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Or call the IRS Identity Theft Hotline at 1-800-908-4490



CISR5LLF9P

**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

**2011****Open to Public  
Inspection**

Name of the organization

Jackson Street Youth Shelter, Inc

Employer identification number

93-1269503

Please see attachment.

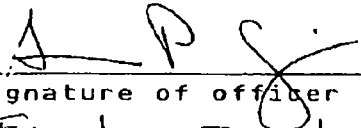
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Jan. 17, 2013 LTR 2694C O R  
93-1269503 201206 67  
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JACKSON STREET YOUTH SHELTER INC  
PO BOX 285  
CORVALLIS OR 97339

DECLARATION

013234

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

  
\_\_\_\_\_  
Signature of officer or trustee  
Executive Director  
\_\_\_\_\_  
Title

2/7/13  
\_\_\_\_\_  
Date