See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

OUR PLACE COMMUNITY MINISTRIES

Employer identification number

91-1384287

Form 990, Part III, Line 4d Program Service Expenses 62,815, Grants and allocations 0, Revenue 0 Hygiene (12,472 people served), Utilities, Transportation assistance (bus passes/gas vouchers), Thanksgiving food baskets

Form 990 Part Part III Line 4d Other program services includes $12,759 worth of personal hygiene products provided, $25,562 worth of emergency utility assistance, $11,372 worth of Thanksgiving food baskets, $4,540 worth of gas vouchers and bus tokens The remaining portion represents allocated overhead

Form 990 Part Part VI Section B Line 12C Officers and directors are monitored for conflict of interest through monthly board meetings

Form 990 Part Part VI Section c Line 19 The organization makes its governing documents, conflict of interest policy and its annual financial statements available to the public through its annual meeting in July, as well as Form 990, which is available for inspection by the State of Washington's Division of Charities

Form 990 Part Part VI Line 11 A copy of Form 990 was provided to members of the governing body prior to filing

Form 990 Part Part XI Line 5 Change in net assets of $81 to reflects write off of prior period employee advance