## Form **990-EZ**

## EXTENDED TO NOVEMBER 15, 2017 Short Form

## Return of Organization Exempt From Income Tax

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

2016

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Claim of cognization			or the 2016 calendar year, or tax year beginning and ending						
More declared   Multiple and steps   Multiple and steps   Grip No. Doc, if mail is not delivered to street address)   Room/state   Felephione number   377 - 516 - 532.3	В	Check	C Name of organization		D Employer identification number				
Room/suite   Floorizable   Room/suite   Floorizable   Room/suite   Floorizable   Room/suite   Room/suite   System   Room/suite   System   Room/suite   Room/suite   System   Room/suite		Ad							
Number and street (or P.O. box, if mail is not clearward to street address)   Room/suite   Erleiphone number   1980 78 OPTH PL W   877-516-8323		Na	ame change OMF COMMUNITY OUTREACH				45-4643068		
1980	L	Init	tial return	Number and street (or P.O. box, if mail is not delivered to street address)  Room/suite					
Sections partially   EDMONDS   WA 98/26-64.00   Sections partially   EDMONDS   WA 98/26-64.00   Number   Website:   WWW. OMFCARS.ORG   Sections partially   Sections   Number   Website:   WWW. OMFCARS.ORG   Number   Website:   Websi		ter	inated 19807 80TH PL W			877-516-8323			
Department methods   EDMONDS, WA 98026-6406   Number   Accounting Methods   Scash   Acround wither (specify)     History     History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History   History		Am							
Accounting Method:	L	Application pending EDMONDS, WA 98026-6406							
Website:   WWW. OMPCARES.ORG	G	A							
Tax-exempt status (check only one)   X  501(6)(3)   001(6)	1	Website: ► WWW.OMFCARES.ORG							
Add lines 50, 6c, and 7 to lain get 0 determine gross receipts. If gross receipts are \$200,000 or more, or flotal assets (Part II, column (8) below) are \$500,000 or more, file Form 930 instead of Form 930-FZ   \$ 39,044.	J	Tax-exempt status (check only one) — $X$ 501(c)(3)  501(c) ( )  (insert no.)  4947(a)(1) or  527							
Part   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part  )	K Form of organization: X Corporation Trust Association Other							, , , , , , , , , , , , , , , , , , , ,	
Part   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part  )	L	Add I	ines 5b, 6c,	5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II,					
Contributions, gifts, grants, and similar amounts received   1   39 , 044 .	column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ								
Contributions, girls, grants, and similar amounts received   2   2   2   2   2   2   2   2   2	Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)								
Contributions, girls, grants, and similar amounts received   2   2   2   2   2   2   2   2   2	_		Check i	f the organization used Schedule O to respond to any question in this Part I				X	
2		1	Contributi	ons, gifts, grants, and similar amounts received			1	39,044.	
A linvestment income  4   Sa Gross amount from sale of assets other than inventory   5a   5b   5b   5c    5   Cain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)   5c   5b   5c    6   Gaming and fundraising events   5c   5c   5c   5c   5c   5c   5c   5		2	2 Program service revenue including government fees and contracts				2		
For the state of t		3	wembership dues and assessments				3		
b Less; cost or of prote protection of tundralsing events (add lines 6a and 6b and subtract line 6c)  6 Gars sincome from gaming and fundralsing events (add lines 6a and 6b and subtract line 6c)  7 a Gross sales of inventory, less returns and allowances  8 the revenue (describe in Schedule 0)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Corpancy, rent, utilities, and maintenance  11 Salaries, other compensation, and employee benefits  12 Corpancy, rent, utilities, and maintenance  13 Cother evenues (describe in Schedule 0)  14 Cocupancy, rent, utilities, and maintenance  15 Excess or (deficit) for the year (Subtract line 19)  16 Excess or (deficit) for the year (Subtract line 19)  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 19)  19 Net assets or fund balances at end of year. Combine lines 18 through 20  10 Net assets or fund balances at end of year. Combine lines 18 through 20  10 Net assets or fund balances at end of year. Combine lines 18 through 20  10 Net assets or fund balances at end of year. Combine lines 18 through 20  10 Net assets or fund balances at end of year. Combine lines 18 through 20  10 Net assets or fund balances at end of year. Combine lines 18 through 20	Expenses	4	mvestmer	investment income			4		
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	_		Paperwork I	Reduction Act Notice, see the senarate instructions			21		

Form 990-EZ (2016)