNOTE**

THE ORGANIZATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES, WITH THE EXCEPTION OF FEDERAL TAXES FOR NET PROFITS ON UNRELATED BUSINESS INCOME, UNDER INTERNAL REVENUE CODE SECTION 501(C)(3).

REGARDING UNCERTAIN INCOME TAX POSITIONS, THE ORGANIZATION WILL RECOGNIZE IN ITS FINANCIAL STATEMENTS THE BENEFIT OF A TAX POSITION WHEN IT BELIEVES THAT TAX POSITION WILL MORE LIKELY THAN NOT BE SUSTAINED ON AUDIT BASED ON THE TECHNICAL MERITS OF THE POSITION. FOR AN EXEMPT ORGANIZATION, UNCERTAIN TAX POSITIONS COULD RESULT FROM UNRELATED BUSINESS INCOME ACTIVITIES OR ACTIONS THAT JEOPARDIZE ITS STATUS AS TAX-EXEMPT, SUCH AS POLITICAL ACTIVITY, SUBSTANTIAL LOBBYING EXPENDITURES OR EXCESSIVE UNRELATED BUSINESS ACTIVITIES. THE ORGANIZATION HAS CONCLUDED THAT IT HAD NO UNRECOGNIZED INCOME TAX BENEFITS AT JUNE 30, 2014, OR JUNE 30, 2013, AND IT HAS NO TAX POSITIONS FOR WHICH IT ESTIMATES A SIGNIFICANT CHANGE OVER THE NEXT 12 MONTHS.

THE ORGANIZATION IS SUBJECT TO EXAMINATION BY STATE AND FEDERAL TAX AUTHORITIES.

WITH FEW EXCEPTIONS, THE ORGANIZATION IS NO LONGER SUBJECT TO EXAMINATION BY MAJOR TAXING AUTHORITIES FOR YEAR BEFORE 2010.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**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.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

NEIGHBORIMPACT

Employer identification number

93-0884929

Part I

Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☒ Mail solicitations
b ☒ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☒ Solicitation of non-government grants
f ☒ Solicitation of government grants
g ☒ Special fundraising events

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? ☐ Yes ☒ No

b 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						0.

3 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.

Part II 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.

REVENUE		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		EMPTY BOWLS (event type)	(event type)	NONE (total number)	(add column (a) through column (c))
	1 Gross receipts.....	35,001.			35,001.
	2 Less: Charitable contributions.....				
	3 Gross income (line 1 minus line 2).....	35,001.			35,001.
DIRECT EXPENSES	4 Cash prizes.....				
	5 Noncash prizes.....				
	6 Rent/facility costs.....				
	7 Food and beverages.....				
	8 Entertainment.....				
	9 Other direct expenses.....				
	10 Direct expense summary. Add lines 4 through 9 in column (d).....				
	11 Net income summary. Subtract line 10 from line 3, column (d).....				35,001.

Part III 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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(add column (a) through column (c))
	1 Gross revenue.....				
DIRECT EXPENSES	2 Cash prizes.....				
	3 Noncash prizes.....				
	4 Rent/facility costs.....				
	5 Other direct expenses.....				
	6 Volunteer labor.....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d).....				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d).....				

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?..... ☐ Yes ☐ No

b If 'No,' explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?..... ☐ Yes ☐ No

b If 'Yes,' explain: _____

- 11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If 'Yes,' enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If 'Yes,' enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____.

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

NEIGHBORIMPACT

Employer identification number

93-0884929

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☒ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) REDEMPTION HOUSE 780 E FIRST ST PRINEVILLE, OR 97754	46-2175446	501 (C) (3)	20,000.	0.			DEVELOPMENT OF WARMING SHELTER
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 1
- 3 Enter total number of other organizations listed in the line 1 table. 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(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
1 EMERGENCY SERV LIEAP/OEA	7,000	2,438,469.			
2 FOOD PROGRAMS	40,000		3,453,238.	COST	FOOD
3 WEATHERIZATION PROGRAMS	120	538,683.			
4					
5					
6					
7					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

- ▶ Complete if the organizations answered 'Yes' on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open To Public
Inspection**

Name of the organization

NEIGHBORIMPACT

Employer identification number

93-0884929

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution 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, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	X	3,000	3,146,004.	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (.....)				
26 Other ▶ (.....)				
27 Other ▶ (.....)				
28 Other ▶ (.....)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Yes No

30a

X

31

X

32a

X

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2013

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

OMB No. 1545-0047

2013

**Open to Public
Inspection**

NEIGHBORIMPACT

Employer identification number

93-0884929

FORM 990, PART III, LINE 2 - NEW SERVICES

THE AGENCY ENTERED INTO A PARTNERSHIP WITH THE OREGON DEPT. OF HUMAN SERVICES TO
PROVIDE CASEWORK AND SUPPORTIVE SERVICES TO FAMILIES WHO BUT FOR HOUSING ARE UNABLE
TO REUNITE WITH THEIR NATURAL CHILDREN OR WHO ARE AT EMINENT RISK OF LOSING CUSTODY
OF THEIR CHILDREN. DHS REIMBURSES THE COST OF A CASEWORKER TO ASSIST THESE FAMILIES.
NEIGHBORIMPACT PROVIDES THE SUPERVISION.

NEIGHBORIMPACT APPLIED FOR AND RECEIVED A GRANT OF \$25,000 FOR THE PURPOSE OF
SUPPORTING MICRO-ENTERPRISE BUSINESS BY INCOME-QUALIFIED INDIVIDUALS. FUNDS WILL BE
TARGETED TO SUPPORT REGISTERED CHILDCARE PROVIDERS IN EXPANDING THEIR BUSINESSES AND
TO ASSIST INDIVIDUALS ENROLLED IN SAVING FOR BUSINESS START-UPS THROUGH THE
AGENCY-SUPPORTED ACCELERATED SAVINGS PROGRAM.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

LENDING - NEIGHBORIMPACT MAINTAINS A SMALL LENDING PROGRAM, WHICH PROVIDES
LOW-INTEREST AND DEFERRED LOANS TO INDIVIDUALS FOR PURPOSES OF REHABING POOR
QUALITY HOUSING AND REPLACING FAILING SEPTICS TANKS FOR INCOME QUALIFIED INDIVIDUALS
AND SUPPORTING THE DEVELOPMENT OF SMALL BUSINESSES BY LOW-INCOME INDIVIDUALS.

CURRENTLY, THE AGENCY IS SERVICING APPROXIMATELY 185 LOANS THROUGHOUT THE TRI-COUNTY
AREA. ADDITIONALLY, THE AGENCY MANAGES A SMALL COMMUNITY LAND TRUSTS IN JEFFERSON
COUNTY, OREGON, HELPING MAINTAIN THE SUPPLY OF AFFORDABLE HOUSING IN THAT COMMUNITY.

HOMESOURCE - NEIGHBORIMPACT PROVIDES COACHING SERVICES TO CLIENTS ACROSS THE INCOME
SPECTRUM DESIGNED TO TAKE THE MYSTERY OUT OF THE HOME BUYING PROCESS AND STRENGTHEN
INDIVIDUAL KNOWLEDGE OF HOW TO MANAGE INDIVIDUAL AND FAMILY FINANCES. THROUGH THIS
PROGRAM, THE AGENCY ALSO OFFERS REVERSE MORTGAGE COUNSELING, FORECLOSURE PREVENTION
SERVICES AND MORTGAGE ASSISTANCE. SOME INDIVIDUALS ARE SUPPORTED THROUGH THE

Name of the organization

NEIGHBORIMPACT

Employer identification number

93-0884929

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

AGENCY-SPONSORED ACCELERATED SAVINGS PROGRAM, WHICH ALLOWS INDIVIDUALS TO MATCH SAVINGS 3-1 TO A MAXIMUM OF \$8,0000. SAVINGS MAY BE USED TO SUPPORT EDUCATION, HOMEOWNERSHIP, SMALL BUSINESS START UP OR ACQUISITION OF CERTAIN TYPES OF TECHNOLOGY NEEDED TO REMAIN IN THE WORKFORCE. APPROXIMATELY 641 INDIVIDUALS WERE SERVED THROUGH HOMESOURCE LAST YEAR. SINCE INCEPTION, FORECLOSURE PREVENTION PROGRAM HAS KEPT MORE THAN 1,000 HOMEOWNERS IN THEIR HOMES IN THE CENTRAL OREGON REGION.

HOUSING - NEIGHBORIMPACT PROVIDES HOUSING THROUGH DIRECT PAYMENT OF RENTS AND MANAGEMENT OF A TEMPORARY SHELTER, NANCY'S HOUSE, WHICH CAN ACCOMMODATE UP TO FIVE FAMILIES SIMULTANEOUSLY. THE AGENCY ALSO PROVIDES CASEWORK TO HELP FAMILIES MOVE TO PERMANENT, STABLE HOUSING. APPROXIMATELY 125 FAMILIES WERE ASSISTED LAST YEAR IN MOVING FROM HOMELESSNESS INTO HOUSING. A TOTAL OF 558 INDIVIDUALS WERE ASSISTED. NEIGHBORIMPACT PROVIDES ADMINISTRATIVE SUPPORT TO THE HUD CONTINUUM OF CARE FOR CROOK, DESCHUTES AND JEFFERSON COUNTIES, WORKING TO PREVENT AND ADDRESS THE ROOT CAUSES OF HOMELESSNESS. THE CONTINUUM OF CARE CONDUCTS THE ONE-NIGHT HOMELESS COUNT FOR THE REGION, FOR WHICH NEIGHBORIMPACT PROVIDE DATA AND LOGISTICAL MANAGEMENT SUPPORT. THE AGENCY ALSO PARTNERS WITH THE OREGON DEPT. OF HUMAN SERVICE TO FIND AND MAINTAIN HOUSING FOR FAMILIES WHO BUT FOR HOUSING ARE EITHER UNABLE TO REGAIN CUSTODY OF THEIR CHILDREN OR WHO ARE AT EMINENT RISK OF LOSING CUSTODY OF THEIR CHILDREN. LASTLY, THE AGENCY PROVIDES FINANCIAL AND DATA SUPPORT TO OTHER NONPROFIT ORGANIZATIONS IN THE REGION ENGAGED IN THE PROVISION OF TEMPORARY SHELTER. THE AGENCY ALSO PROVIDES A "READY TO RENT" HELPING INDIVIDUALS WHO HAVE PREVIOUSLY BEEN EVICTED LEARN SKILLS NECESSARY TO REGAIN ACCESS TO THE RENTAL MARKET.

Name of the organization

NEIGHBORIMPACT

Employer identification number

93-0884929

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

REVIEWED BY MANAGEMENT AND THE BOARD OF DIRECTORS

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO, TOP MANAGEMENT

COMPENSATION PROCESS FOR TOP OFFICIAL- 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 IN 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 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 REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

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 IN 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,

Name of the organization

NEIGHBORIMPACT

Employer identification number

93-0884929

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES (CO

UNITED STATES CODE.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

AVAILABLE UPON REQUEST

SCHEDULE R
(Form 990)Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

- Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
► Attach to Form 990. ► See separate instructions.
► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013**Open to Public
Inspection**

Name of the organization

NEIGHBORIMPACT

Employer identification number

93-0884929

Part I Identification of Disregarded Entities Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) HEALY HEIGHTS PARTNER LLC 2303 SW FIRST ST REDMOND, OR 97756 93-0884929	AFFORDABLE HOUSING	OR	603,045.	1,678,399.	N/A
(2)					
(3)					

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(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 status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) COMMUNITY ACTION FOUNDATION OF CEN 2303 SW FIRST ST REDMOND, OR 97756 93-1030288	RENTAL FOR SUPPORTED ORG	OR	501 (C) (3)	509 (A) (3)	NEIGHBOR IMPACT	X	
(2)							
(3)							
(4)							

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(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 total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
SEE PART VII												
(1) DESCHUTES FAMILY 2303 SW FIRST ST REDMOND, OR 9775 93-1127834	AFFORDABLE HOUSING	OR	COMM ACTION FOUND CO	EXCLUDED	603,045.	1,678,399.		X	N/A		X	99.00
(2) -----												
(3) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(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 end-of- year assets	(h) Percentage ownership	(i) Sec 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									

Part V Transactions With Related Organizations Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity.....		X
b Gift, grant, or capital contribution to related organization(s).....		X
c Gift, grant, or capital contribution from related organization(s).....		X
d Loans or loan guarantees to or for related organization(s).....	X	
e Loans or loan guarantees by related organization(s).....		X
f Dividends from related organization(s).....		X
g Sale of assets to related organization(s).....		X
h Purchase of assets from related organization(s).....		X
i Exchange of assets with related organization(s).....		X
j Lease of facilities, equipment, or other assets to related organization(s).....		X
k Lease of facilities, equipment, or other assets from related organization(s).....	X	
l Performance of services or membership or fundraising solicitations for related organization(s).....		X
m Performance of services or membership or fundraising solicitations by related organization(s).....		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).....		X
o Sharing of paid employees with related organization(s).....		X
p Reimbursement paid to related organization(s) for expenses.....		X
q Reimbursement paid by related organization(s) for expenses.....		X
r Other transfer of cash or property to related organization(s).....		X
s Other transfer of cash or property from related organization(s).....		X

2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) COMMUNITY ACTION FOUNDATION OF CENT OR	D	164,083.	LOAN BALANCE
(2) COMMUNITY ACTION FOUNDATION OF CENT OR	K	12,998.	AMOUNT PAID
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered 'Yes' on 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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unre- lated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 Form (1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) _____ _____ _____													
(2) _____ _____ _____													
(3) _____ _____ _____													
(4) _____ _____ _____													
(5) _____ _____ _____													
(6) _____ _____ _____													
(7) _____ _____ _____													
(8) _____ _____ _____													

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

PART III - PARTNERSHIP FULL NAME, ADDRESS, FEIN

DESCUTES FAMILY HOUSING LP 93-1127834 2303 SW FIRST ST REDMOND, OR

97756

CT-12**For Oregon Charities****Charitable Activities Section
Oregon Department of Justice**1515 SW 5th Avenue, Suite 410
Portland, OR 97201-5451
Email: charitable.activities@doj.state.or.us
Website: <http://www.doj.state.or.us>VOICE (971) 673-1880
TTY (800) 735-2900
FAX (971) 673-1882

For Accounting Periods Beginning in:

2013**Section I. General Information**

1. Cross Through Incorrect Items and Correct Here:
-
- (See instructions for change of name or accounting period.)

Registration #: 13460

Organization Name: NeighborImpact

Address: 2303 SW First St

City, State, Zip: Redmond, OR 97756

Phone: 541-548-2380

Fax:

Amended

Email:

Report?

Period Beginning: 07 / 01 / 2013 Period Ending: 06 / 30 / 2014 ☐

2. Did a certified public accountant audit your financial records? - If yes, attach a copy of the auditor's report, financial statements, accompanying notes, schedules, or other documents supplementing the report or financial statements. ☒ Yes ☐ No
3. Is the organization a party to a contract involving person-to-person, advertising, vending machine or telephone fund-raising in Oregon? ☐ Yes ☒ No
If yes, write the name of the fund-raising firm(s) who conducts the campaign(s): _____
4. Has the organization or any of its officers, directors, trustees, or key employees ever signed a voluntary agreement with any government agency, such as a state attorney general, secretary of state, or local district attorney, or been a party to legal action in any court or administrative agency regarding charitable solicitation, administration, management, or fiduciary practices? If yes, attach explanation of each such agreement or action. See instructions. ☐ Yes ☒ No
5. During this reporting period, did the organization amend its articles of incorporation, bylaws, or trust documents, OR did the organization receive a determination letter from the Internal Revenue Service relating to its tax-exempt status? If yes, attach a copy of the amended document or letter. ☐ Yes ☒ No
6. Is the organization ceasing operations and is this the final report? (If yes, see instructions on how to close your registration.) ☐ Yes ☒ No
7. Provide contact information for the person responsible for retaining the organization's records.

Name	Position	Phone	Mailing Address & Email Address
Scott Cooper	Secretary	541-548-2380	2303 SW First St, Redmond OR 97756

8. List of Officers, Directors, Trustees and Key Employees – List each person who held one of these positions at any time during the year even if they did not receive compensation. Attach additional sheets if necessary. If an attached IRS form includes substantially the same compensation information, the phrase "See IRS Form" may be entered in lieu of completing that section. (Oregon law requires a minimum of three directors.)

(A) Name, mailing address, daytime phone number and email address		(B) Title & average weekly hours devoted to position	(C) Compensation (enter \$0 if position unpaid)
Name:	See Form 990		
Address:	-----		
Phone:	() -----		
Email:	-----		
Name:	-----		
Address:	-----		
Phone:	() -----		
Email:	-----		
Name:	-----		
Address:	-----		
Phone:	() -----		
Email:	-----		

Section II. Fee Calculation

9.	Total Revenue..... (From Line 12 (current year) on Form 990; Line 9 on Form 990-EZ; Part I, Line 12a on Form 990-PF; Line 9 on Form 1041; or see page 3 of the instructions if no federal tax return was prepared. Attach explanation if Total Revenue is \$0.)	9.	\$14,350,781.00																		
10.	Revenue Fee..... (See chart below. Minimum fee is \$10, even if total revenue is a negative amount.)	10.	\$200.00																		
<table border="1"> <thead> <tr> <th>Amount on Line 9</th> <th>Revenue Fee</th> </tr> </thead> <tbody> <tr><td>\$0 - \$24,999</td><td>\$10</td></tr> <tr><td>\$25,000 - \$49,999</td><td>\$25</td></tr> <tr><td>\$50,000 - \$99,999</td><td>\$45</td></tr> <tr><td>\$100,000 - \$249,999</td><td>\$75</td></tr> <tr><td>\$250,000 - \$499,999</td><td>\$100</td></tr> <tr><td>\$500,000 - \$749,999</td><td>\$135</td></tr> <tr><td>\$750,000 - \$999,999</td><td>\$170</td></tr> <tr><td>\$1,000,000 or more</td><td>\$200</td></tr> </tbody> </table>				Amount on Line 9	Revenue Fee	\$0 - \$24,999	\$10	\$25,000 - \$49,999	\$25	\$50,000 - \$99,999	\$45	\$100,000 - \$249,999	\$75	\$250,000 - \$499,999	\$100	\$500,000 - \$749,999	\$135	\$750,000 - \$999,999	\$170	\$1,000,000 or more	\$200
Amount on Line 9	Revenue Fee																				
\$0 - \$24,999	\$10																				
\$25,000 - \$49,999	\$25																				
\$50,000 - \$99,999	\$45																				
\$100,000 - \$249,999	\$75																				
\$250,000 - \$499,999	\$100																				
\$500,000 - \$749,999	\$135																				
\$750,000 - \$999,999	\$170																				
\$1,000,000 or more	\$200																				
11.	Net Assets or Fund Balances at End of the Reporting Period..... (From Line 22 (end of year) on Form 990, Line 21 on Form 990-EZ, or Part III, Line 6 on Form 990-PF; or see page 3 of CT-12 instructions to calculate.)	11.	\$8,046,923.00																		
12.	Net Fixed Assets Used to Conduct Charitable Activities..... (Generally, from Part X, Line 10c on Form 990, Line 23B on Form 990-EZ or Part II, Line 14b on Form 990-PF; or see page 4 of CT-12 instructions to calculate. See instructions if organization owns income-producing.)	12.	\$1,732,909.00																		
13.	Amount Subject to Net Assets or Fund Balances Fee..... (Line 11 minus Line 12. If Line 11 minus Line 12 is less than \$50,000, write \$0.)	13.	\$6,314,014.00																		
14.	Net Assets or Fund Balances Fee..... (Line 13 multiplied by .0001. If the fee is less than \$5, enter \$0. Not to exceed \$1,000. Round cents to the nearest whole dollar.)	14.	\$631.00																		
15.	Are you filing this report late? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No..... (If yes, the late fee is a minimum of \$20. You may owe more depending on how late the report is. See Instruction 15 for additional information or contact the Charitable Activities Section at (971) 673-1880 to obtain late fee amount.)	15.																			
16.	Total Amount Due..... (Add Lines 10, 14, and 15. Make check payable to the Oregon Department of Justice.)	16.	\$831.00																		

17. Attach a copy of the organization's federal 990 or other return and all supporting schedules and attachments that were filed with the IRS with the exception that Form 990 & 990EZ filers do not need to attach a copy of their Schedule B. Also, if the organization did not file with the IRS or filed a 990-N, but had Total Revenue of \$25,000 or more, or Net Assets or Fund Balances of \$50,000 or more, see the instructions as the organization may be required to complete certain IRS forms for Oregon purposes only. If the attached return was not filed with the IRS, then mark any such return as "For Oregon Purposes Only." If your organization files IRS Form 990-N (e-Postcard) please attach a copy or confirmation of its filing

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including all accompanying forms, schedules, and attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

⇒

Signature of officer

Date

Title

Paid Preparer's Use Only

⇒

Preparer's signature

Date

Phone

Candace Fronk, Harrigan Price Fronk & Co LLP
Preparer's name

975 SW Colorado Ave Ste 200, Bend OR 97702
Address

JAN 29 2015

541-382-4791

NEIGHBORIMPACT

CONSOLIDATED FINANCIAL STATEMENTS AND SUPPLEMENTAL INFORMATION
YEAR ENDED JUNE 30, 2014

NEIGHBORIMPACT

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INDEPENDENT AUDITORS' REPORT

John P. Harrigan, CPA

Wesley B. Price III, CPA

Candace S. Fronk, CPA

Kara L. Pardue, CPA

Karen C. Anderson, CPA

To the Board of Directors
NeighborImpact
Redmond, Oregon

We have audited the accompanying financial statements of NeighborImpact (a nonprofit organization), which comprise the statement of financial position as of June 30, 2014, and the related statements of activities, functional expenses and cash flows for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

975 SW Colorado
Suite 200
Bend, OR 97702

Tel (541) 382-4791
Fax (541) 388-1124

www.bendcpa.com
email@bendcpa.com

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Audit Standards, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of NeighborImpact, as of June 30, 2014, and the changes in

its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards*, we have also issued our report dated December 29, 2014, on our consideration of the Organization's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be considered in assessing the results of our audit.

Other Matters

Other Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental information, as listed in the table of contents, is presented for purposes of additional analysis and is not a required part of the financial statements. Such information has not been subjected to the auditing procedures applied in the audit of the basic financial statements and, accordingly, we express no opinion on it.

The accompanying schedule of expenditures of federal awards is presented for purposes of additional analysis as required by U.S. Office of Management and Budget Circular A-133, *Audits of States, Local Governments, and Non-Profit Organizations*, and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Prior-Year Summarized Comparative Information

NeighborImpact's 2013 financial statements were audited by other auditors and they expressed an unmodified opinion on them in their report dated January 21, 2014. In our opinion, the summarized comparative information provided herein as of and for the year ended June 30, 2013, is consistent, in all material respects, with the audited financial statements from which it has been derived.

Harrigan Price Frunk & Co. LLP

December 29, 2014



FINANCIAL STATEMENTS

NEIGHBORIMPACT

CONSOLIDATED STATEMENT OF FINANCIAL POSITION

JUNE 30, 2014

(WITH COMPARATIVE TOTALS FOR JUNE 30, 2013)

	Totals	
	2014	2013
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	\$ 2,565,315	\$ 1,439,528
Short-term investments		425,000
Accounts receivable		629
Grants receivable	1,713,968	977,225
Prepaid expenses and other current assets	8,145	85,167
Food inventory	105,489	90,272
TOTAL CURRENT ASSETS	4,392,917	3,017,821
OTHER ASSETS		
Long-term investments	1,775,000	1,775,000
Restricted notes receivable	261,071	339,651
Other notes receivable, net of deferred portion	348,537	376,415
TOTAL OTHER ASSETS	2,384,608	2,491,066
FIXED ASSETS, net of accumulated depreciation	2,077,247	4,237,661
INTANGIBLE ASSETS, net of accumulated amortization		25,398
TOTAL ASSETS	\$ 8,854,772	\$ 9,771,946
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Accounts payable	\$ 208,235	\$ 169,386
Accrued expenses	235,796	142,879
Escrow liability	7,835	9,894
Security deposits		44,113
Current portion of long-term debt	3,396	42,863
TOTAL CURRENT LIABILITIES	455,262	409,135
LONG TERM DEBT, net of current portion	37,776	1,421,401
TOTAL LIABILITIES	493,038	1,830,536
NET ASSETS		
Unrestricted	2,555,316	2,466,280
Temporarily restricted	5,094,631	4,763,343
Permanently restricted	711,787	711,787
TOTAL NET ASSETS	8,361,734	7,941,410
TOTAL LIABILITIES AND NET ASSETS	\$ 8,854,772	\$ 9,771,946

See independent auditors' report and notes to financial statements

NEIGHBORIMPACT

CONSOLIDATED STATEMENT OF ACTIVITIES YEAR ENDED JUNE 30, 2014 (WITH COMPARATIVE TOTALS FOR THE JUNE 30, 2013)

	Unrestricted	Temporarily Restricted	Permanently Restricted	Totals	
				2014	2013
SUPPORT AND REVENUE					
Federal grants	\$	\$ 5,189,510	\$	\$ 5,189,510	\$ 5,027,759
State and local grants		4,431,385		4,431,385	5,000,933
Contributions	192,045	3,606,792		3,798,837	3,610,355
Program revenue		244,089		244,089	363,437
Rental income	215,296	41,821		257,117	484,872
Interest income	38,955			38,955	39,573
Other revenue	45,905			45,905	69,640
Gain on sale of assets	619,117			619,117	
Net assets, released from restrictions	13,182,309	(13,182,309)			
Total Support and Revenues	14,293,627	331,288		14,624,915	14,596,569
EXPENSES					
Program services					
Health and welfare	12,787,790			12,787,790	13,880,758
Support services					
Management and general	1,197,750			1,197,750	633,598
Fundraising	219,051			219,051	166,282
Total Expenses	14,204,591			14,204,591	14,680,638
CHANGE IN NET ASSETS	89,036	331,288		420,324	(84,069)
NET ASSETS - Beginning of year	2,466,280	4,763,343	711,787	7,941,410	8,025,479
NET ASSETS - End of year	\$ 2,555,316	\$ 5,094,631	\$ 711,787	\$ 8,361,734	\$ 7,941,410

See independent auditors' report and notes to financial statements

NEIGHBORIMPACT

CONSOLIDATED STATEMENT OF FUNCTIONAL EXPENSES YEAR ENDED JUNE 30, 2014 (WITH COMPARATIVE TOTALS FOR THE YEAR ENDED JUNE 30, 2013)

	Support Services		Program Services	Totals	
	Management and General	Fundraising	Health and Welfare	2014	2013
PERSONNEL					
Salaries and wages	\$ 673,404	\$ 132,765	\$ 3,706,934	\$ 4,513,103	\$ 4,311,571
Payroll taxes and benefits	247,825	33,715	1,370,628	1,652,168	1,607,904
Total Personnel	921,229	166,480	5,077,562	6,165,271	5,919,475
MATERIALS AND SERVICES					
Printing	4,939	10,133	34,322	49,394	35,707
Office expenses	20,867	19,017	157,994	197,878	198,474
Interest	924		44,114	45,038	50,553
Insurance	4,516		45,454	49,970	59,702
Professional fees	69,571		11,863	81,434	43,015
Contract services	4,568	40	41,076	45,684	7,742
Repairs and maintenance	26,199		91,943	118,142	201,005
Client assistance			6,450,389	6,450,389	7,129,934
Transportation and lodging	22,198	2,953	196,834	221,985	213,231
Rent	48,058	10,205	135,168	193,431	127,377
Janitorial	2,448	651	21,382	24,481	10,290
Utilities and telephone	18,684	3,570	131,810	154,064	174,921
Training and recruitment	12,503	1,896	65,979	80,378	51,447
Dues and fees	17,541	2,260	26,590	46,391	12,780
Other	7,977	1,846	75,096	84,919	158,170
Total materials and services	260,993	52,571	7,530,014	7,843,578	8,474,348
Total expenses before depreciation	1,182,222	219,051	12,607,576	14,008,849	14,393,823
Depreciation	15,528		180,214	195,742	286,815
TOTAL EXPENSES	\$ 1,197,750	\$ 219,051	\$ 12,787,790	\$ 14,204,591	\$ 14,680,638

See independent auditors' report and notes to financial statements

NEIGHBORIMPACT

CONSOLIDATED STATEMENT OF CASH FLOWS

YEAR ENDED JUNE 30, 2014

(WITH COMPARATIVE TOTALS FOR THE YEAR ENDED JUNE 30, 2013)

	2014	2013
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	\$ 420,324	\$ (84,069)
Adjustments to reconcile change in net assets to net cash from operating activities:		
Depreciation expense	195,742	286,815
Gain on sale of fixed assets	(619,117)	
Changes in current assets and liabilities		
Accounts receivable	629	(607)
Grants receivable	(736,743)	(382,353)
(Increase) decrease in food inventory	(15,217)	70,469
Prepaid expenses	77,022	(58,156)
Accounts payable		(24,954)
Accrued expenses	38,849	(47,190)
Deferred grant revenue	92,917	
Escrow liability	(2,059)	2,817
Security deposits	(44,113)	4,320
NET CASH USED IN OPERATING ACTIVITIES	(591,766)	(232,908)
CASH FLOWS FROM INVESTING ACTIVITIES		
Net purchases of investments		(200,000)
Redemption of investments	425,000	
Collections and write-offs of notes receivable		195,758
Issuance of notes receivable	106,458	(40,508)
Disposition of intangible assets	25,398	
Proceeds from the sale of fixed assets	1,341,359	
Purchase of property and equipment	(164,041)	
NET CASH PROVIDED BY (USED IN) INVESTING ACTIVITIES	1,734,174	(44,750)
CASH FLOWS FROM FINANCING ACTIVITIES		
Principal payments on notes payable	(16,621)	(41,421)
NET CASH USED IN FINANCING ACTIVITIES	(16,621)	(41,421)
NET INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	1,125,787	(319,079)
CASH AND CASH EQUIVALENTS - Beginning of year	1,439,528	1,758,607
CASH AND CASH EQUIVALENTS - End of year	\$ 2,565,315	\$ 1,439,528

See independent auditors' report and notes to financial statements

NEIGHBORIMPACT

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Organization

From 1985, NeighborImpact (the Organization), has been recognized by the Oregon Housing and Community Services Department (OHCSA) as a community action agency to serve Crook, Deschutes and Jefferson Counties. It is organized as a 501(c)(3) charitable corporation. A 15-member volunteer Board is responsible for setting policy and direction for the Organization. Its service area encompasses all of Crook, Deschutes and Jefferson Counties in a region known as Central Oregon. The Organization maintains over 17 offices and classroom sites in the communities of La Pine, Bend, Redmond, Sisters, Prineville and Madras.

The Organization is dedicated to empowering individuals and families to succeed and become engaged citizens in the community. The Organization's mission is delivered through the services provided by its three largest department areas; Emergency Services and Food, Early Care and Education and Housing Center. The Organization takes a team approach in providing comprehensive services that build on the strengths of the customer in order to increase assets in the following areas:

- Personal (job skills and education/school readiness)
- Financial (earnings, income, savings)
- Social (formal and informal support networks)
- Family (family functioning and stability)

The Organization believes that assets help people through times of need and to realize their hopes and dreams for the future. The Organization's strategy in building assets is accomplished through communication, collaboration and coordination of services across program areas and in partnership with customers and community.

The Organization provides the following services to assist low and moderate income residents of Central Oregon:

Emergency Services and Food Programs

Emergency Services – provides emergency rental assistance, energy shut-off prevention as well as information and referral to individuals and families.

Energy Services – helps eligible families and individuals pay a portion of their heating costs during the winter months, participate in energy education and/or receive energy case management.

Family Shelter – provides short-term shelter to homeless families with children. The program is located in Bend and can provide housing for up to five families at a time for up to three months.

Food Bank – collects and distributes food to network of 40 local agencies in Crook, Deschutes and Jefferson Counties. These groups are independent non-profits and/or churches that include Emergency Food Box Sites, Congregate Meal Sites, Brown Bag Programs, Shelters, Child Care Providers and Senior Programs.

NEIGHBORIMPACT

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Organization – Continued

Emergency Services and Food Programs – Continued

Rent Services – provides rent assistance, information and referral and case management to eligible individuals and families through a variety of rent programs. Services are based on need, eligibility and available funding.

Transitional Housing – helps homeless families with their immediate housing crisis and longer term self-sufficiency through rental subsidies, case management support and training assistance.

Early Care and Education Programs

Child Care Resources – offers training to providers related to effective early childhood education and preschool readiness; provides parents and employers with information and referral services; assists providers in obtaining state quality rating.

Head Start Program – promoting school readiness and self-sufficiency through early childhood education, parent involvement, family support, health services, social services and nutritious meals for primarily low-income families, children with disabilities or other special needs.

Housing Center Programs

Home Ownership – offers a variety of programs including foreclosure prevention classes and counseling, first time homeownership classes and counseling, down-payment assistance loans, reverse mortgage counseling, financial literacy classes and counseling and a matched saving program (IDA).

Home Rehabilitation – provides low interest home repair loans to clients that are below 80 percent of the area median.

Weatherization – is a year-round program that makes improvements to homes to reduce energy loss for clients at or below 60 percent of the state area median income. Some improvements may include insulation, heating systems and air sealing. There is a home evaluation process to determine what items will be considered. A client may rent or own their home.

Lending to Income Qualified Individuals – offers low-cost and deferred loans to income qualified homeowners and individuals to rehabilitate property, replace failing septic and support microenterprise and entrepreneurship to supplement income.

Consolidation Policy

The accompanying consolidated financial statements include the accounts of NeighborImpact Community Action Foundation of Central Oregon (CAFCO), and Healy Heights Partner, LLC (HHP).

NEIGHBORIMPACT

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Consolidation Policy – Continued

The Organization has control over appointments to the Board of CAFCO so consolidation is required under accounting principles generally accepted in the United States of America. Once appointed, the Organization does not have the ability to remove Board members of CAFCO and does not control the activity of CAFCO. Inter-organization transactions and balances have been eliminated in consolidation.

Effective June 15, 2011, the Organization, through its wholly owned subsidiary HHP, became the 99 percent owner and limited partner of Deschutes Family Housing Limited Partnership (DFHLP). CAFCO is the 1 percent owner and general partner of DFHLP. As a result, consolidation is required under accounting principles generally accepted in the United States of America. Inter-organization transactions and balances have been eliminated in consolidation. DFHLP is an Oregon limited partnership, formed November 15, 1993, to construct, own and operate a 70-unit affordable housing project, in conformity with the provisions of Section 42 of the Internal Revenue Code (IRC). The partnership will terminate not later than December 31, 2034.

Basis of Accounting

The accompanying consolidated financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Income Taxes

The Organization and CAFCO are not-for-profit corporations which have been granted tax-exempt status under IRC Section 501(c)(3). In addition, they have been determined by the Internal Revenue Services (IRS) not to be private foundations within the meaning of Section 509(a) of the code. DFHLP is not a taxpaying entity for federal or state tax purposes as the partners report partnership income on their respective tax returns. Accordingly, these consolidated statements do not reflect a provision for income taxes. The tax returns for the Organization, CAFCO and DFHLP are subject to examination by the IRS generally for three years after they were filed.

Support and Revenue

Grants and other contributions of cash and other assets are reported as temporarily restricted support if they are received with grantor or donor stipulations that limit the use of the donated assets. When a donor restriction expires (that is, then a stipulated time restriction ends or the purpose of the restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the consolidated statement of activities as net assets released from restrictions. Contributions of donated services that create or enhance nonfinancial assets or that require specialized skills, and would typically need to be purchased if not provided by the donation, are recorded at their fair market value in the period received.

NEIGHBORIMPACT

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Estimates

The preparation of consolidated financial statements, in conformity with accounting principles generally accepted in the United States of America, required management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Cash and Cash Equivalents

Cash equivalents are stated at cost which approximates market value. For purposes of the consolidated statement of cash flows, the Organization considers all cash investments with maturities of three months or less to be cash equivalents.

Grants Receivable

Management believes that grants receivable will be fully collectible. Therefore, no allowance was recorded.

Functional Allocation of Expenses

The Organization allocates indirect expenses of administrative overhead and other allocable costs to supporting service departments based on various direct costs and other information. The Organization's management reviews and updates these allocations on an annual basis.

The cost of providing various programs and other activities has been summarized on a functional basis in the consolidated statement of activities. Accordingly, certain costs have been allocated among programs and supporting services benefited.

Inventory

Inventory consists primarily of food and food supplies used in the Organization's client service programs and is stated at the lower of cost (determined by the first-in, first-out method) or market. Amounts held at year end are considered to be temporarily restricted in accordance with grantor requirements.

Compensated Absences

Compensated absences are recorded as a liability and an expense when earned rather than when paid. When vacation is taken, amounts disbursed for vacation pay are charges against the liability. Compensated absences are valued at current pay rates.

NEIGHBORIMPACT

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

NOTE 1 – SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES – CONTINUED

Property and Equipment

Property and equipment acquired by the Organization are considered to be owned by the Organization. However, government funding sources may maintain an interest in the property purchased with grant funding as well as the right to determine the use of any proceeds from the sale of such assets. The land, building and improvements at the Organization's main location in Redmond, Oregon with a total cost of \$1,187,571, and related accumulated depreciation of \$481,560 as of June 30, 2014, is subject to a land use lease with the City of Redmond whereby upon termination of the lease, title of the property would transfer to the City of Redmond. The lease, after two extension options, expires May 2049. Management deems the likelihood of the lease terminating prior to such date to be remote.

Paving, landscaping and furnishings and equipment owned by DFHLP are depreciated using the declining balance method over estimated useful lives of the assets. All other fixed assets are depreciated using the straight-line method over estimated useful lives of the assets. The Organization capitalizes all property and equipment with a purchase price of greater than \$5,000 and a useful life of greater than one year.

Prior Year Summarized Information

The consolidated financial statements and notes to consolidated financial statements contain certain prior year summarized comparative information in total. Such information does not include sufficient detail to constitute a presentation in conformity with accounting principles generally accepted in the United States of America. Accordingly, such information should be read in conjunction with the Organization's consolidated financial statements for the year ended June 30, 2013, from which the summarized information was derived.

Net Assets

Net assets of the Organization consist of the following:

Unrestricted. These net assets are available for the general obligations of the Organization.

Temporarily Restricted. These net assets are restricted by grantors or donors for specific purposes.

Permanently Restricted. These net assets are restricted indefinitely by grantors or donors. Income earned on permanently restricted funds is, if not specifically required to be added to permanently restricted net assets, transferred to temporarily restricted or unrestricted classification.

NEIGHBORIMPACT

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS JUNE 30, 2014

NOTE 2 – STATEMENTS OF CASH FLOWS – NONCASH AND OTHER ITEMS

Cash paid for interest amounted to \$45,038 and \$50,553 for the years ended June 30, 2014, and 2013, respectively. The Organization paid no income taxes. The statements of cash flows for the year ended June 30, 2014, omitted noncash proceeds from the sale of fixed assets of \$1,561,141 which were used to directly pay selling costs and pay off debt related to the property.

NOTE 3 – INVESTMENTS

Investments consist primarily of certificates of deposits and treasury bills with original maturity dates greater than 90 days, stated at fair value, in the amount of \$1,775,000 and \$2,200,000 as of June 30, 2014, and 2013, respectively. Principal amounts range from \$50,000 to \$200,000 with maturity dates that range from October 2014 through June 2016.

NOTE 4 – NOTES RECEIVABLE

Notes receivable consisted of the following:

	<u>2014</u>	<u>2013</u>
Housing Assistance Loans, principal due subject to certain restrictions, various interest rates, secured by real estate, various maturities.	\$ 2,871,496	\$ 2,845,588
NeighborImpact Reinvestment Corporation Loans - various interest rates, secured by real estate.	261,071	339,651
HW Madras Limited Liability Company, principal due subject to certain restrictions, interest at 3.66%, secured by real estate, due September 2030.	<u>180,944</u>	<u>180,944</u>
	3,313,511	3,366,183
Deferred portion	<u>(2,703,903)</u>	<u>(2,650,117)</u>
Net of deferred portion	<u>\$ 609,608</u>	<u>\$ 716,066</u>

The Organization considers all notes receivable to be long-term since collection is contingent on future events and repayments in the near-term cannot be reasonably estimated. Management estimates the net value of certain long-term notes receivables based on historical experiences. The policy of the Organization is to include 100 percent of the face value of new housing assistance loans in the deferred portion above as payments are not received until the property is sold or otherwise transferred.

NEIGHBORIMPACT

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

NOTE 5 – PROPERTY AND EQUIPMENT

The following is a summary of property and equipment:

	<u>2014</u>	<u>2013</u>
Land	\$ 714,473	\$ 1,034,032
Buildings	1,803,356	6,283,603
Furniture and equipment	340,254	416,070
Roads and landscaping	5,500	215,793
Vehicles	<u>720,172</u>	<u>619,652</u>
	3,583,755	8,569,150
Accumulated depreciation	<u>(1,506,508)</u>	<u>(4,331,489)</u>
	<u>\$ 2,077,247</u>	<u>\$ 4,237,661</u>

NOTE 6 – LONG-TERM DEBT

Long-term debt consisted of the following:

	<u>2014</u>	<u>2013</u>
Payable to Bank of the Cascades from the Organization, monthly payments of \$506, including interest at the Bank of the Cascades 3-year rate plus 2.75%, which was 6.75% as of June 30, 2014, and 2013. Secured by real estate, due 2023.	\$ 41,172	\$ 44,314
Payable to Chase from DFHLP, monthly payments of \$7,417, including interest at 3.51%. This note was paid in full in December 2013.	<u>41,172</u>	<u>1,419,950</u>
	41,172	1,464,264
Less current portion	<u>(3,396)</u>	<u>(42,863)</u>
	<u>\$ 37,776</u>	<u>\$ 1,421,401</u>

NEIGHBORIMPACT

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS JUNE 30, 2014

NOTE 6 – LONG-TERM DEBT – CONTINUED

Maturities of long-term debt are as follows:

Year ending June 30,

2015	\$	3,396
2016		3,633
2017		3,886
2018		4,156
2019		4,446
Thereafter		<u>21,655</u>
Total	\$	<u>41,172</u>

NOTE 7 – CONCENTRATIONS OF CREDIT RISKS

Financial instruments that potentially subject the Organization to a concentration of credit risk consist principally of cash and cash equivalents and notes receivable. The Organization maintains the majority of its cash balances at Federal Deposit Insurance Corporation (FDIC) insured institutions and invests in U.S. Government securities. At June 30, 2014, and 2013, \$1,793,073 and \$884,770, respectively, in deposits exceeded FDIC insurance of \$250,000. The Organization actively monitors this risk and has entered into an overnight repurchase agreement with their financial institution. The overnight repurchases obligations of the financial institution are secured by collateral that includes government securities.

The Organization provides down payment and housing rehabilitation loans primarily to low and moderate income individuals. Notes receivable totaling \$3,313,511 are secured by property purchased or improved. These notes are a concentration of credit risk. Additionally, the Organization received approximately 92 percent of its funding from grants, contracts and contributions.

NOTE 8 – RELATED PARTY TRANSACTIONS

The Organization leases its Redmond administrative facilities from CAFCO. CAFCO is a supporting non-profit corporation formed exclusively to support the charitable purposes of the Organization. Located in Redmond, Oregon, it is the general partner of the DFHLP, and Oregon limited partnership formed to own and operate the Bill Healy Family Center (Healy Heights Apartments), which was sold to an unrelated third party during the year ended June 30, 2014. The Organization provides significant accounting and operations support to these partnerships.

The Organization is the single member of HHP which is the 99 percent owner and limited partner of DFHLP. As a result of the consolidation of DFHLP (see note 2), inter-organization notes receivable from DFHLP to the Organization have been eliminated in the consolidated financial statements as of June 30, 2014, and 2013.

NEIGHBORIMPACT

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

NOTE 8 – RELATED PARTY TRANSACTIONS – CONTINUED

The Organization's services are occasionally utilized by members of the board of directors. Such services are provided on the same basis as those provided to the general public.

NOTE 9 – PERMANENTLY RESTRICTED FUNDS

The Organization invested the proceeds from capital grants provided by NeighborWorks America in prior years in U.S. Treasury bills in order to comply with grantor requirements. As of June 30, 2014, and 2013, the Organization held 14 and 19 loans totaling \$261,071 and \$339,651, respectively, in connection with this program. There were no loans as of June 30, 2014, or 2013 that were considered to be delinquent.

NOTE 10 – OPERATING LEASE COMMITMENT

As of June 30, 2014, the Organization's aggregate annual lease commitments excluding operating costs under non-cancelable leases with terms of one year or more are payable as follows:

Year ending June 30,

2015	\$ 124,672
2016	110,412
2017	57,827
2018	56,935
2019	<u>14,338</u>
	<u>\$ 364,184</u>

NOTE 11 – RETIREMENT PLAN

The Organization maintains a Simplified Employee Pension (SEP) plan for eligible employees. During the years ended June 30, 2014, and 2013, employer pension expense totaled \$160,817 and \$175,674, respectively. Effective July 1, 2014, the Organization also implanted an IRC Section 403(b) Plan that allows employees to defer tax on part of their compensation.

NOTE 12 – CONTINGENCIES

Grants

The Organization receives grants from various federal, state and local agencies that are subject to review and audit by these agencies. Such audits could result in a request for reimbursement by these agencies for expenditures disallowed under the terms and conditions of the appropriate agency. In the opinion of the Council's management, such disallowances, if any, will not be significant.

NEIGHBORIMPACT

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

NOTE 12 – CONTINGENCIES

Tax Positions

The Organization is exempt from federal and state income taxes, with the exception of federal taxes for net profits on unrelated business income, under Internal Revenue Code Section 501(c)(3).

Regarding uncertain income tax positions, the Organization will recognize in its financial statements the benefit of a tax position when it believes that tax position will more likely than not be sustained on audit based on the technical merits of the position. For an exempt organization, uncertain tax positions could result from unrelated business income activities or actions that jeopardize its status as tax-exempt, such as political activity, substantial lobbying expenditures or excessive unrelated business activities. The Organization has concluded that it had no unrecognized income tax benefits at June 30, 2014, or June 30, 2013, and it has no tax positions for which it estimates a significant change over the next 12 months.

The Organization is subject to examination by state and federal tax authorities. With few exceptions, the Organization is no longer subject to examination by major taxing authorities for year before 2010.

NOTE 13 – FAIR VALUE MEASUREMENT

Accounting principles generally accepted in the United States of America established a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurement) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of fair value hierarchy are described as follows:

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active market that the Organization has the ability to access.

Level 2 – Inputs to the valuation methodology include

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

NEIGHBORIMPACT

NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

JUNE 30, 2014

NOTE 13 – FAIR VALUE MEASUREMENT – CONTINUED

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The fair value was calculated and provided by Wells Fargo Securities. The investments in certificates of deposit were Level 1 assets.

NOTE 14 – SUBSEQUENT EVENTS

On November 7, 2014, Deschutes Family Housing Limited Partnership was dissolved.

Subsequent events have been evaluated through December 29, 2014, the date the financial statements were available to be issued.

SUPPLEMENTAL INFORMATION

NEIGHBORIMPACT

CONSOLIDATING SCHEDULE OF FINANCIAL POSITION JUNE 20, 2014 (WITH COMPARATIVE TOTALS JUNE 30, 2013)

	2014			
	NeighborhoodImpact	Community Action Foundation of Central Oregon	Healy Heights Partner, LLC	Total
ASSETS				
CURRENT ASSETS				
Cash and cash equivalents	\$ 752,360	\$ 134,556	\$ 1,678,399	\$ 2,565,315
Short-term investments				
Accounts receivable				
Grants receivable	1,713,968			1,713,968
Prepaid expenses and other current assets	8,145			8,145
Food inventory	105,489			105,489
TOTAL CURRENT ASSETS	2,579,962	134,556	1,678,399	4,392,917
OTHER ASSETS				
Long-term investments	1,775,000			1,775,000
Restricted notes receivable	261,071			261,071
Other notes receivable, net of deferred portion	348,537			348,537
TOTAL OTHER ASSETS	2,384,608			2,384,608
FIXED ASSETS, net of accumulated depreciation	1,732,909	344,338		2,077,247
INTANGIBLE ASSETS, net of accumulated amortization				
TOTAL ASSETS	\$ 6,697,479	\$ 478,894	\$ 1,678,399	\$ 8,854,772
LIABILITIES AND NET ASSETS				
CURRENT LIABILITIES				
Accounts payable	\$ 208,235	\$	\$	\$ 208,235
Accrued expenses	235,796			235,796
Escrow liability	7,835			7,835
Security deposits				
Current portion of long-term debt	3,396			3,396
TOTAL CURRENT LIABILITIES	455,262			455,262
LONG TERM DEBT, net of current portion	37,776			37,776
TOTAL LIABILITIES	493,038			493,038
NET ASSETS				
Unrestricted	647,633	478,894	1,428,789	2,555,316
Temporarily restricted	4,845,021		249,610	5,094,631
Permanently restricted	711,787			711,787
TOTAL NET ASSETS	6,204,441	478,894	1,678,399	8,361,734
TOTAL LIABILITIES AND NET ASSETS	\$ 6,697,479	\$ 478,894	\$ 1,678,399	\$ 8,854,772

2013

NeighborImpact	Community Action Foundation of Central Oregon	Healy Heights Partner, LLC	Total
\$ 876,758	\$ 180,454	\$ 382,316	\$ 1,439,528
425,000			425,000
		629	629
977,225			977,225
85,167			85,167
90,272			90,272
<u>2,454,422</u>	<u>180,454</u>	<u>382,945</u>	<u>3,017,821</u>
1,775,000			1,775,000
339,651			339,651
376,415			376,415
<u>2,491,066</u>			<u>2,491,066</u>
<u>1,726,158</u>	<u>303,789</u>	<u>2,207,714</u>	<u>4,237,661</u>
		25,398	25,398
<u>\$ 6,671,646</u>	<u>\$ 484,243</u>	<u>\$ 2,616,057</u>	<u>\$ 9,771,946</u>
\$ 169,386	\$	\$	\$ 169,386
142,807		72	142,879
9,894			9,894
		44,113	44,113
3,158		39,705	42,863
<u>325,245</u>		<u>83,890</u>	<u>409,135</u>
<u>41,156</u>		<u>1,380,245</u>	<u>1,421,401</u>
<u>366,401</u>		<u>1,464,135</u>	<u>1,830,536</u>
1,089,123	484,243	892,914	2,466,280
4,504,335		259,008	4,763,343
711,787			711,787
<u>6,305,245</u>	<u>484,243</u>	<u>1,151,922</u>	<u>7,941,410</u>
<u>\$ 6,671,646</u>	<u>\$ 484,243</u>	<u>\$ 2,616,057</u>	<u>\$ 9,771,946</u>

NEIGHBORIMPACT

CONSOLIDATING SCHEDULE OF REVENUE AND EXPENSES YEAR ENDED JUNE 30, 2014 (WITH COMPARATIVE TOTALS FOR THE JUNE 30, 2013)

	Neighborhood Impact	Community Action Foundation of Central Oregon	Healy Heights Partner, LLC	Totals	
				2014	2013
SUPPORT AND REVENUE					
Federal grants	\$ 5,189,510	\$	\$	\$ 5,189,510	\$ 5,027,759
State and local grants	4,431,385			4,431,385	5,000,933
Contributions	3,798,837			3,798,837	3,610,355
Program revenue	244,089			244,089	363,437
Rental income		12,998	244,119	257,117	484,872
Interest income	38,712	195	48	38,955	39,573
Other revenue	45,024		881	45,905	69,640
Gain on sale of assets			619,117	619,117	
Total Support and Revenues	13,747,557	13,193	864,165	14,624,915	14,596,569
EXPENSES					
Personnel services:					
Salaries and wages	4,489,363		23,740	4,513,103	4,311,571
Payroll taxes and benefits	1,652,168			1,652,168	1,607,904
Total personnel expenses	6,141,531		23,740	6,165,271	5,919,475
Materials and services:					
Printing	49,394			49,394	35,707
Office expense	195,151	1,352	1,375	197,878	198,474
Interest	924		44,114	45,038	50,553
Insurance	45,155		4,815	49,970	59,702
Professional fees	74,706	1,588	5,140	81,434	43,015
Contract services	45,684			45,684	7,742
Repairs and maintenance	63,531	787	53,824	118,142	201,005
Client assistance	6,450,389			6,450,389	7,129,934
Transportation and lodging	221,985			221,985	213,231
Rent	192,234		1,197	193,431	127,377
Janitorial	24,481			24,481	10,290
Utilities and telephone	124,560		29,504	154,064	174,921
Training and recruitment	78,009	802	1,567	80,378	51,447
Dues and other fees	33,966	558	11,867	46,391	12,780
Administration	79,761		5,158	84,919	158,170
Total materials and services	7,679,930	5,087	158,561	7,843,578	8,474,348
Total expenses	13,821,461	5,087	182,301	14,008,849	14,393,823
CHANGE IN NET ASSETS, before transfer and depreciation	(73,904)	8,106	681,864	616,066	202,746
Transfer (to) from other funds	76,746		(76,746)		
Depreciation and amortization	(103,646)	(13,455)	(78,641)	(195,742)	(286,815)
CHANGE IN NET ASSETS	(100,804)	(5,349)	526,477	420,324	(84,069)
NET ASSETS - Beginning of year	6,305,245	484,243	1,151,922	7,941,410	8,025,479
NET ASSETS - End of year	\$ 6,204,441	\$ 478,894	\$ 1,678,399	\$ 8,361,734	\$ 7,941,410

See notes to financial statements

SINGLE AUDIT COMPLIANCE



**INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS
BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN
ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS**

John P. Harrigan, CPA

Wesley B. Price III, CPA

Candace S. Fronk, CPA

Kara L. Pardue, CPA

Karen C. Anderson, CPA

To the Board of Directors
NeighborImpact

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the financial statements of NeighborImpact (the Organization) (a nonprofit organization), which comprise the statement of financial position as of June 30, 2014, and the related statements of activities, and cash flows for the year then ended, and the related notes to the financial statements, and have issued our report thereon dated December 29, 2014.

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Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered the Organization's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Organization's internal control. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control.

Our consideration of internal control was for the limited purpose described in the preceding paragraph and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. However, as described in the accompanying schedule of findings and questioned costs, we identified certain deficiencies in internal control that we consider to be material weaknesses and significant deficiencies.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. We consider the deficiency described in the accompanying schedule of findings and questioned costs, 2014-1, to be a material weakness.

**INDEPENDENT AUDITORS' REPORT ON INTERNAL CONTROL OVER
FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS
BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN
ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS –
CONTINUED**

Compliance and Other Matters

As part of obtaining reasonable assurance about whether the Organization's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

NeighborImpact's Response to Findings

NeighborImpact's response to the findings identified in our audit is described in the accompanying schedule of findings and questioned costs. NeighborImpact's response was not subjected to the auditing procedures applied in the audit of the consolidated financial statements and, accordingly, we express no opinion on it.

Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Organization's internal control or on compliance. This report is an integral part of an audit performed in accordance with Government Auditing Standards in considering the Organization's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Harrigan Price Frunk & Co. LLP

December 29, 2014



INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-133

John P. Harrigan, CPA

Wesley B. Price III, CPA

Candace S. Fronk, CPA

Kara L. Pardue, CPA

Karen C. Anderson, CPA

**Board of Directors
NeighborImpact**

Report on Compliance for Each Major Federal Program

We have audited NeighborImpact's (the Organization), compliance with the types of compliance requirements described in the *OMB Circular A-133 Compliance Supplement* that could have a direct and material effect on each of the Organization's major federal programs for the year ended June 30, 2014. The Organization's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

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Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts and grants applicable to its federal programs.

Auditors' Responsibility

Our responsibility is to express an opinion on compliance for each of the Organization's major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about the Organization's compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of the Organization's compliance.

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB CIRCULAR A-133 – CONTINUED

Unmodified Opinion on Each Major Federal Program

In our opinion, the Organization complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2014.

Report on Internal Control Over Compliance

Management of the Organization is responsible for establishing and maintaining effective internal control over compliance with the types of compliance referred to above. In planning and performing our audit of compliance, we considered the Organization's internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with OMB Circular A-133, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of the Organization's internal control over compliance.

A deficiency in internal control over compliance exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. *A material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. *A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies and therefore, material weaknesses or significant deficiencies may exist that were not identified. We consider the deficiency described in the accompanying schedule of findings and questioned costs, 2014-2, to be a significant deficiency.

**INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH
MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE IN
ACCORDANCE WITH OMB CIRCULAR A-133 – CONTINUED**

The Organization's response to the internal control over compliance findings identified in our audit is described in the accompanying schedule of findings and questioned costs. The Organization's response was not subjected to the auditing procedures applied in the audit of compliance and, accordingly, we express no opinion on the response.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of OMB Circular A-133. Accordingly, this report is not suitable for any other purpose.

Harrigan Price Fronk & Co. LLP

December 29, 2014

NEIGHBORIMPACT

SCHEDULE OF FINDINGS AND QUESTIONED COSTS YEAR ENDED JUNE 30, 2014

SUMMARY OF AUDITORS' RESULTS

1. The auditors' report expresses an unqualified opinion on the basic financial statements of NeighborImpact (the Organization).
2. One material weakness in internal control over financial reporting was identified during the audit of the financial statements. See current year finding 2014-1.
3. No instances of noncompliance required to be reported under *Government Auditing Standards* were identified during the audit of the financial statements.
4. No deficiencies in internal control over compliance considered to be material weaknesses were identified during the audit of the major federal award programs.
5. The auditors' report on compliance for the major federal award programs for the Organization expresses an unmodified opinion on all major federal programs.
6. No audit findings relative to the major federal award programs for the Organization are reported in this Schedule.
7. The programs tested as major programs were:
 - 10.568 – Emergency Food Assistance Program (TEFAP) Administrative costs
 - 10.569 – Emergency Food Assistance Program (TEFAP) Food commodities
 - 14.235 – Supportive Housing Program
 - 93.568 – Low-income Energy Assistance Program (LIHEAP)
 - 93.600 – Head Start
8. The threshold for distinguishing Types A and B programs was \$300,000.
9. The Organization was determined not to be a low-risk auditee.

FINDINGS – FINANCIAL STATEMENT AUDIT

2014-1 Year End Closing and Subsidiary Ledgers

Condition: Material adjustments were necessary to correct numerous accounts within the statement of financial position.

Effect: Inaccurate balances on the statement of financial position and failure to the correct balances during year-end closing could result in a material misstatement of the financial statements.

Cause: This condition was caused by a lack of internal controls over timely reconciliation of the subsidiary ledgers and other accounts during month-end and year-end closing procedures. Controls focusing on review and oversight should have caught and corrected material inaccuracies within the accounts.

NEIGHBORIMPACT

SCHEDULE OF FINDINGS AND QUESTIONED COSTS – CONTINUED YEAR ENDED JUNE 30, 2014

Auditor's Recommendation: Management should adequately maintain and update subsidiary ledgers, reconcile all bank accounts and periodically review other accounts on the statement of financial position. Balances within the statement of financial position should be reconciled to agree to the subsidiary ledgers as part of each month-end's closing procedure. Management should review procedures and financial statements carefully to ensure that internal controls are operating and financial statement amounts are properly reported.

Organization's Response: Management has reviewed its procedures for closing a fiscal year and updated them accordingly. Management's ongoing financial objective is to provide readers of financial statements and accurate and transparent depiction of the Organization's financial status. Management has developed and follows a schedule of events (including a fiscal year closing procedures checklist). It addresses accounts payable, prepaid expenses, review of grant accounts, analysis of operating costs and adjustments to cost distribution, account receivable, inventory, transfer accounts (including pools and interfund transfer accounts).

Equipment additions and dispositions are updated throughout the year and analyzed at year end for accuracy and completion and to ensure that proper documentation is included.

Management notes that the correction of subsidiary ledgers was necessitated to correct employee error. Management discovered and addressed the employee issue. Unfortunately, the discovery came just before the audit commenced, resulting in the need to update and revise as auditors were arriving and commencing. Accounting staff responsibility and review procedures have been reviewed and revised to prevent recurrence.

FINDINGS AND QUESTIONED COSTS FOR FEDERAL AWARDS

2014-2 Preparation of the Schedule of Expenditures of Federal Awards (SEFA)

Condition: It was identified that the prepared Schedule of Expenditures of Federal Awards (SEFA) was incomplete and contained inaccuracies. OMB Circular A-133, Subpart C, Section 310, Paragraph (b) states that the SEFA be accurate for the period covered in the organization's financial statements.

Effect: Failure to maintain an accurate SEFA could result in the material misstatement of the consolidated financial statements. The affected programs were Child Care Development Block Grant and the Temporary Emergency Food Assistance Program.

Cause: The condition was caused by a lack of internal controls over the preparation of the SEFA, specifically a lack of a proper review and reconciliation process.

Auditor's Recommendation: Management should have the SEFA prepared and reconciled at the end of the reporting period. Procedures have been designed to prevent this type of error but were not followed consistently at the end of the fiscal year.

NEIGHBORIMPACT

SCHEDULE OF FINDINGS AND QUESTIONED COSTS – CONTINUED YEAR ENDED JUNE 30, 2014

Organization's Response

Management understands the importance of reporting an accurate and comprehensive SEFA each year. The Organization provided additional training around OMB Circular A-133 and audit objectives as well as reviewed and modified tracking procedures of Federal Revenues and related expenditures. In addition to the Organization hiring a compliance officer, department managers now collaborate with the fiscal department in ongoing data accumulation (including accurate CFDA numbers), regular status meetings and timely reimbursements of grants.

**NEIGHBORIMPACT
BEND, OREGON**

**STATUS OF PRIOR YEAR (2013) FINDINGS
YEAR ENDED JUNE 30, 2014**

2013-1 Year End Closing and Subsidiary Ledgers

Condition: It was identified that several accounts were not adjusted to the correct balance during year-end closing procedures. Additionally, several subsidiary ledgers were not appropriately maintained throughout the reporting period.

Organization Action Taken: Management has reviewed its procedures for closing a fiscal year and updated them accordingly. Management's ongoing financial objective is to provide readers of financial statements and accurate and transparent depiction of the Organization's financial status. Management has developed and follows a schedule of events (including a fiscal year closing procedures checklist). It addresses accounts payable, prepaid expenses, review of grant accounts, analysis of operating costs and adjustments to cost distribution, account receivable, inventory, transfer accounts (including pools and interfund transfer accounts).

Equipment additions and dispositions are updated throughout the year and analyzed at year-end for accuracy and completion and to ensure that proper documentation is included.

2013-2 Preparation of the Schedule of Expenditures of Federal Awards (SEFA)

Condition: It was identified that the prepared SEFA was incomplete and contained inaccuracies. OMB Circular A-133, Subpart C, Section 310, Paragraph (b) states that the SEFA be accurate for the period covered in the organization's financial statements.

Organization Action Taken: Management understands the importance of reporting an accurate and comprehensive SEFA each year. The Organization provided additional training around OMB Circular A-133 and audit objectives as well as reviewed and modified tracking procedures of Federal Revenues and related expenditures. In addition to the Organization hiring a compliance officer, department managers now collaborate with the fiscal department in ongoing data accumulation (including accurate CFDA numbers), regular status meetings and timely reimbursements of grants.

NEIGHBORIMPACT

SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS YEAR ENDED JUNE 30, 2014

<u>Federal Grantor/Pass-Through Grantor/Program Title</u>	<u>Federal CFDA Number</u>	<u>Expenditures</u>
Department of Energy		
Passed through Oregon Housing and Community Services		
Weatherization Assistance	81.042	\$ 98,360
BPA Weatherization	81.XXX	109,053
		<u>207,413</u>
Department of Treasury		
Passed through Oregon Housing and Community Services		
National Foreclosure Mitigation Counseling	21.000	<u>2,100</u>
Department of Health and Human Services		
Head Start	93.600	<u>1,268,753</u>
Passed through Oregon Housing and Community Services		
Housing Stabilization Program (TANF)	93.558	26,106
Low-income Energy Assistance (LIHEAP)	93.568	1,614,435
Community Services Block Grant	93.569	<u>218,297</u>
Passed through Child Care Resources and Referral Network		
Child Care Development Block Grant	93.575	274,743
Race to the Top - Early Learning Challenge	84.412	<u>165,213</u>
		<u>3,567,547</u>
Department of Agriculture		
Passed through Oregon Food Bank		
Temporary Emergency Food Assistance Program Admin Costs	10.568	22,909
Temporary Emergency Food Assistance Program Food Commodities (non-cash)	10.569	<u>300,279</u>
Passed through Oregon Department of Education		
Child and Adult Care Food Program	10.558	<u>222,007</u>
		<u>545,195</u>
Department of Housing and Urban Development		
Supportive Housing Program	14.235	<u>507,804</u>
Passed through NeighborWorks America		
Housing Counseling	14.169	26,089
NWA	14.169	<u>95,334</u>
Passed through Oregon Housing and Community Services		
Emergency Shelter Grant Program	14.231	125,101
Home TBA	14.239	<u>136,161</u>
Passed through the City of Bend		
Community Development Block Grant - Bend HOC	14.228	<u>4,796</u>
		<u>895,285</u>
		<u>\$ 5,217,540</u>

Note A - BASIS OF PRESENTATION

The accompanying schedule of federal awards includes the federal grant activity of NeighborImpact and is presented on the accrual basis of accounting. The information presented in this schedule is presented in accordance with the requirements of OMB Circular A-133, Audits of States, Local Governments and Non-Profit Organizations. Therefore, amounts presented in this schedule may differ from amounts presented in, or used in the preparation of the basic financial statements.