

Form **990-EZ**

Return of Organization Exempt From Income Tax

2017

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning and ending		D Employer identification number
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization OMF COMMUNITY OUTREACH Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 19807 80TH PL W City or town, state or province, country, and ZIP or foreign postal code EDMONDS, WA 98026-6406	E Telephone number 45-4643068 877-516-8323
G Accounting Method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶		F Group Exemption Number ▶
I Website: ▶ WWW.OMFCARES.ORG		H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
L Add lines 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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ		\$ 160,136.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) <input checked="" type="checkbox"/>	
Check if the organization used Schedule O to respond to any question in this Part I	
Revenue	
1 Contributions, gifts, grants, and similar amounts received	1 49,309.
2 Program service revenue including government fees and contracts	2 110,827.
3 Membership dues and assessments	3
4 Investment income	4
5a Gross amount from sale of assets other than inventory	5a
5b Less: cost or other basis and sales expenses	5b
5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
6 Gaming and fundraising events	
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b
6c Less: direct expenses from gaming and fundraising events	6c
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
7a Gross sales of inventory, less returns and allowances	7a
7b Less: cost of goods sold	7b
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8 Other revenue (describe in Schedule O)	8
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 160,136.
Expenses	
10 Grants and similar amounts paid (list in Schedule O)	10
11 Benefits paid to or for members	11
12 Salaries, other compensation, and employee benefits	12 32,027.
13 Professional fees and other payments to independent contractors	13 53,019.
14 Occupancy, rent, utilities, and maintenance	14
15 Printing, publications, postage, and shipping	15
16 Other expenses (describe in Schedule O) SEE SCHEDULE O	16 75,271.
17 Total expenses. Add lines 10 through 16	17 160,317.
Net Assets	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -181.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 1,178.
20 Other changes in net assets or fund balances (explain in Schedule O)	20 0.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 997.

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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