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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
NEIGHBORIMPACT

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
2303 SW 1ST ST

City or town, state or country, and ZIP + 4
REDMOND, OR 977569608

D Employer identification number
93-0884929

E Telephone number
(541) 548-2380

G Gross receipts $ 15,648,905

F Name and address of principal officer
SCOTT COOPER
2303 SW 1ST ST
REDMOND, OR 97756

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW NEIGHBORIMPACT ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1985 | **M** State of legal domicile OR

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SINCE 1985 TO DATE, NEIGHBORIMPACT (ORGANIZED AS A 501 (C)(3)), HAS BEEN RECOGNIZED BY THE OREGON HOUSING AND COMMUNITY SERVICES DEPARTMENT (OHCSD) AS A COMMUNITY ACTION AGENCY TO SERVE CROOK, DESCHUTES AND JEFFERSON COUNTIES AN AREA COMMONLY KNOWN AS CENTRAL OREGON LAST YEAR, NEIGHBORIMPACT PROVIDED SERVICES TO 66,000 RESIDENTS IN CENTRAL OREGON WHICH COMPRISES APPROXIMATELY 220,000 RESIDENTS AND 7,800 SQUARE MILES NEIGHBORIMPACT EMPLOYS MORE THAN 200 STAFF WITH AN ANNUAL BUDGET OF 14 5 MILLION AND SERVES OVER 66,000 INDIVIDUALS ANNUALLY A 14 MEMBER VOLUNTEER BOARD IS RESPONSIBLE FOR SETTING POLICY AND DIRECTION FOR THE AGENCY NEIGHBORIMPACT'S MISSION IS TO EMPOWER INDIVIDUALS AND FAMILIES TO SUCCEED AND BECOME ENGAGED CITIZENS IN THE COMMUNITY SINCE 1985, THE AGENCY HAS BEEN A LEADER IN DEVELOPING SOLUTIONS AND BRINGING RESOURCES TO THE CENTRAL OREGON REGION TO ADDRESS POVERTY ISSUES NEIGHBORIMPACT OFFERS A DIVERSE ARRAY OF SERVICES THAT MEET BASIC HUMAN NEEDS FOR FOOD AND SHEL

Activities & Governance

2	Check this box ▶ ☐ 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 2011 (Part V, line 2a)	**5**	264
6	Total number of volunteers (estimate if necessary)	**6**	350
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	15,353,855	15,119,252
9	Program service revenue (Part VIII, line 2g)	279,237	579,157
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	33,973	-411,859
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	283,573	-81,812
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	15,950,638	15,204,738
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,327,680	7,782,267
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,540,772	5,744,881
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶114,730		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,434,574	1,685,456
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	14,303,026	15,212,604
19	Revenue less expenses Subtract line 18 from line 12	1,647,612	-7,866
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	8,780,409	8,130,073
21	Total liabilities (Part X, line 26)	1,071,139	428,669
22	Net assets or fund balances Subtract line 21 from line 20	7,709,270	7,701,404

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

****** | 2013-01-07
Signature of officer | Date

SCOTT COOPER EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed	Preparer's taxpayer identification number (see instructions)
SARA HUMMEL	2013-01-08	☐	

Firm's name (or yours if self-employed), address, and ZIP + 4: JONES & ROTH PC, PO BOX 10086, EUGENE, OR 97440

EIN ▶

Phone no ▶ (541) 687-2320

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

SINCE 1985 TO DATE, NEIGHBORIMPACT (ORGANIZED AS A 501 (C)(3)), HAS BEEN RECOGNIZED BY THE OREGON HOUSING AND COMMUNITY SERVICES DEPARTMENT (OHCSD) AS A COMMUNITY ACTION AGENCY TO SERVE CROOK, DESCHUTES AND JEFFERSON COUNTIES AN AREA COMMONLY KNOWN AS CENTRAL OREGON LAST YEAR, NEIGHBORIMPACT PROVIDED SERVICES TO 66,000 RESIDENTS IN CENTRAL OREGON WHICH COMPRISES APPROXIMATELY 220,000 RESIDENTS AND 7,800 SQUARE MILES NEIGHBORIMPACT EMPLOYS MORE THAN 200 STAFF WITH AN ANNUAL BUDGET OF 14 5 MILLION AND SERVES OVER 66,000 INDIVIDUALS ANNUALLY A 14 MEMBER VOLUNTEER BOARD IS RESPONSIBLE FOR SETTING POLICY AND DIRECTION FOR THE AGENCY NEIGHBORIMPACT'S MISSION IS TO EMPOWER INDIVIDUALS AND FAMILIES TO SUCCEED AND BECOME ENGAGED CITIZENS IN THE COMMUNITY SINCE 1985, THE AGENCY HAS BEEN A LEADER IN DEVELOPING SOLUTIONS AND BRINGING RESOURCES TO THE CENTRAL OREGON REGION TO ADDRESS POVERTY ISSUES NEIGHBORIMPACT OFFERS A DIVERSE ARRAY OF SERVICES THAT MEET BASIC HUMAN NEEDS FOR FOOD AND SHEL

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ 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 $ 4,260,423 including grants of $ 13,429) (Revenue $ 4,560,411)

EARLY CARE AND EDUCATION PROGRAMS THE HEAD START PROGRAM PROMOTES SCHOOL READINESS AND FAMILY SELF-SUFFICIENCY THROUGH EARLY CHILDHOOD EDUCATION, PARENT INVOLVEMENT, FAMILY SUPPORT, HEALTH SERVICES, SOCIAL SERVICES AND NUTRITIOUS MEALS FOR PRIMARILY LOW-INCOME FAMILIES AND CHILDREN WITH DISABILITIES OR OTHER SPECIAL NEEDS CHILD CARE RESOURCES SERVES PARENTS, CHILD CARE PROVIDERS AND EMPLOYERS WITH INFORMATION, EDUCATION AND REFERRAL SERVICES, WITH THE GOAL OF ENSURING THAT THE COMMUNITY HAS AN ADEQUATE SUPPLY OF GOOD QUALITY, ACCESSIBLE, CHILD CARE RESOURCES

4b (Code) (Expenses $ 7,042,246 including grants of $ 5,619,051) (Revenue $ 7,035,941)

EMERGENCY SERVICES PROGRAM (REGIONAL FOOD BANK, HOUSING STABILIZATION AND ENERGY ASSISTANCE) THE REGIONAL FOOD BANK COLLECTS AND DISTRIBUTES FOOD TO A NETWORK OF 45+ PARTNER AGENCIES IN THE CENTRAL OREGON REGION OF CROOK, JEFFERSON AND DESCHUTES COUNTIES THE PARTNER AGENCIES ARE INDEPENDENT NON-PROFITS AND/OR FAITH BASED ORGANIZATIONS THAT DISTRIBUTE EMERGENCY FOOD BOXES, SERVE CONGREGATE MEALS, OR OPERATE BROWN BAG PROGRAMS HOUSING STABILIZATION OPERATES CENTRAL OREGON'S FAMILY SHELTER SERVING HOMELESS FAMILIES WITH CHILDREN, A HUD FUNDED SUPPORTIVE HOUSING PROGRAM, AND HOMELESS PREVENTION/RAPID RE-HOUSING WITH SHORT AND LONGER-TERM RENTAL ASSISTANCE THROUGH SEVERAL FUNDING STREAMS, AND PROVIDES INFORMATION AND REFERRAL CONTINUED ON SCHEDULE O THE ENERGY ASSISTANCE PROGRAM PROVIDES ASSISTANCE, IN THE FORM OF PLEDGES TO UTILITY COMPANIES TO HOUSEHOLDS THROUGHOUT THE YEAR, PRIMARILY THROUGH FUNDING FROM THE LOW INCOME HOUSEHOLD ENERGY ASSISTANCE PROGRAM (LIHEAP), AND THE OREGON ENERGY ASSISTANCE PROGRAM (OEAP)

4c (Code) (Expenses $ 2,944,137 including grants of $ 2,103,045) (Revenue $ 3,674,127)

HOUSING SERVICES WEATHERIZATION IS A YEAR-ROUND PROGRAM THAT MAKES IMPROVEMENTS TO HOMES TO REDUCE ENERGY LOSS FOR CLIENTS AT OR BELOW 60% OF THE STATE AREA MEDIAN INCOME 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 HOME OWNERSHIP SERVICES OFFER 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, HOME OWNER REHABILITATION LOANS, AND A MATCHED SAVINGS PROGRAM (IDA) CONTINUED ON SCHEDULE O HOME REHABILITATION SERVICES PROVIDE LOAN INTEREST DEFERRED LOANS TO LOW INCOME (80% AMI OR LESS) HOMEOWNERS TO MAKE HEALTH AND SAFETY IMPROVEMENTS TO THEIR HOMES CLIENTS MUST LIVE IN THE HOME THAT NEEDS REHABILITATION AND MUST BE CURRENT ON MORTGAGE AND TAXES TO QUALIFY FOR A LOAN

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 14,246,806

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**	Yes	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	158		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	264			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?			**4a**		No
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					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	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?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**					
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?			**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**		
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?			**9a**		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
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? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

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

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

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

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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☑ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

URSULA HOUCK
2303 SW FIRST STREET
REDMOND, OR 97756
(541) 548-2380

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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 DIRECTOR	2 00	X						0	0	0
(2) TONY DEBONE DIRECTOR	2 00	X						0	0	0
(3) LYNN LUNDQUIST DIRECTOR	2 00	X						0	0	0
(4) LAURA BEEBE DIRECTOR	2 00	X						0	0	0
(5) SHARLENE WEED DIRECTOR	2 00	X						0	0	0
(6) ANDRUS SOPER DIRECTOR	2 00	X						0	0	0
(7) ELLEN JACOBS DIRECTOR	2 00	X						0	0	0
(8) LINDA WALKER SECRETARY/TR	2 00	X		X				0	0	0
(9) M TERESA LAWRENCE VICE PRESIDE	2 00	X		X				0	0	0
(10) KAROLE STOCKTON PRESIDENT	2 00	X		X				0	0	0
(11) WALT PONSFORD DIRECTOR	2 00	X						0	0	0
(12) MIKE MCCABE DIRECTOR	2 00	X						0	0	0
(13) MIKE AHERN DIRECTOR	2 00	X						0	0	0
(14) ANETTE ALLEN DIRECTOR	2 00	X						0	0	0
(15) EDWARD B ONIMUS DIRECTOR	2 00	X						0	0	0
(16) SHARON MILLER EXECUTIVE DI	40 00			X				89,197	0	12,857
(17) URSULA HOUCK CFO	40 00			X				69,678	0	11,812

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	158,875		24,669

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 ▶

			Yes	No
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*	3		No
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*	4		No
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*	5		No

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
EZ SOLAR PO BOX 6663 BEND, OR 97708	SOLAR	903,118
RICHART FAMILY INC 14600 NE 20TH AVE VANCOUVER, WA 98686	WEATHERIZATION	472,258
ALL PHASE WEATHERIZATION PO BOX 966 EAGLE POINT, OR 97524	WEATHERIZATION	371,376
REDMOND HEATING AND AIR LLC PO BOX 1835 REDMOND, OR 97756	WEATHERIZATION	232,602

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 ▶ 4

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e 13,106,294				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 2,012,958				
	g	Noncash contributions included in lines 1a-1f $ 2,972,072				
	h	**Total.** Add lines 1a-1f	15,119,252			
Program Service Revenue		Business Code				
	2a	OTHER PROGRAM SERVICE INCOME	579,157	579,157		
	b					
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f	579,157			
	3	Investment income (including dividends, interest and other similar amounts)	32,308			32,308
	4	Income from investment of tax-exempt bond proceeds . .				
	5	Royalties				
		(i) Real / (ii) Personal				
	6a	Gross rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss)				
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory				
	b	Less cost or other basis and sales expenses: 444,167				
	c	Gain or (loss): -444,167				
	d	Net gain or (loss)	-444,167			-444,167
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from fundraising events . .				
	9a	Gross income from gaming activities See Part IV, line 19 . . . a				
	b	Less direct expenses . . . b				
	c	Net income or (loss) from gaming activities . .				
	10a	Gross sales of inventory, less returns and allowances . a				
	b	Less cost of goods sold . . b				
	c	Net income or (loss) from sales of inventory . .				
		Miscellaneous Revenue / Business Code				
	11a	OTHER INCOME	14,116	14,116		
	b	HEALY HEIGHTS PARTNER LLC	-95,928			-95,928
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d	-81,812			
	12	**Total revenue.** See Instructions . . .	15,204,738	593,273		-507,787

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question 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	46,742	46,742		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	7,735,525	7,735,525		
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	193,879	91,610	93,709	8,560
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	4,051,490	3,525,398	457,809	68,283
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	157,117	143,677	11,886	1,554
9	Other employee benefits	855,113	768,234	77,209	9,670
10	Payroll taxes	487,282	434,487	47,118	5,677
11	Fees for services (non-employees)				
a	Management				
b	Legal	12,191	12,191		
c	Accounting	27,650	8,350	19,300	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	146,884	124,244	18,861	3,779
12	Advertising and promotion				
13	Office expenses	285,777	219,073	51,536	15,168
14	Information technology				
15	Royalties . .				
16	Occupancy	219,774	194,245	23,991	1,538
17	Travel	181,208	178,796	2,330	82
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	104,318	98,283	6,035	
23	Insurance	50,805	31,569	19,236	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	CLIENT ASSISTANCE	513,858	513,858		
b	REPAIRS AND MAINTENANCE	64,482	58,210	6,272	
c	TRAINING	56,700	52,396	4,304	
d	JANITORIAL	12,462	5,518	6,944	
e					
f	All other expenses	9,347	4,400	4,528	419
25	**Total functional expenses.** Add lines 1 through 24f	15,212,604	14,246,806	851,068	114,730
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	1,279,096
	2	Savings and temporary cash investments		1,286,689	2	
	3	Pledges and grants receivable, net		1,081,629	3	594,872
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		1,341,677	7	871,317
	8	Inventories for sale or use		119,479	8	160,741
	9	Prepaid expenses and deferred charges		4,567	9	27,011
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 2,918,505			
	b	Less accumulated depreciation	10b 1,088,579	1,934,244	10c	1,829,926
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11		2,848,041	12	3,203,027
	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)		8,780,409	16	8,130,073
Liabilities	17	Accounts payable and accrued expenses		461,430	17	381,386
	18	Grants payable			18	
	19	Deferred revenue		359,495	19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	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		50,036	23	47,283
	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		200,178	25	
	26	**Total liabilities.** Add lines 17 through 25		1,071,139	26	428,669
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,902,508	27	2,862,782
	28	Temporarily restricted net assets		3,080,425	28	4,126,835
	29	Permanently restricted net assets		726,337	29	711,787
		Organizations that do not follow SFAS 117, check here ▶ ☐ 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		7,709,270	33	7,701,404
	34	Total liabilities and net assets/fund balances		8,780,409	34	8,130,073

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☐

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	15,204,738
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,212,604
3	Revenue less expenses Subtract line 2 from line 1	3	-7,866
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	7,709,270
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7,701,404

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

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 **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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

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 it 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?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(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 col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	10,358,198	12,406,615	15,045,772	15,353,855	15,119,252	68,283,692
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	10,358,198	12,406,615	15,045,772	15,353,855	15,119,252	68,283,692
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						68,283,692

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	10,358,198	12,406,615	15,045,772	15,353,855	15,119,252	68,283,692
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	63,556	35,709	24,885	275,855	32,308	432,313
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						68,716,005

12	Gross receipts from related activities, etc (See instructions)	12	593,273

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

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	99 370 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	97 950 %

16a **33 1/3% support test—2011.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☑

b **33 1/3% support test—2010.** If the organization did not check the 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 ☐

17a **10%-facts-and-circumstances test—2011.** 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 ☐

b **10%-facts-and-circumstances test—2010.** 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 ☐

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 ☐

Part III **Support Schedule for Organizations Described in IRC 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 year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 lines 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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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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.**

OMB No 1545-0047

2011

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, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the 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 on behalf of or in opposition to candidates for public office 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 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☑ No

4a 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 funtion 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-

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
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	44	
c Total lobbying expenditures (add lines 1a and 1b)	44	
d Other exempt purpose expenditures	15,656,727	
e Total exempt purpose expenditures (add lines 1c and 1d)	15,656,771	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	932,839	
g Grassroots nontaxable amount (enter 25% of line 1f)	233,210	
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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? ☐ Yes ☑ No

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount	775,760	900,523	865,151	932,839	3,474,273
b Lobbying ceiling amount (150% of line 2a, column(e))					5,211,410
c Total lobbying expenditures	212	365	2,326	44	2,947
d Grassroots non-taxable amount	193,940	225,131	216,288	233,210	868,569
e Grassroots ceiling amount (150% of line 2d, column (e))					1,302,854
f Grassroots lobbying expenditures					

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)).

		(a) Yes	(a) No	(b) 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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
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?		No	

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		No
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		No
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		No

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

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NEIGHBORIMPACT

Employer identification number
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? ☐ Yes ☑ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☑ 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)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 170(h)(4)(B)(ii)? ☐ Yes ☑ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(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 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 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
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

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.

1a 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 XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIV

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
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a 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)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. 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
1a Land		654,357		654,357
b Buildings		1,303,116	338,634	964,482
c Leasehold improvements				
d Equipment		961,032	749,945	211,087
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,829,926

Part VII Investments—Other Securities. 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		
(3) Other		
(A) CERTIFICATES OF DEPOSIT/T-BILLS	2,000,000	F
(B) INVESTMENT IN HEALY HEIGHTS PARTNER	1,203,027	C
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	3,203,027	

Part VIII Investments—Program Related. 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
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

2. Fin 48 (ASC 740) Footnote In Part XIV, 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 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
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	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
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	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation

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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

OMB No 1545-0047

2011

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. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CENTRAL OREGON VETERANS OUTREACH117 NW LAFAYETTE AVE BEND,OR 97701	76-0782755	501	6,242				SHELTER - UTILITIES
(2) SAVING GRACE1425 NW KINGSTON AVE BEND,OR 97701	93-0797194	501	12,861				SHELTER - TELEPHONE
(3) GRANDMA'S HOUSE 1600 NE RUMGAY PO BOX 6372 BEND,OR 97701	94-3162069	501	7,409				SHELTER - UTILITIES
(4) BETHLEHEM INN3705 N HWY 97 BEND,OR 97701	93-1323419	501	20,230				SHELTER - UTILITIES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 4

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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. Use Schedule I-1 (Form 990) 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) EMERG SERVICES	6504	2,600,804			
(2) FOOD PROGRAMS	386401		3,018,247	COST	FOOD
(3) WEATHERIZATION	315	2,103,045			
(4) CCR / ES	41	13,429			

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	OPERATIONS DIRECTOR - REVIEW BUDGET STATUS REPORTS IDENTIFY UNUSUAL BUDGET LINE ITEMS, REVIEW PERCENT BUDGET REMAINING FOR EACH LINE ITEM, RUN GENERAL LEDGER REPORTS WHEN FURTHER FOLLOW UP IS NEEDED - MEET MONTHLY WITH STAFF TO ASSIST WITH BUDGET MONITORING - FOLLOW UP WITH FISCAL STAFF TO MAKE CHANGES AS IDENTIFIED FROM MONTHLY MEETINGS - MONITOR PAYROLL DISTRIBUTIONS AND ACTIVITY REPORTS MONTHLY - MONITORS REPORT SYSTEM TO ENSURE THAT STAFF RECEIVE MONTHLY REPORTS - CONDUCT QUARTERLY REVIEWS OF EXPENSES TO ENSURE MATCH PERCENTAGES ARE IN LINE WITH PROJECTIONS SPECIALISTS AND COORDINATORS - RECEIVE AND REVIEW GENERAL LEDGERS AND BUDGET STATUS REPORTS FOR ASSIGNED AREAS - REPORT TO THE OPERATIONS DIRECTOR MONTHLY THAT REPORTS HAVE BEEN REVIEWED AND IDENTIFY ERRORS - NOTIFY THE OPERATIONS DIRECTOR OF ANY BUDGET ADJUSTMENTS THAT NEED TO BE MADE NEIGHBORIMPACT BOARD - PROVIDE OVERSIGHT OF FINANCIAL OPERATIONS, BUDGET PROCESS AND DEVELOPMENT, AND REVIEW OF MONTHLY REPORTS WITH IN-DEPTH REVIEW BY THE FINANCE COMMITTEE - RECEIVE, REVIEW AND APPROVE AUDIT REPORTS AND MANAGEMENT LETTER - DIRECT CORRECTION OF ANY NON-COMPLIANCE IN THE AUDIT REPORT

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▸Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▸ Attach to Form 990.

OMB No 1545-0047

2011

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) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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	2,969,589	
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	OTHER Other ▸ (GOODS)	X	1	2,483	
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 |

			Yes	No
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?	30a		No
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?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USED TO PROCESS NONCASH CONTRIBUTIONS	SCHEDULE M, PAGE 1, PART I, LINE 32B	MOTORIZED VEHICLES WILL BE ACCEPTED PROVIDED THEY ARE BEING HANDLED AND DISPOSED OF BY AN INDEPENDENT PROCESSING CENTER AND NEIGHBORIMPACT IS HELD HARMLESS FROM ANY LIABILITY ASSOCIATED WITH THE VEHICLE DONATION

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NEIGHBORIMPACT

Employer identification number
93-0884929

Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990 - ORGANIZATION'S MISSION	SINCE 1985 TO DATE, NEIGHBORIMPACT (ORGANIZED AS A 501 (C)(3)), HAS BEEN RECOGNIZED BY THE OREGON HOUSING AND COMMUNITY SERVICES DEPARTMENT (OHCSD) AS A COMMUNITY ACTION AGENCY TO SERVE CROOK, DESCHUTES AND JEFFERSON COUNTIES AN AREA COMMONLY KNOWN AS CENTRAL OREGON LAST YEAR, NEIGHBORIMPACT PROVIDED SERVICES TO 66,000 RESIDENTS IN CENTRAL OREGON WHICH COMPRISES APPROXIMATELY 220,000 RESIDENTS AND 7,800 SQUARE MILES NEIGHBORIMPACT EMPLOYS MORE THAN 200 STAFF WITH AN ANNUAL BUDGET OF 14 5 MILLION AND SERVES OVER 66,000 INDIVIDUALS ANNUALLY A 14 MEMBER VOLUNTEER BOARD IS RESPONSIBLE FOR SETTING POLICY AND DIRECTION FOR THE AGENCY NEIGHBORIMPACT'S MISSION IS TO EMPOWER INDIVIDUALS AND FAMILIES TO SUCCEED AND BECOME ENGAGED CITIZENS IN THE COMMUNITY SINCE 1985, THE AGENCY HAS BEEN A LEADER IN DEVELOPING SOLUTIONS AND BRINGING RESOURCES TO THE CENTRAL OREGON REGION TO ADDRESS POVERTY ISSUES NEIGHBORIMPACT OFFERS A DIVERSE ARRAY OF SERVICES THAT MEET BASIC HUMAN NEEDS FOR FOOD AND SHELTER, AND ENRICH PEOPLE'S LIVES BY PROVIDING ACCESS TO INCREASED EDUCATION, SKILLS, AND HOPE FOR THE FUTURE THE AGENCY'S MISSION IS DELIVERED THROUGH THE SERVICES PROVIDED BY ITS THREE LARGEST DEPARTMENT AREAS THAT INCLUDE EMERGENCY SERVICES, EARLY CARE AND EDUCATION, AND THE HOUSING CENTER NEIGHBORIMPACT STAFF TAKES A TEAM APPROACH IN PROVIDING COMPREHENSIVE SERVICES THAT BUILD ON STRENGTHS OF THE CLIENT IN ORDER TO INCREASE ASSETS IN THE FOLLOWING AREAS, -PERSONAL (JOB SKILLS AND EDUCATIONAL SCHOOL READINESS) -FINANCIAL (EARNINGS, INCOME, SAVINGS, CREDIT) -SOCIAL (FORMAL AND INFORMAL SUPPORT NETWORKS) -FAMILY (FAMILY FUNCTIONING AND STABILITY) NEIGHBORIMPACT BELIEVES ASSETS HELP PEOPLE THROUGH TIMES OF NEED AND TO REALIZE THEIR POTENTIAL FOR THE FUTURE THE AGENCY'S STRATEGY IN BUILDING ASSETS IS ACCOMPLISHED THROUGH COMMUNICATION, COLLABORATION, AND COORDINATION OF SERVICES ACROSS PROGRAM AREAS AND IN PARTNERSHIP WITH CLIENTS AND OTHER SERVIE PROVIDERS THROUGH OUT CENTRAL OREGON NEIGHBORIMPACT PROVIDES THE FOLLOWING SERVICES TO ASSIST LOW AND MODERATE INCOME RESIDENTS OF CENTRAL OREGON EARLY CARE AND EDUCATION HEAD START/OREGON PRE-KINDERGARTEN ACCOMPLISHMENTS OF CHILDREN OF FAMILIES ENROLLED AND PROVIDED COMPREHENSIVE SERVICES - 502 CHILD CARE RESOURCES ACCOMPLISHMENTS OF PARENT REFERRALS - 499 OF ENHANCED REFERRALS - 160 OF TRAINING CLASSES PROVIDED - 132 OF HOURS OF EARLY CARE AND EDUCATION TRAINING - 380 OF CHILDCARE PROVIDERS TRAINING TO INCREASE SKILLS, KNOWLEDGE AND CHILD CARE QUALITY - 1033 EMERGENCY SERVICES & FOOD ENERGY SERVICES ACCOMPLISHMENTS LOW INCOME ENERGY ASSISTANCE PROGRAM (LIHEAP) REGULAR PAYMENTS - 4,337 OEA REGULAR PAYMENTS -1,766 TOTAL OTHER UTILITY ASSISTANCE FUND PAYMENTS - 401 TOTAL ENERGY ASSISTANCE PAYMENTS - 6,504 FAMILY SHELTER ACCOMPLISHMENTS OF INDIVIDUALS/HOUSEHOLDS SERVED - 92/32 OF INDIVIDUALS/HOUSEHOLDS THAT MOVED INTO STABILIZED HOUSING - 80/28 FOOD PROGRAM ACCOMPLISHMENTS OF LBS OF FOOD RECEIVED THROUGH OFB AND LOCAL SOURCES - 2,520,582 OF EMERGENCY FOOD BOXES DISTRIBUTED BY LOCAL MEMBER AGENCIES - 38,292 (A FOOD BOX IS DESIGNATED TO SERVE A FAMILY FOR 3-5 DAYS) OF INDIVIDUALS SERVED THROUGH EMERGENCY FOOD BANKS - 129,768 OF PEOPLE SERVED BY SUPPLEMENTAL FOOD BOXES OR BROWN BAG PROGRAMS - 218,341 RENTAL ASSISTANCE ACCOMPLISHMENTS OF HOUSEHOLDS WHO MAINTAINED THEIR HOUSING (RENTAL ASSISTANCE - 140 HH + 19 NEW HTBA HH) OF HOUSEHOLDS INTERVIEWED FOR ALL SERVICES AND REFERRALS THROUGH BEND EMERGENCY SERVICES - 3,358 TRANSITIONAL HOUSING ACCOMPLISHMENTS % OF PARTICIPANTS THAT OBTAIN PERMANENT HOUSING - 29 = 100% % OF PARTICIPANTS IN THE PROGRAM WITH NO EMPLOYMENT THAT OBTAIN AT LEAST PART-TIME EMPLOYMENT WITHIN ONE YEAR OF PROGRAM ENTRY - 48% HOUSING SERVICES HOME OWNERSHIP ACCOMPLISHMENTS OF INDIVIDUALS RECEIVING PRE-PURCHASE COUNSELING - 55 OF FACILITATED HOME SALES - 57 OF INDIVIDUALS ATTENDING HOME BUYER EDUCATION CLASSES - 123 FORECLOSURE PREVENTION COUNSELING - 230 FORECLOSURE PREVENTION WORKSHOP - 190 NEW INDIVIDUAL DEVELOPMENT ACCOUNT PARTICIPANTS (MATCHED SAVINGS) - 54 NEW INDIVIDUAL DEVELOPMENT ACCOUNT GRADUATES - 12 FINANCIAL FITNESS PARTICIPANTS - 124 FINANCIAL FITNESS SERIES GRADUATES - 32 INDIVIDUALS ATTENDING POST-PURCHASE WORKSHOPS - 38 OF CREDIT COUNSELING - 35 OF REVERSE MORTGAGE COUNSELING - 69 OF REVERSE MORTGAGE OBTAINED - 10 HOME REHABILITATION ACCOMPLISHMENTS OF REHABILITATION JOBS COMPLETED - 8 WEATHERIZATION ACCOMPLISHMENTS OF WEATHERIZATION JOBS COMPLETED - 315 OF INDIVIDUALS RECEIVING ENERGY EDUCATION - 350

Identifier	Return Reference	Explanation
EXPLANATION ON VOLUNTEERS AND TYPES OF SERVICES OR BENEFITS	FORM 990, PAGE 1, PART I, LINE 6	HEAD START- CLASSROOM ASSISTANCE, GOVERNANCE PARTICIPATION, FACILITIES & PLAYGROUND MAINTENANCE, FOOD SERVICE ASSISTANCE, OFFICE SUPPORT, ADVISORY COMMITTEE PARTICIPATION, STAFF TRAINING, CHILD HEALTH AND DEVELOPMENTAL SCREENING ASSISTANCE, INTERPRETATION AND TRANSLATION CCR- GRANT WRITING SUPPORT, DELIVERY OF LITERACY KITS TO CHILD CARE PROVIDER, AND STORY TIME READERS AT LOCAL CHILD CARE PROVIDERS FOOD PROGRAM- DRIVER ASSISTANCE PICKING UP AND DISTRIBUTING STORE RECOVERY FOOD, SORTING AND REPACKAGING FOOD DRIVE DONATIONS, MAINTAINING EDUCATIONAL GARDEN IN REDMOND, WAREHOUSE SUPPORT WITH PARTNER AGENCY TRUCK LOADING, WORKING AT LARGE FOOD DRIVES AND FUND RAISING EVENTS SHELTER- LANDSCAPING DUTIES INCLUDING WEEDING, PRUNING, PLANTING, SPREADING BARK DUST, YARD DEBRIS HAUL-AWAY, SWEEPING PARKING AREA AND DRIVEWAY HOUSING SERVICES- TEACHING CLASSES THE VOLUNTEERS HELP SET UP THE ROOM, ASSIST WITH SIGNING IN ALL PARTICIPANTS, MAKING SURE THEY HAVE AN INTAKE AND THAT IT IS FULLY COMPLETED HAND OUT BROCHURES AND MATERIALS HELPS THE COUNSELOR DURING THE CLASS WHEN NEEDED, THEN HELPS CLEAN UP THE ROOM AFTER CLASS HR- OFFICE ASSISTANCE DEVELOPMENT/COMMUNITY RELATIONS- SPECIAL EVENTS AND SERVING ON COMMITTEES PROVIDE LABOR AT ORGANIZATIONS' SIGNATURE FUNDRAISING EVENTS, EMPTY BOWLS, BREW FEST BOARD- SERVING ON THE BOARD AND COMMITTEES

Identifier	Return Reference	Explanation
SECOND ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4B	THE ENERGY ASSISTANCE PROGRAM PROVIDES ASSISTANCE, IN THE FORM OF PLEDGES TO UTILITY COMPANIES TO HOUSEHOLDS THROUGHOUT THE YEAR, PRIMARILY THROUGH FUNDING FROM THE LOW INCOME HOUSEHOLD ENERGY ASSISTANCE PROGRAM (LIHEAP), AND THE OREGON ENERGY ASSISTANCE PROGRAM (OEAP)

Identifier	Return Reference	Explanation
THIRD ACCOMPLISHMENT DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4C	HOME REHABILITATION SERVICES PROVIDE LOAN INTEREST DEFERRED LOANS TO LOW INCOME (80% AMI OR LESS) HOMEOWNERS TO MAKE HEALTH AND SAFETY IMPROVEMENTS TO THEIR HOMES CLIENTS MUST LIVE IN THE HOME THAT NEEDS REHABILITATION AND MUST BE CURRENT ON MORTGAGE AND TAXES TO QUALIFY FOR A LOAN

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	THE AUDITOR REVIEWS THE 990 WITH THE FINANCE/AUDIT COMMITTEE. IF THE COMMITTEE ACCEPTS THE 990 AS PRESENTED, IT IS RECOMMENDED TO THE BOARD FOR APPROVAL HOWEVER, BEFORE THE BOARD APPROVES THE 990, IT WILL REVIEW THE 990 WITH THE AUDITOR TO ENABLE EACH BOARD MEMBER TO PARTICIPATE IN THE REVIEW, EACH BOARD MEMBER RECEIVES A COPY OF THE 990

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	ON AN ANNUAL BASIS, A LIST OF INSIDERS WHO ENGAGE IN OR ARE REASONABLY LIKELY TO ENGAGE IN TRANSACTIONS THAT CONSTITUTE CONFLICTS OF INTEREST WITH THE ORGANIZATION IS DEVELOPED A DESIGNATED EMPLOYEE WILL BE RESPONSIBLE FOR MAINTAINING THIS LIST AND FOR OBTAINING ANNUAL DISCLOSURES FROM OFFICERS, DIRECTORS AND KEY EMPLOYEES

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	EVERY TWO YEARS (AT A MINIMUM), THE HUMAN RESOURCE MANAGER COLLECTS WAGE COMPARABLE DATA FROM A VARIETY OF SOURCES INCLUDING LOCAL EMPLOYERS BOTH PUBLIC AND NON-PROFIT, OTHER OREGON EMPLOYERS WITH LIKE POSITIONS, ASSOCIATIONS SUCH AS THE OREGON HEAD START ASSOCIATION, ASSOCIATION OF OREGON COMMUNITY DEVELOPMENT ORGANIZATIONS AND OTHER OREGON COMMUNITY ACTION, COMMUNITY DEVELOPMENT AND HEAD START PROGRAMS THIS DATA IS CONVERTED INTO A WAGE MATRIX WHICH IS LINE WITH WAGE GOALS APPROVED BY MANAGEMENT AND THE BOARD THE MATRIX IS USED AS A BASIS FOR COMPENSATION ADJUSTMENTS THE BOARD ANNUALLY REVIEWS THE COMPENSATION OF THE 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

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	EVERY TWO YEARS (AT A MINIMUM), THE HUMAN RESOURCE MANAGER COLLECTS WAGE COMPARABLE DATA FROM A VARIETY OF SOURCES INCLUDING LOCAL EMPLOYERS BOTH PUBLIC AND NON-PROFIT, OTHER OREGON EMPLOYERS WITH LIKE POSITIONS, ASSOCIATIONS SUCH AS THE OREGON HEAD START ASSOCIATION, ASSOCIATION OF OREGON COMMUNITY DEVELOPMENT ORGANIZATIONS AND OTHER OREGON COMMUNITY ACTION, COMMUNITY DEVELOPMENT AND HEAD START PROGRAMS THIS DATA IS CONVERTED INTO A WAGE MATRIX WHICH IS LINE WITH WAGE GOALS APPROVED BY MANAGEMENT AND THE BOARD THE MATRIX IS USED AS A BASIS FOR COMPENSATION ADJUSTMENTS THE BOARD ANNUALLY REVIEWS THE COMPENSATION OF THE HEAD START DIRECTOR, FISCAL DIRECTOR AND HUMAN RESOURCE MANAGER TO ENSURE THAT COMPENSATION RECEIVED DOES NOT EXCEED AN AMOUNT EQUAL TO THE RATE PAYABLE FOR LEVEL II OF THE EXECUTIVE SCHEDULE UNDER SECTION 5313 OF TITLE 5, UNITED STATES CODE

Identifier	Return Reference	Explanation
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST THE ANNUAL AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE FOR REVIEW ON THE ORANIZATION'S WEBSITE

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

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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 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 STREET REDMOND, OR 977569608 93-0884929	AFFORD HSG	OR	-95,928	1,203,027	N/A

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) Section 512(b)(13) controlled organization	
						Yes	No
(1) COMMUNITY ACTION FOUND OF CENT OR 2303 SW 1ST ST REDMOND, OR 97756 93-1030288	A H RENTAL	OR	509A3	11B	NEIGHBORIM	Yes	

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) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) DESCHUTES FAMILY HOUSING LP 2303 SW 1ST ST REDMOND, OR 97756 93-1127834	AH RENTAL	OR	CAFCO	EXCLUDED	-1,588	-95,549		No			No	99 000 %

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

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i		No
j Lease of facilities, equipment, or other assets from related organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations by related organization(s)	1l		No
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p		No
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	1r		No

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 other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) COMMUNITY ACTION FOUND OF CENT OR	D	164,083	
(2) COMMUNITY ACTION FOUND OF CENT OR	J	10,357	
(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, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation
GROUP EXEMPTION RELATIONSHIPS	SCHEDULE R	BOTH COMMUNITY ACTION FOUNDATION OF CENTRAL OREGON INC AND NEIGHBORIMPACT ARE ORGANIZATIONS EXEMPT FROM INCOME TAX AS DESCRIBED IN SECTION 501 C 3 OF THE INTERNAL REVENUE CODE NEIGHBORIMPACT IS A TYPICAL EXEMPT ORGANIZATION BECAUSE IT IS PUBLICLY SUPPORTED AND IS THEREFORE NOT A PRIVATE FOUNDATION BECAUSE IT IS AN ORGANIZATION DESCRIBED IN SECTION 509 A 2 OF THE CODE CAFCO ON THE OTHER HAND WAS FORMED SOLELY TO SUPPORT NEIGHBORIMPACT IN FURTHERANCE OF ITS CHARITABLE ACTIVITIES CAFCO THEREFORE IS NOT A PRIVATE FOUNDATION BECAUSE IT IS AN ORGANIZATION DESCRIBED IN SECTION 509 A 3 AS SET FORTH IN CAFCOS ARTICLES OF INCORPORATION AS AMENDED CAFCO WAS FORMED SOLELY TO SUPPORT NEIGHBORIMPACT CAFCOS DIRECTORS ARE APPOINTED BY NEIGHBORIMPACTS BOARD OF DIRECTORS ARTICLE IV OF CAFCOS RESTATED ARTICLES OF INCORPORATION INITIALLY PROVIDED THAT UPON DISSOLUTION OR FINAL LIQUIDATION OF CAFCO ITS ASSETS WOULD BE DISTRIBUTED TO NEIGHBORIMPACT OR TO A CLOSELY RELATED NONPROFIT ORGANIZATION IF NEIGHBORIMPACT WERE NO LONGER IN EXISTENCE THIS ARTICLE WAS SUBSEQUENTLY AMENDED HOWEVER TO SUBSTITUTE IRS STANDARD DISSOLUTION LANGUAGE AT THE REQUEST OF THE IRS
ADDITIONAL INFORMATION	SCHEDULE R	THE PRIMARY ACTIVITY OF COMMUNITY ACTION FOUNDATION OF CENTRAL OREGON IS THE RENTAL OF AFFORDABLE HOUSING

Additional Data

Software ID:
Software Version:
EIN: 93-0884929
Name: NEIGHBORIMPACT

Form 990, Special Condition Description:

Special Condition Description