



City of Harrisonburg APPLICATION FOR TAX EXEMPTION

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|---|
| FOR OFFICE USE ONLY: |
| PAYMENT AMOUNT: <u>450⁰⁰</u> |
| RECEIVED ON: <u>1-30-24</u> |
| CHECK NUMBER: _____ |

The information requested on this application must be filled out completely and returned to the City Manager's office on or before January 30. Include a \$50 application fee made payable to City of Harrisonburg. Applicant must pay the cost of the public hearing ad or their share if multiple applicants.

Please attach a copy of your current (1) 501(c)(3) certificate; (2) By-Laws; (3) Articles of Incorporation; (4) most recent financial statement (audited, if available); (5) most recently filed IRS Form 990 or 990EZ.

ORGANIZATION NAME: Our Community Place

CDR KRR
Treasurer j/h
Finance h/r

MAILING ADDRESS: 17 E Johnson St,
Harrisonburg, VA 22802

CONTACT PERSON AND PHONE: Pesh Saleem (540) 442-7727

Type of property for which request is made (circle applicable) **PERSONAL PROPERTY** REAL ESTATE

If requesting a personal property exemption, please attach a detailed itemized listing of the specific item(s) for which the exemption is sought.

If requesting a real estate exemption, complete the following on each parcel for which exemption is sought:

Name in which property is held N/A

Property address _____

Map identification number _____

Taxes paid for the preceding three (3) years _____

Name in which property is held N/A

Property address _____

Map identification number _____

Taxes paid for the preceding three (3) years _____

Name in which property is held _____

Property address _____

Map identification number _____

Taxes paid for the preceding three (3) years _____

If requesting a personal property exemption, complete the following for each account for which exemption is sought:

2024
16450
567.53

Name assessed 2016 Nissan Frontier
 Account number 8489
 Asset type and location address Vehicle: 17 E Johnson Street, Harrisonburg, VA 22802

Taxes paid for the preceding three (3) years: \$ 583.05

18750 using 3.45
646.88

Name assessed 2016 Isuzu NPR Box truck
 Account number 8489
 Asset type and location address Vehicle: 17 E Johnson Street, Harrisonburg, VA 22802

Taxes paid for the preceding three (3) years: \$ 884.93

Please complete the following questions as referenced in City Ordinance 4-2-17 (copy enclosed) and Code of Virginia § 58.1-3651.

2024
2023 tax 5106.24
2022 4629.54
2021 4410.90

1. Do you currently own property in the City that is already tax-exempt?
 Yes No Real Estate Personal Property Accts 36226/8489
 If yes, what is the property Map ID #? NA 034 F 2
 On what date was the exemption granted? 2011
 How/By whom was the exemption granted? Karen Rose - Commissioner of the Revenue / City of Harrisonburg City Council

2. Does the organization have any rule, regulation, policy, or practice that unlawfully discriminates on the basis of religious conviction, race, color, sex, or national origin? Yes No

3. Does the organization hold a current annual alcoholic beverage license from the Virginia Alcoholic Beverage Control Board for serving alcoholic beverages on the property? If yes, please attach a copy.
 Yes No

4. What compensation is paid to each director, officer, and employee of the organization?
 Salary: \$303,918.00 per year for all 10 employees
 Health Reimbursements: \$28,500.00 per year for all 10 employees
 Phone usage reimbursements: \$2,100.00 per year for all 10 employees

5. What services does each director, officer, and employee render?
Matt Tibbles, Executive director: Leadership, Fundraising, Grants writing, supervision, emergency coverage for community center.

Pesh Saleem, Administrative Director: Donations collection and entry, Bookkeeping, Payroll, Bills, Taxes, and office management, emergency coverage for community center.

Amanda Morris, Case Management Director: Case management, Client budget help, supportive housing, resource and service coordination, benefits applications, transportation, representative payee management, emergency coverage for community center.

Yolo Moonsh-Adow, Coordinator: Fundraising and development, volunteer coordination, coverage for community center.

Brandon Patterson, Kitchen Manager: Coordinate food donations and kitchen food and supplies, cook for hundreds of community members per month and thousands per year.

Ed Mestre, Cook and Kitchen assistant: prepare, assist and cook with all the meals cooked and served

Keisha Duncan, Community Care: cover community center most days (provide care, support and manage services such as laundry, shower, mails, activities, volunteer support groups, etc for our homeless community members.

Tim Cummings, Housing Specialist: assist with housing applications, coordinate with landlords to secure housing, and continue support to community members once they are housed to ensure they can maintain housing.

Pedro Hernandez, Custodian: maintain building security, custodial items, fire foods for winter time, assist with laundry and shower times and arrangement for community members.

Kathy Hendley, Janitor: cleaning and organizing the community center 5 days a week due to the daily load of meals prep, food served and activities conducted for all community members in the building.

6. Does any part of the net earnings of the organization benefit any individual? If so, please explain.

No.

7. What percentage of the services provided by this organization is generated by funds received from donations, contributions, or local, state, or federal grants or funds? For purposes of this question, donation may include the providing of personal services or the contribution of in-kind or other material services. 100%

8. What specific services does the organization provide for the common good of the public?
On average, we serving 350 unique individuals annually.

OCP focuses on providing a supportive environment and nourishing meals five days a week. Along with serving nutritional food choices, we provide healthy lifestyle programming. The programming includes diabetes education, physical activities/stretching, and basic nutrition information. On average, we provide 20,000 hot meals per year.

Community center programming also provides the unhoused/homeless community access to incoming mail services, showers, and laundry services in conjunction to OCP volunteers who provide services mending clothing/backpacks to extend the life of their possessions and creative outlets like watercolor, We also have volunteers that assist with trauma-informed healing through various modalities such as Reiki, Healing Touch, Yoga, supportive listening, cooking classes and healthy relationship mentoring.

We provide a safe, loving and caring home for all community member who are experiencing homelessness, struggling and/or just want a place to feel accepted.

We coordinate activities and therapeutic and supportive groups by our staff and volunteers on a regular basis. Provide intermediate-need services such as helping people obtain IDs, apply for benefits from DSS, transportation to medical appointments.

We provide and coordinate service referrals to mental health and substance use treatment programs, and shared case management with other agencies such as the CSB, Strength in Peers, the Housing Authority, Mercy House

Rapid Rehousing program, and many more.

Finally, we provide assistance with obtaining long-term needs such as Medicaid insurance, permanent housing, disability income

9. What percentage of the activities of the organization involves carrying on propaganda or otherwise attempting to influence legislation?

_____ None _____

10. Does the organization participate or intervene in any political campaign on behalf of any candidate for public office?

_____ Yes No

I, Pesh Saleem (printed name), do hereby certify that the information provided and/or attached to this Application for Tax Exemption, is true and accurate, to the best of my knowledge. I acknowledge that knowingly providing false information will result in criminal charges pursuant to *Code of Virginia* § 58.1-11. I acknowledge that the organization I represent may be subjected to audit by the Commissioner of the Revenue, or an appointed employee of the Commissioner of the Revenue, to ensure that all information provided is true and correct.

Pesh Saleem
Signature

1/30/2024
Date

Administrative Director
Title

Dennis Kay Rye
Notary

My commission expires: 1/31/27

OGDEN UT 84201-0038

In reply refer to: 4055267774
Apr. 28, 2017 LTR 4168C 0
54-1835664 000000 00

00049921
BODC: TE

OUR COMMUNITY PLACE
17 E JOHNSON ST
HARRISONBURG VA 22802-4714

Employer ID Number: 54-1835664
Form 990 required: Yes

Dear Taxpayer:

This is in response to your request dated Mar. 31, 2017, regarding your tax-exempt status.

We issued you a determination letter in March 2001, recognizing you as tax-exempt under Internal Revenue Code (IRC) Section 501(c)(3).

Our records also indicate you're not a private foundation as defined under IRC Section 509(a) because you're described in IRC Sections 509(a)(1) and 170(b)(1)(A)(vi).

Donors can deduct contributions they make to you as provided in IRC Section 170. You're also qualified to receive tax deductible bequests, legacies, devises, transfers, or gifts under IRC Sections 2055, 2106, and 2522.

In the heading of this letter, we indicated whether you must file an annual information return. If a return is required, you must file Form 990, 990-EZ, 990-N, or 990-PF by the 15th day of the fifth month after the end of your annual accounting period. IRC Section 6033(j) provides that, if you don't file a required annual information return or notice for three consecutive years, your exempt status will be automatically revoked on the filing due date of the third required return or notice.

For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).

If you have questions, call 1-877-829-5500 between 8 a.m. and 5 p.m., local time, Monday through Friday (Alaska and Hawaii follow Pacific Time).

Sincerely yours,

Stephen A. Martin

Stephen A. Martin
Director, EO Rulings & Agreements

Bylaws of Our Community Place

Approved November 9, 2020

Article I Membership

The corporation shall have no members, but shall be governed by the Board of Directors (henceforth referred to as Directors).

Article II Board of Directors

Section 1 – General Powers – The Board provides policy and governance direction for the organization through adoption and revision of the mission, vision, values, and strategic plans; by establishing policies to guide the work and safety of the organization; and it hires the executive director to run the organization and annually reviews the executive director's performance in alignment with his/her contract (job description). The Board will also approve the annual budget, hire the auditor, review and approve the annual audit/financial statements and Form 990 documents, and sign organizational contracts for property and services, unless delegated to the executive director.

Section 2 – Expectations – Directors will be good stewards of the fiscal and physical resources of OCP. Directors will strive to sustain the vision of OCP by being open and honest, sharing talents, ideas, and responsibilities while being respectful of all persons. Board members are encouraged to be active in the OCP community. Directors will sign the Board Member Contract upon becoming board members (Directors); make an annual financial donation to OCP; and are strongly encouraged to serve on at least one committee. Directors recognize that they must speak with one voice to the community for the benefit of the organization. The Board Chair is the only person delegated to speak on behalf of the Board, unless the Board delegates that responsibility to another person. The Executive Director also speaks on behalf of the organization, but not for the Board unless delegated by the Board to do so.

Section 3 – Election and Terms of Directors

- a) Election of Directors shall occur at the end of each fiscal year, with new Directors to be seated at the first meeting of the new fiscal year, unless otherwise determined by the Board of Directors. The terms of Directors shall be staggered. Directors shall serve three-year terms with approximately one-third of the Directors elected each year. Each Director shall hold office until his/her term expires and until his/her successor has been elected and qualified.
- b) New Directors shall be approved by a majority vote according to the rules below in Section 15.
- c) Directors who are renewing their term shall likewise be approved by the rules below in Section 15. Board members who are requesting renewal of their term of service may not

- vote on their own re-appointments (they must recuse themselves) and they must be absent from the room during discussion of and voting on their renewal request.
- d) While there is no limit to the number of terms a Director may serve, Directors are strongly encouraged to serve no more than two terms without rotating off so that new ideas, skills, energy and individuals with new social networks can come on to enrich the Board and organization.
 - e) The Board shall be limited to 16 members, unless otherwise changed by a vote of the Board.

Section 4 – Vacancies – Any vacancy occurring on the Board may be filled by consensus of the remaining Directors. A Director chosen to fill a vacancy shall do so for the unexpired term of his or her predecessor in office.

Section 5 – Removal of Directors – A Director may be removed by a vote of the Board at any regularly scheduled or special meeting of the Board, whenever in its judgment the best interests of the corporation would be served thereby.

Section 6 – Resignation – Except as otherwise required by law, a Director may resign from the Board at any time by giving notice in writing to the Board. Such resignation shall take effect at the time specified therein, and no acceptance of such resignation shall be necessary to make it effective.

Section 7 – Meetings of the Board (regular meetings, special meetings, quorum, removal of Directors for missing meetings)

- a) Meetings of the Board, regular or special, may be held at such place and upon such notice as may be prescribed by resolution of the Board of Directors.
- b) The Board shall hold at least four regular meetings a year, but may meet more frequently if circumstances require.
- c) A Director's attendance at any meeting shall constitute waiver of notice of such meeting, excepting such attendance at a meeting by the director for the purpose of objecting to the transaction of business because the meeting is not lawfully called or convened.
- d) Neither the business to be transacted at, nor the purpose of any regular meeting of the Board need be specified in the notice or waiver of such meeting.
- e) The business to be transacted at any special meeting of the Board must be specified in the notice of such meeting, and no other business may be transacted at such meeting.
- f) Directors agree to attend all Board meetings if possible. If a Board member must miss a meeting, that Board member will contact the Board Chair or another Board member to inform him/her of the absence. If a Director misses three monthly meetings or two quarterly meetings (or another number of meetings as decided by a vote of the Board) during the course of the year, then the Board may call a special meeting to discuss removal of the Director. Directors are responsible for staying informed of all material covered and decisions made in missed meetings, and may do so by reading the Board minutes of any such meeting missed. If Board members are not able to fulfill their

responsibilities, they are encouraged to leave the Board, but continue to be a part of the organization if they so desire.

- g) **Quorum** – A quorum of 60% of the Board members must be present to transact business.

Section 8 – Informal Action by Directors. Unless otherwise restricted by the Articles of Incorporation of these Bylaws, any action required or permitted to be taken by the Board may be taken without a meeting if 60% of the Directors consent in writing to the adoption of a resolution authorizing the action. The resolution and the written consents thereto by the directors shall be filed with the minutes of the proceedings of the Board.

Section 9 – Officers. The Board of OCP shall elect a President, a Vice-President, a Secretary, and a Treasurer. The most recent former President shall serve as an Officer in the role of President Emeritus, but have no responsibilities aside from advising the new President and other Officers. Officers shall not receive any compensation for the duties of their office and must be Directors of the Corporation. Any two offices may be held by the same person, except that the President may not hold another office.

Section 10 – Terms of Office. The officers of OCP shall be elected for one-year terms. Vacancies may be filled, or new offices created and filled, at any meeting of the Board. Each officer shall hold office until a successor shall have been duly elected or appointed.

Section 11 – Removal. Any officer may be removed by a vote of the Board of Directors in office whenever in the Board's judgment the best interests of the Corporation will be served thereby.

Section 12 – Resignation from Office. Officers may resign at any time by providing written notice to the President of the Board.

Section 13 – Officers and Responsibilities.

- a) **President** – The president will preside at (chair) Board meetings and the Annual Community Meeting, or assure that the role is filled in a manner that is satisfactory to the Board. The president shall have the power to enter into contracts by board approval in the name of Our Community Place. The President shall have the power to call a special meeting of the Board of Directors. The president will, in coordination with the Executive Director, develop the agenda for each Board meeting.
- b) **Vice-President** – The VP shall fulfill the role of the President in his/her absence. The VP shall in general perform all duties incidental to the office as the Board may define.
- c) **Treasurer** – The Treasurer will oversee custody of the funds of the organization, subject to such regulations as imposed by the Board. The Treasurer will be responsible for the oversight of all financial records of the corporation. He/she will assure that full accounts are kept of all monies and obligations received and paid. The Treasurer will, along with senior management, and other Directors who may be serving on a Finance Committee, prepare the annual budget, and review monthly income and expense and balance statements before sending them to other Board members. The Treasurer and Finance Committee will select the annual auditor, hire the firm, and receive and review the

reports, on behalf of the Board of Directors. The Treasurer shall in general perform all duties incidental to the office as the Board may define.

- d) **Secretary** – The Secretary will be responsible for recording the minutes of regular and special Board meetings and will perform any other duties incidental to the office as the Board may define.

Section 14 – Agents and Employees. The Board may choose to appoint an Executive Director, who shall serve at the pleasure of the Board. The Executive Director shall hire, direct, and discharge all other agents and employees, who shall have such authority and perform such duties as may be required to carry out the operations of the corporation. The Board shall not terminate the employment of the Executive Director without adequate and documented cause.

Section 15 – Decision Making Method. A quorum of at least 60% is required to transact any Board business. That is, to take a vote. A vote will be considered affirmative if at least 60% of the quorum present votes in favor.¹

Section 16 – Conflict Resolution. Directors recognize that each individual is unique, and that differences of opinion and conflict are inevitable. Consequently, each Director agrees to exercise patience and resolve conflicts in a manner appropriate to the spirit of a cooperative relationship. If a situation seems particularly difficult, the Board may seek outside mediation to help resolve the situation.

Section 17 – Committee of the Board. All Directors are strongly encouraged to serve on at least one committee of the Board. The only standing committees are the Executive Committee (composed of all the Officers of the Board, which functions to make decision between Board meetings), the Nominations Committee (which functions to review and propose new Directors for membership on the Board), the Development Committee (which assists management staff with raising funds for the organization), and the Finance Committee (which assists the Treasurer in ensuring the financial integrity of the organization). Each committee shall write a statement of purpose to guide its work. Ad hoc or temporary committees may be established as needed by the Board, with their purposes clearly declared and their timeline for existence clearly established.

¹ For example, a quorum for a Board size of 16 would be 10 persons (greater than 60% of 16). If the Board has 14 members present, a minimum of 60% voting a certain way would be 9 persons; for 12 present, 8 persons; and for 10 present, 6 persons. If the Board size is 14, 9 persons would be a quorum. For a passing vote, 60% of 14 would be 9 persons. 60% of 9 persons (the minimum quorum) would be 6 persons.

ARTICLES OF INCORPORATION
OF
Our Community Place

We hereby associate to form a nonstock corporation under the provisions of Chapter 2 of Title 13.1 of the Code of Virginia, 1950, as amended, and to that end set forth the following:

I. NAME

The name of the corporation is Our Community Place.

II. PURPOSES

The purposes for which the corporation is organized are as follows:

- A. To accomodate, foster and provide activities and programs related to personal growth and community well being.
- B. To be a resource and network in the community for individuals seeking information or services already provided by other organizations.
- C. To help empower individuals toward self-sufficiency.

III. MEMBERSHIP

The corporation shall have no members.

IV. BOARD OF DIRECTORS

The affairs of the corporation shall be managed by a board of directors. Directors shall be elected for one year terms by the board of directors. Vacancies may be filled by the remaining directors.

V. FIRST BOARD OF DIRECTORS

Five (5) directors shall serve on the initial board of directors. Their names and addresses are as follows:

| Name | Address |
|-----------------|--|
| Ronald Copeland | 621 N. Main Street Harrisonburg, VA 22802 |
| Vaunda Brown | 2067 Eversole Road Harrisonburg, VA 22802 |
| Terry Donovan | 840-A Jefferson Street Harrisonburg, VA 22802 |
| Mike Deaton | 503 N. Westview St. Bridgewater, VA 22812 |
| Tom Hawkins | 105 Meigs Ln. Dayton, VA 22821 |

VI. NON-PROFIT

The corporation is a non-profit organization. No part of any net earnings shall inure to the benefit of any director, officer, or individual, except that the corporation shall be authorized and empowered to pay reasonable compensation for services rendered. Notwithstanding any other provision of these articles the corporation shall not carry on any other activities not permitted to be carried on (a) by the corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue law) or (b) by a corporation, contributions to which are deductible under Section 170

(c)(2) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue law). Upon dissolution or final liquidation of the corporation, all assets of the corporation shall, after payment of its indebtedness, be distributed to an organization or organizations having an appropriate exemption status under the provisions of Section 501(c)(3) of the Internal Revenue Code, as amended, or as it may hereafter be amended.

VII. INITIAL REGISTERED AGENT

The name of the initial registered agent is Ronald A. Copeland, who is a resident of Virginia and a director of the corporation. The post office address of the initial registered office is The Little Grill, 621 N. Main Street, Harrisonburg, Virginia 22802, which is in the City of Harrisonburg. The business office of the initial registered agent is identical with the registered office.

INCORPORATORS

Ronald A. Copeland

Vaunda Brown

Terry Donovan

Mike Deaton

Tom Hawkins

ARTICLES OF RESTATEMENT
OF
OUR COMMUNITY PLACE

RESTATED ARTICLES OF INCORPORATION
OF
OUR COMMUNITY PLACE

I. NAME

The name of the corporation is Our Community Place.

II. PURPOSES

The purposes for which the corporation is organized are as follows:

A. To promote the concept of an inclusive community which appreciates diversity and sees differences and conflict as opportunities for spiritual growth.

B. To accommodate, foster and provide activities and programs related to personal growth and community well being.

C. To be a resource and network in the community for individuals seeking information or services already provided by other organizations.

D. To educate and empower individuals toward self-sufficiency, thus creating social capital for the community at large.

III. MEMBERSHIP

The corporation shall have no members.

IV. BOARD OF DIRECTORS

The affairs of the corporation shall be managed by a board of directors. The number of directors shall be not less than 5 nor greater than 25 and shall be fixed by the board of directors. Directors shall be elected for three year terms by the board of directors. At the first meeting after

adoption of these Restated Articles the terms shall be staggered by lot. Vacancies may be filled by the remaining directors.

V. NON-PROFIT STATUS

The corporation is a non-profit organization. No part of any net earnings shall inure to the benefit of any director, officer, or individual, except that the corporation shall be authorized and empowered to pay reasonable compensation or services rendered. Notwithstanding any other provision of these articles the corporation shall not carry on any other activities not permitted to be carried on (a) by the corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States Internal Revenue law) or (b) by a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States Internal Revenue law). Upon dissolution or final liquidation of the corporation, all assets of the corporation shall, after payment of its indebtedness, be distributed to an organization or organizations having an appropriate exemption status under the provisions of Section 501(c)(3) of the Internal Revenue Code of 1986 (or the corresponding provision of any future United States Internal Revenue law).

OUR COMMUNITY PLACE
Statement of Financial Position
As of January 30, 2024

| | Total |
|---|----------------------|
| ASSETS | |
| Current Assets | |
| Bank Accounts | |
| 1000 PVFCU CHECKING | 30,241.99 |
| 1010 PVFCU SAVINGS | 74,300.87 |
| 1015 DESIGNATED FUNDS | 12,945.90 |
| 1020 REP PAYEE CHECKING | 8,242.43 |
| 1025 REP PAYEE SHARES | 5.00 |
| 1030 PETTY CASH | 25.00 |
| 1050 CASH CARDS | 100.00 |
| 1060 SQUARE | 0.00 |
| Membership Share - 1 | 5.00 |
| Total Bank Accounts | \$ 125,866.19 |
| Accounts Receivable | |
| 1100 ACCOUNTS RECEIVABLE | -33,903.10 |
| COMMUNITY MEMEBER PAYABLES | 0.00 |
| Total Accounts Receivable | -\$ 33,903.10 |
| Other Current Assets | |
| 1040 UNDEPOSITED FUNDS | 6,770.90 |
| 1200 TEMPORARY LOANS | |
| 1201 COMMUNITY LOAN | 0.00 |
| 1203 PAYROLL ADVANCES | 0.00 |
| Total 1200 TEMPORARY LOANS | \$ 0.00 |
| Payroll Corrections | 0.00 |
| Payroll Refunds | 23.93 |
| Total Other Current Assets | \$ 6,794.83 |
| Total Current Assets | \$ 98,757.92 |
| Fixed Assets | |
| 1500 LAND | |
| 1501 17 E. JOHNSON ST. | 60,000.00 |
| 1502 80 E. JOHNSON ST. | 25,000.00 |
| 1503 50 RESERVOIR ST. | 56,000.00 |
| Total 1500 LAND | \$ 141,000.00 |
| 1510 BUILDINGS | |
| 1511 17 E. JOHNSON | 125,535.41 |
| 1512 80 E. JOHNSON | 64,130.71 |
| 1513 50 RESERVOIR | 97,162.78 |
| 1517 WHITE HOUSE (deleted) | 34,054.17 |
| 1518 WHITE HOUSE RENOVATIONS | -34,054.17 |
| Total 1517 WHITE HOUSE (deleted) | \$ 0.00 |
| Total 1510 BUILDINGS | \$ 286,828.90 |

| | | |
|--|-----|-------------------|
| 1530 MACHINERY & EQUIPMENT | | 39,293.28 |
| 1540 FURNITURE & FIXTURES | | 7,914.41 |
| 1550 COMPUTER EQUIPMENT | | 2,945.35 |
| 1560 VEHICLES | | 65,780.64 |
| 1580 CONSTRUCTION IN PROGRESS | | 0.00 |
| 1590 ACCUMULATED DEPRECIATION | | -122,083.49 |
| Total Fixed Assets | \$ | 421,679.09 |
| TOTAL ASSETS | \$ | 520,437.01 |
| LIABILITIES AND EQUITY | | |
| Liabilities | | |
| Current Liabilities | | |
| Accounts Payable | | |
| 2010 ACCOUNTS PAYABLE | | -552.15 |
| Total Accounts Payable | -\$ | 552.15 |
| Credit Cards | | |
| Brandon Patterson (1581) | | 381.97 |
| Corey Chandler (3624) | | 1,854.49 |
| Dave & Brandon (5082) | | 0.00 |
| Matt Rep Payee (5413) | | 2,535.56 |
| Matt Tibbles (5421) | | 1,165.97 |
| Pesh Saleem (4903) | | 2,352.59 |
| Sam Nickels (1461) | | 0.00 |
| Sam Nickels (3830) Rep Payee | | 0.00 |
| Symone Bolden (1235) | | 0.00 |
| Tim Joplin (1479) | | 0.00 |
| Total Credit Cards | \$ | 8,290.58 |
| Other Current Liabilities | | |
| 2100 ACCRUED LIABILITIES | | |
| 2110 ACCRUED WAGES | | 2,227.21 |
| 2120 ACCRUED PAID LEAVE | | 19,469.21 |
| 2130 ACCRUED PAYROLL TAXES | | 866.82 |
| 2150 ACCRUED EXPENSES-OTHER | | 0.00 |
| Total 2100 ACCRUED LIABILITIES | \$ | 22,563.24 |
| 2160 SALES TAX PAYABLE | | -396.41 |
| 2170 REP PAYEE | | 15,965.98 |
| 2180 HOUSING PRG SEC DEPOSITS | | |
| 2181 50 RESERVOIR | | 720.00 |
| 2182 52 RESERVOIR | | 720.00 |
| Total 2180 HOUSING PRG SEC DEPOSITS | \$ | 1,440.00 |
| City of Harrisonburg Tax Payable | | 45.19 |
| City Sales Tax Payable | | -449.43 |
| Total City of Harrisonburg Tax Payable | -\$ | 404.24 |
| Direct Deposit Payable | | 0.00 |
| Loans | | |
| Community Financing Loans | | 0.00 |
| Loans From Individuals | | 0.00 |
| PVFCU Equity Line | | 0.00 |

| | | |
|--------------------------------------|----|------------|
| Total Loans | \$ | 0.00 |
| Out Of Scope Agency Payable | | 0.00 |
| Payroll Liabilities | | 2,127.00 |
| Federal Taxes (941/943/944) | | 31.00 |
| GT65 50K | | 496.74 |
| Life Insurance Deduction Pre-Tax | | -2,038.48 |
| VA Income Tax | | 400.43 |
| VA SUI Employer | | 47.93 |
| Total Payroll Liabilities | \$ | 1,064.62 |
| Repayment | | |
| Cash Advance Repayment | | 10.10 |
| Total Repayment | \$ | 10.10 |
| Sales Tax Agency Payable | | 0.00 |
| Special Payroll Deductions | | 1,138.23 |
| VA Department of Taxation Payable | | 202.57 |
| Total Other Current Liabilities | \$ | 41,584.09 |
| Total Current Liabilities | \$ | 49,322.52 |
| Long-Term Liabilities | | |
| 2200 NOTES & MORTGAGES PAYABLE | | |
| 2210 INDIV-UNRELATED PARTIES | | 0.00 |
| 2220 OFFICERS & DIRECTORS | | 0.00 |
| 2230 PVFCU EQUITY LINE | | 0.00 |
| 2240 MORTGAGE-80 E. JOHNSON | | 0.00 |
| 2250 DOMONOSKE/FLAMIANO | | 0.00 |
| 2251 DAMES | | 33,260.29 |
| 2252 CHAMBLEE | | 24,000.00 |
| 2253 OTTERBEIN CHURCH | | 48,051.67 |
| 2254 ZIMMERMANN/ KLASSAN | | 28,825.55 |
| 2255 GIER/ GILMER | | 34,304.97 |
| Total 2200 NOTES & MORTGAGES PAYABLE | \$ | 168,442.48 |
| Total Long-Term Liabilities | \$ | 168,442.48 |
| Total Liabilities | \$ | 217,765.00 |
| Equity | | |
| 3010 UNRESTRICTED NET ASSETS | | 313,259.27 |
| 3100 TR NET ASSETS | | 0.00 |
| Opening Balance Equity | | -34,852.68 |
| Unrestricted Net Assets | | 90,306.12 |
| Net Revenue | | -66,040.70 |
| Total Equity | \$ | 302,672.01 |
| TOTAL LIABILITIES AND EQUITY | \$ | 520,437.01 |

OUR COMMUNITY PLACE
Statement of Activity (Income vs Expense)
 April 1, 2023 - January 30, 2024

| | Total |
|--|----------------------|
| Revenue | |
| 4000 DONATION-W/OUT RESTRICTION | 27,086.45 |
| 4010 INDIVIDUALS | 85,586.75 |
| 4020 CHURCHES | 13,115.41 |
| 4030 BUSINESS, ORG | 6,162.69 |
| 4050 NAP | 13,010.00 |
| Total 4000 DONATION-W/OUT RESTRICTION | \$ 144,961.30 |
| 4190 RESTRICTED DONATIONS | 530.00 |
| 4400 GOVT GRANTS | 16,250.00 |
| 4430 NON-GOVT GRANTS | 170,879.63 |
| 4500 EVENTS | |
| 4501 NIGHT OUT | -82.91 |
| 4502 NIGHT OUT MEALS | 2,417.78 |
| 4503 NIGHT OUT DONATION | 439.00 |
| 4505 NIGHT OUT COSTS | -2,072.31 |
| Total 4501 NIGHT OUT | \$ 701.56 |
| 4560 GALA | |
| 4561 GALA SPONSORSHIPS | 19,710.00 |
| 4562 GALA DONATIONS | 3,074.10 |
| 4563 GALA TICKETS | 4,377.91 |
| 4564 GALA SILENT AUCTION | 2,701.85 |
| 4565 GALA COSTS | -2,946.75 |
| Total 4560 GALA | \$ 26,917.11 |
| 4571 GREAT COMMUNITY GIVE (GCG) | |
| 4572 COMMUNITY GIVE DONATIONS | 79,252.05 |
| Total 4571 GREAT COMMUNITY GIVE (GCG) | \$ 79,252.05 |
| 4591 OTHER EVENTS | |
| 4593 OTHER EVENT DONATIONS | 1,941.00 |
| Total 4591 OTHER EVENTS | \$ 1,941.00 |
| Total 4500 EVENTS | \$ 108,811.72 |
| 4600 KITCHEN REVENUE | |
| 4610 BOX LUNCHES/ CATERING INCOME | 1,115.00 |
| 4630 RESTAURANT MEALS INCOME | 6,103.21 |
| 4640 RESTAURANT DONATIONS | 3,856.92 |
| Total 4600 KITCHEN REVENUE | \$ 11,075.13 |
| 4650 RENTAL | |
| 4651 FACILITIES | 45.55 |
| 4657 RENTAL-OTHER | 218.25 |
| Total 4650 RENTAL | \$ 263.80 |
| 4660 HOUSING PROGRAM | |
| 4661 50 Reservoir St. Unit# 101 Rent | 5,960.00 |

| | |
|--------------------------------------|----------------------|
| 4662 50 Reservoir St. Unit# 102 Rent | 7,030.00 |
| 4663 50 Reservoir St Unit#B101 Rent | 4,616.00 |
| 4664 50 Reservoir St Unit#B102 Rent | 3,766.00 |
| Total 4660 HOUSING PROGRAM | \$ 21,372.00 |
| 4670 OTHER REVENUE | 3,488.85 |
| Sales of Product Revenue | 148.66 |
| Unapplied Cash Payment Income | -545.76 |
| Uncategorized Income | 136.29 |
| Total Revenue | \$ 477,371.62 |
| Gross Profit | \$ 477,371.62 |
| Expenditures | |
| 1000 BOARD EXPENSES | 12.44 |
| 5000 PERSONNEL EXPENSES | |
| 5001 WAGES | 9,195.11 |
| 5002 PAYROLL TAXES | 629.13 |
| 5003 QSEHRA HEALTH REIMBURSEMENTS | 9,576.48 |
| 5004 HEALTH FLEX FUND REIMBURSEMENTS | 2,253.72 |
| 5005 PHONE REIMBURSEMENTS | 585.10 |
| Payroll Expenses | |
| Taxes | 17,199.40 |
| Wages | 222,430.40 |
| Total Payroll Expenses | \$ 239,629.80 |
| Reimbursements | 3,596.40 |
| Total 5000 PERSONNEL EXPENSES | \$ 265,465.74 |
| 5100 FEES FOR SERVICES | |
| 5130 CONSULTANTS | 8,661.67 |
| Total 5100 FEES FOR SERVICES | \$ 8,661.67 |
| 5300 OFFICE OPERATIONS | |
| 5310 DEPRECIATION | 6,366.72 |
| 5320 MORTGAGE INTEREST | 2,648.33 |
| 5330 OTHER EXPENSES-OCCUPANCY | 80.63 |
| 5340 PROPERTY TAXES | 2,556.13 |
| 5350 REPAIRS & MAINTENANCE | 1,469.61 |
| 5360 UTILITIES | |
| 5362 ELECTRICITY | 2,565.09 |
| 5366 WATER & TRASH | 944.19 |
| Total 5360 UTILITIES | \$ 3,509.28 |
| Total 5300 OFFICE OPERATIONS | \$ 16,630.70 |
| 5400 OFFICE EXPENSES | |
| 5410 BANK CHARGES | 1,013.03 |
| 5430 OFFICE POSTAGE & MAILING | 1,021.68 |
| 5440 PRINTING & COPYING | 2,524.94 |
| 5450 SUPPLIES | 541.48 |
| 5460 TELEPHONE | 772.25 |
| Total 5400 OFFICE EXPENSES | \$ 6,123.37 |
| 5500 TECHNOLOGY COSTS | |
| 5520 INTERNET | 2,571.38 |

| | |
|--|--------------|
| 5530 SOFTWARE | 2,512.26 |
| Total 5500 TECHNOLOGY COSTS | \$ 5,083.64 |
| 5600 CONFERENCES & MEETINGS | 1,277.40 |
| 5620 CONFERENCES & TRAINING | 1,550.52 |
| 5630 MEETINGS | 119.60 |
| Total 5600 CONFERENCES & MEETINGS | \$ 2,947.52 |
| 5700 INSURANCE | 58.44 |
| 5720 PROPERTY & LIABILITY | 3,836.75 |
| 5730 VEHICLE | 1,029.50 |
| 5740 WORKERS COMPENSATION | 1,360.97 |
| Total 5700 INSURANCE | \$ 6,285.66 |
| 5800 VEHICLE EXPENSE | |
| 5810 FUEL | 1,709.83 |
| 5820 LICENSING & FEES | 107.05 |
| 5830 MAINTENANCE & REPAIRS | 2,745.56 |
| 5840 PERSONAL PROPERTY TAX | 1,519.73 |
| Total 5800 VEHICLE EXPENSE | \$ 6,082.17 |
| 6000 PROGRAMMING & SERVICES | |
| 6010 CASE MANAGEMENT | 5,981.86 |
| 6020 COMM CENTER ACTIVITIES | 45.45 |
| Total 6000 PROGRAMMING & SERVICES | \$ 6,027.31 |
| 7000 KITCHEN GENERAL OPERATION | |
| 7010 GENERAL GROCERIES | 4,396.95 |
| 7020 GENERAL SUPPLIES | 2,075.26 |
| 7020 GENERAL SUPPLIES (deleted) | 539.82 |
| 7030 LINENS | 2,717.50 |
| 7040 LICENSES & FEES | 160.00 |
| 7050 REPAIRS & MAINTENANCE | 3,631.84 |
| Total 7000 KITCHEN GENERAL OPERATION | \$ 13,521.37 |
| 7500 RESTAURANT OPERATION | 4.03 |
| 7510 RESTAURANT GROCERIES | 5,699.17 |
| 7520 RESTAURANT SUPPLIES | 1,170.74 |
| Total 7500 RESTAURANT OPERATION | \$ 6,873.94 |
| 7600 BOX LUNCH EXPENSES | |
| 7610 BOX LUNCH GROCERIES | 253.01 |
| Total 7600 BOX LUNCH EXPENSES | \$ 253.01 |
| 8000 50 RESERVOIR St. Unit# 101&102 (UP) | |
| 8010 UTILITIES | |
| 8011 ELECTRIC | 1,054.27 |
| 8012 WATER/SEWER/TRASH | 415.53 |
| Total 8010 UTILITIES | \$ 1,469.80 |
| 8014 REPAIRS AND MAINTENANCE | 1,184.99 |
| Total 8000 50 RESERVOIR St. Unit# 101&102 (UP) | \$ 2,654.79 |
| 8040 50 RESERVOIR St. Unit# B101 & B102 (DOWN) | |
| 8050 UTILITIES | |
| 8051 ELECTRIC | 1,285.76 |
| 8052 WATER/SEWER/TRASH | 908.82 |

| | | |
|---|------------|-------------------|
| 8053 INTERNET | | 455.56 |
| 8054 FIRE ALARM MONITOR SYS | | 479.04 |
| Total 8050 UTILITIES | \$ | 3,129.18 |
| 8055 REPAIRS AND MAINTENANCE | | 437.78 |
| 8056 RENT REFUND | | 350.00 |
| Total 8040 50 RESERVOIR St. Unit# B101 & B102 (DOWN) | \$ | 3,916.96 |
| 8060 CC-Capital Improvements | | 39,170.42 |
| 8070 Housing-Capital Improvements | | 74,194.61 |
| 8090 BRAFB 2023 Expenses | | 4,997.76 |
| 9000 COMMUNITY CENTER OPERATION | | |
| 9100 COMMUNITY CENTER SUPPLIES | | 1,280.94 |
| 9200 COMMUNITY CENTER MAINTENANCE & REPAIRS | | 815.28 |
| 9300 COMMUNITY CENTER WATER | | 1,432.01 |
| 9400 COMMUNITY CENTER ELECTRICITY | | 304.35 |
| 9500 COMMUNITY CENTER TRASH | | 2,133.27 |
| 9600 COMMUNITY CENTER NATURAL GAS | | 2,917.03 |
| 9800 COMMUNITY CENTER PROPERTY TAXES | | 1,130.28 |
| 9900 COMMUNITY CENTER INTERNET & TELEPHONE | | 391.44 |
| Total 9000 COMMUNITY CENTER OPERATION | \$ | 10,404.60 |
| Payroll Expenses | | |
| Taxes | | 4,218.57 |
| Wages | | 55,182.59 |
| Total Payroll Expenses | \$ | 59,401.16 |
| Total Expenditures | \$ | 538,708.84 |
| Net Operating Revenue | -\$ | 61,337.22 |
| Net Revenue | -\$ | 61,337.22 |

Tuesday, Jan 30, 2024 10:23:46 AM GMT-8 - Accrual Basis

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2021 calendar year, or tax year beginning **04/01/21**, and ending **03/31/22**

| | | |
|--|--|---|
| 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 <p style="text-align: center;">OUR COMMUNITY PLACE</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">17 E JOHNSON STREET</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">HARRISONBURG VA 22802</p> | D Employer identification number <p style="text-align: center;">54-1835664</p> E Telephone number <p style="text-align: center;">540-442-7727</p> G Gross receipts \$ 579,628 |
| F Name and address of principal officer: <p style="text-align: center;">LAWRENCE MILLER</p> | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions |
| I Tax-exempt status: <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 | | H(c) Group exemption number ▶ |
| J Website: ▶ WWW.OURCOMMUNITYPLACE.ORG | | L Year of formation: 1999 |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | M State of legal domicile: VA |

Part I Summary

| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">OUR MISSION IS TO BUILD A SAFE, LOVING COMMUNITY OF RESTORATION AND HOPE FOR ALL, ESPECIALLY THOSE FACING HOMELESSNESS AND OTHER ADVERSE EXPERIENCES.</p> 2 Check this box <input type="checkbox"/> 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 11 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 11 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 21 6 Total number of volunteers (estimate if necessary) 6 300 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0 | | | | | | | | | | | | | | | | | | | |
|---|--|--|---|---------------------------|--|---|--|---------|---|--------|---|--|---|---------|--|---------|---|---|---------|---------|
| Revenue | | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Prior Year</th> <th style="text-align: center;">Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td style="text-align: right;">617,343</td> <td style="text-align: right;">389,204</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td style="text-align: right;">2,223</td> <td style="text-align: right;">10,934</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td style="text-align: right;">0</td> <td style="text-align: right;">0</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td style="text-align: right;">104,789</td> <td style="text-align: right;">176,008</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td style="text-align: right;">724,355</td> <td style="text-align: right;">576,146</td> </tr> </tbody> </table> | | Prior Year | Current Year | 8 Contributions and grants (Part VIII, line 1h) | 617,343 | 389,204 | 9 Program service revenue (Part VIII, line 2g) | 2,223 | 10,934 | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0 | 0 | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 104,789 | 176,008 | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 724,355 | 576,146 |
| | Prior Year | Current Year | | | | | | | | | | | | | | | | | | |
| 8 Contributions and grants (Part VIII, line 1h) | 617,343 | 389,204 | | | | | | | | | | | | | | | | | | |
| 9 Program service revenue (Part VIII, line 2g) | 2,223 | 10,934 | | | | | | | | | | | | | | | | | | |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 0 | 0 | | | | | | | | | | | | | | | | | | |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 104,789 | 176,008 | | | | | | | | | | | | | | | | | | |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 724,355 | 576,146 | | | | | | | | | | | | | | | | | | |
| Expenses | | <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>14 Benefits paid to or for members (Part IX, column (A), line 4)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td> <td style="text-align: right;">375,961</td> </tr> <tr> <td>16a Professional fundraising fees (Part IX, column (A), line 11e)</td> <td style="text-align: right;">0</td> </tr> <tr> <td>b Total fundraising expenses (Part IX, column (D), line 25) ▶ 27,286</td> <td style="text-align: right;">27,286</td> </tr> <tr> <td>17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td> <td style="text-align: right;">92,982</td> </tr> <tr> <td>18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td> <td style="text-align: right;">468,943</td> </tr> <tr> <td>19 Revenue less expenses. Subtract line 18 from line 12</td> <td style="text-align: right;">255,412</td> </tr> </tbody> </table> | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0 | 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) | 375,961 | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 27,286 | 27,286 | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 92,982 | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 468,943 | 19 Revenue less expenses. Subtract line 18 from line 12 | 255,412 | | |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 0 | | | | | | | | | | | | | | | | | | | |
| 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) | 375,961 | | | | | | | | | | | | | | | | | | | |
| 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | | | | | | | | | | | | | | | | | | | |
| b Total fundraising expenses (Part IX, column (D), line 25) ▶ 27,286 | 27,286 | | | | | | | | | | | | | | | | | | | |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 92,982 | | | | | | | | | | | | | | | | | | | |
| 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 468,943 | | | | | | | | | | | | | | | | | | | |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 255,412 | | | | | | | | | | | | | | | | | | | |
| Net Assets or Fund Balances | | <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">Beginning of Current Year</th> <th style="text-align: center;">End of Year</th> </tr> </thead> <tbody> <tr> <td>20 Total assets (Part X, line 16)</td> <td style="text-align: right;">557,345</td> <td style="text-align: right;">742,794</td> </tr> <tr> <td>21 Total liabilities (Part X, line 26)</td> <td style="text-align: right;">67,890</td> <td style="text-align: right;">188,774</td> </tr> <tr> <td>22 Net assets or fund balances. Subtract line 21 from line 20</td> <td style="text-align: right;">489,455</td> <td style="text-align: right;">554,020</td> </tr> </tbody> </table> | | Beginning of Current Year | End of Year | 20 Total assets (Part X, line 16) | 557,345 | 742,794 | 21 Total liabilities (Part X, line 26) | 67,890 | 188,774 | 22 Net assets or fund balances. Subtract line 21 from line 20 | 489,455 | 554,020 | | | | | | |
| | Beginning of Current Year | End of Year | | | | | | | | | | | | | | | | | | |
| 20 Total assets (Part X, line 16) | 557,345 | 742,794 | | | | | | | | | | | | | | | | | | |
| 21 Total liabilities (Part X, line 26) | 67,890 | 188,774 | | | | | | | | | | | | | | | | | | |
| 22 Net assets or fund balances. Subtract line 21 from line 20 | 489,455 | 554,020 | | | | | | | | | | | | | | | | | | |

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 | Signature of officer <p style="text-align: center;">KERI HUTCHESON</p> Type or print name and title | Date _____ |
| Paid Preparer Use Only | Print/Type preparer's name <p style="text-align: center;">R. SCOTT BEACHY</p> Firm's name ▶ BEACHY AREHART PLLC Firm's address ▶ 209 N HIGH ST HARRISONBURG, VA 22802 | Preparer's signature <p style="text-align: center;">R. SCOTT BEACHY</p> Date <p style="text-align: center;">09/09/22</p> Check <input type="checkbox"/> if self-employed if PTIN P01293900 Firm's EIN ▶ 54-1326200 Phone no. 540-433-2488 |

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 or note to any line in this Part III

1 Briefly describe the organization's mission:

OUR MISSION IS TO BUILD A SAFE, LOVING COMMUNITY OF RESTORATION AND HOPE FOR ALL, ESPECIALLY THOSE FACING HOMELESSNESS AND OTHER ADVERSE EXPERIENCES.

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 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 \$ **408,345** including grants of \$) (Revenue \$ **493,561**)

OUR COMMUNITY PLACE - A COMMUNITY CENTER WELCOMING ANYONE IN THE WORLD AND WORKING TO ADDRESS THE NEEDS OF HARRISONBURG'S MOST VULNERABLE POPULATIONS. THE COMMUNITY CENTER PROVIDES FREE MEALS, FREE INTERNET AND PHONE ACCESS, FREE SHOWERS, WASHER AND DRYER USE, ALONG WITH CREATIVE PROGRAMMING THAT PROMOTES PERSONAL GROWTH AND COMMUNITY WELL BEING.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

N/A

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses **408,345**

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 | <input checked="" type="checkbox"/> | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | <input checked="" type="checkbox"/> | |
| 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 | | <input checked="" type="checkbox"/> |
| 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 | | <input checked="" type="checkbox"/> |
| 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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | | <input checked="" type="checkbox"/> |
| 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 | | <input checked="" type="checkbox"/> |
| 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 | | <input checked="" type="checkbox"/> |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | | <input checked="" type="checkbox"/> |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 | | <input checked="" type="checkbox"/> |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V | | <input checked="" type="checkbox"/> |
| 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, line 10? If "Yes," complete Schedule D, Part VI | <input checked="" type="checkbox"/> | |
| 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 | | <input checked="" type="checkbox"/> |
| 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 | | <input checked="" type="checkbox"/> |
| 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 | | <input checked="" type="checkbox"/> |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | <input checked="" type="checkbox"/> | |
| 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 | | <input checked="" type="checkbox"/> |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | | <input checked="" type="checkbox"/> |
| 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 and XII is optional | | <input checked="" type="checkbox"/> |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | <input checked="" type="checkbox"/> |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | <input checked="" type="checkbox"/> |
| 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, Parts I and IV | | <input checked="" type="checkbox"/> |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | | <input checked="" type="checkbox"/> |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | | <input checked="" type="checkbox"/> |
| 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. See instructions | | <input checked="" type="checkbox"/> |
| 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 | <input checked="" type="checkbox"/> | |
| 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 | | <input checked="" type="checkbox"/> |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | | <input checked="" type="checkbox"/> |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | <input checked="" type="checkbox"/> |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | | <input checked="" type="checkbox"/> |

Part IV Checklist of Required Schedules (continued)

| | | Yes | No |
|-----|--|-----|----|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 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 | | X |
| 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | |
| 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? | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | | X |
| 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 | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, Instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | | X |
| c | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV | | X |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | | X |
| 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 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | | X |
| b | If "Yes" to line 35a, 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 | | |
| 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 | | X |
| 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 | | X |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. | X | |

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

| | | Yes | No |
|----|--|-----|----|
| 1a | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | |
| b | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |

| Part V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | Yes | No | | |
|--|--|-----|----|---|---|
| 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 | 21 | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. | 2b | | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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, securities account, or other financial account)? | 4a | | | X |
| b | If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | | X |
| 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 as charitable contributions? | 6a | | | X |
| 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 | | X | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | X | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7c | | | X |
| 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 | | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | | X |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | | X |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | | X |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? | 8 | | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | |
| a | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | | |
| b | Did the sponsoring 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: See the instructions for additional information the organization must report on Schedule O. | 13a | | | |
| b | Enter the 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 amount of reserves on hand | 13c | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. | 15 | | | X |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O. | 16 | | | X |
| 17 | Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069. | 17 | | | |

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

Section A. Governing Body and Management

| | 1a | 1b | 2 | 3 | 4 | 5 | 6 | 7a | 7b | 8a | 8b | 9 | Yes | No |
|---|----|----|---|---|---|---|---|----|----|----|----|---|-----|----|
| 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | 11 | | | | | | | | | | | | | |
| b Enter the number of voting members included on line 1a, above, who are independent | | 11 | | | | | | | | | | | | |
| 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? | | | | | | | | | | | | | | X |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | | | | | | | | | | | | | X |
| 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | | | | | | | | | | | | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | | | | | | | | | | | | | X |
| 6 Did the organization have members or stockholders? | | | | | | | | | | | | | | X |
| 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? | | | | | | | | | | | | | | X |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | | | | | | | | | | | | | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | | | | | | | | | | | |
| a The governing body? | | | | | | | | | | X | | | | |
| b Each committee with authority to act on behalf of the governing body? | | | | | | | | | | X | | | | |
| 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 on Schedule O. | | | | | | | | | | | | | | X |

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

| | 10a | 10b | 11a | 11b | 12a | 12b | 12c | 13 | 14 | 15a | 15b | 16a | 16b | Yes | No |
|--|-----|-----|-----|-----|-----|-----|-----|----|----|-----|-----|-----|-----|-----|----|
| 10a Did the organization have local chapters, branches, or affiliates? | | | | | | | | | | | | | | | X |
| 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? | | | | | | | | | | | | | | | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | | | | | | | | | | | | | | X | |
| b Describe on Schedule O the process, if any, used by the organization to review this Form 990. | | | | | | | | | | | | | | | |
| 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | | | | | | | | | | | | X | |
| b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | | | | | | | | | | | | | | X | |
| c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | | | | | | | | | | | | | | X | |
| 13 Did the organization have a written whistleblower policy? | | | | | | | | | | | | | | | X |
| 14 Did the organization have a written document retention and destruction policy? | | | | | | | | | | | | | | | X |
| 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 | | | | | | | | | | | | | | | X |
| b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | | | | | | | | | | X |
| 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? | | | | | | | | | | | | | | | X |
| 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? | | | | | | | | | | | | | | | |

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ► **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 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 Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records ►

COREY CHANDLER
HARRISONBURG

17 E JOHNSON STREET

VA 22802

540-442-7727

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

Check if Schedule O contains a response or note to any line 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. 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and 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.

See the instructions for the order in which to list the persons above.
 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (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/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (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) SAM NICKELS EXECUTIVE DIRECTOR | 40.00 0.00 | | | X | | | | 42,100 | 0 | 0 |
| (2) LAWRENCE MILLER PRESIDENT | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| (3) WINNETTE DICKERSON VICE PRESIDENT | 1.00 0.00 | | | X | | | | 0 | 0 | 0 |
| (4) KERI HUTCHESON TREASURER | 2.00 0.00 | X | | X | | | | 0 | 0 | 0 |
| (5) RANDI HAGI SECRETARY | 1.00 0.00 | | | X | | | | 0 | 0 | 0 |
| (6) TONY BROWN DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (7) AMY CORINNE KNORR DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (8) LISA SCHICK DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (9) LARRY JONES DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (10) GENE BOWLEN DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| (11) JACOB LESTER DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (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/ 1099-NEC) | (E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC) | (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 | | | |
| (12) MONICA ROBINSON | | | | | | | | | | |
| DIRECTOR | 1.00 0.00 | X | | | | | | 0 | 0 | 0 |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 1b Subtotal | | | | | | | | 42,100 | | |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | | 42,100 | | |

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 **0**

| | Yes | No |
|---|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual | | X |
| 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 | | X |
| 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 | | X |

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 |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

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 **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

| | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|---|---|--|--|--------------------------------------|---|---------|
| 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 | 35,438 | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 353,766 | | | |
| | g Noncash contributions included in lines 1a-1f | 1g \$ | | | | |
| | h Total. Add lines 1a-1f | | 389,204 | | | |
| Program Service Revenue | 2a RENT | Business Code 532000 | 10,934 | 10,934 | | |
| | b | | | | | |
| | c | | | | | |
| | d | | | | | |
| | e | | | | | |
| | f All other program service revenue | | | | | |
| | g Total. Add lines 2a-2f | | 10,934 | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | | | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | |
| | 5 Royalties | | | | | |
| | 6a Gross rents | 6a | (i) Real | (ii) Personal | | |
| | | b Less: rental expenses | 6b | | | |
| | | c Rental inc. or (loss) | 6c | | | |
| | d Net rental income or (loss) | | | | | |
| | 7a Gross amount from sales of assets other than inventory | 7a | (i) Securities | (ii) Other | | |
| | | b Less: cost or other basis and sales exps. | 7b | | | |
| | | c Gain or (loss) | 7c | | | |
| | | d Net gain or (loss) | | | | |
| | 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 | 8a | | 152,831 | | |
| | | b Less: direct expenses | 8b | 3,482 | | |
| | | c Net income or (loss) from fundraising events | | | 149,349 | 149,349 |
| | 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | |
| b Less: direct expenses | | 9b | | | | |
| c Net income or (loss) from gaming activities | | | | | | |
| 10a Gross sales of inventory, less returns and allowances | 10a | | | | | |
| | b Less: cost of goods sold | 10b | | | | |
| | c Net income or (loss) from sales of inventory | | | | | |
| Miscellaneous Revenue | 11a OTHER REVENUE | Business Code 900099 | 26,659 | 26,659 | | |
| | b | | | | | |
| | c | | | | | |
| | d All other revenue | | | | | |
| | e Total. Add lines 11a-11d | | | 26,659 | | |
| 12 Total revenue. See instructions | | 576,146 | 37,593 | 0 | 149,349 | |

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).

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21 | | | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 74,662 | 62,716 | 8,213 | 3,733 |
| 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 | 271,003 | 227,643 | 29,810 | 13,550 |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 18,943 | 15,912 | 2,084 | 947 |
| 10 Payroll taxes | 26,464 | 22,230 | 2,911 | 1,323 |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 14,335 | 2,680 | 11,655 | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) | | | | |
| 12 Advertising and promotion | 25 | 5 | 5 | 15 |
| 13 Office expenses | 3,230 | 201 | 2,843 | 186 |
| 14 Information technology | 6,518 | 5,043 | 1,168 | 307 |
| 15 Royalties | | | | |
| 16 Occupancy | 15,609 | 12,006 | 1,705 | 1,898 |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 7,879 | 6,650 | 1,187 | 42 |
| 20 Interest | 1,538 | 1,230 | 246 | 62 |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 8,883 | 7,103 | 1,334 | 446 |
| 23 Insurance | 11,402 | 2,382 | 9,020 | |
| 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) | | | | |
| a SUPPLIES | 43,093 | 34,951 | 3,472 | 4,670 |
| b VEHICLE EXPENSE | 3,260 | 3,260 | | |
| c REPAIRS | 2,810 | 2,585 | 166 | 59 |
| d TAXES | 1,927 | 1,748 | 131 | 48 |
| e All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24e | 511,581 | 408,345 | 75,950 | 27,286 |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) | | | | |

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

| | | (A) Beginning of year | | (B) End of year | |
|------------------------------------|---|---|---------|--------------------|---------|
| Assets | 1 | Cash—non-interest-bearing | 262,607 | 1 | 210,788 |
| | 2 | Savings and temporary cash investments | 60,044 | 2 | 134,020 |
| | 3 | Pledges and grants receivable, net | | 3 | |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 5 | |
| | 6 | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 505,874 | | |
| | | 10a | | | |
| | b | Less: accumulated depreciation | 107,888 | | |
| | | 10b | | | |
| | | | 233,401 | 10c | 397,986 |
| | 11 | Investments—publicly traded securities | | 11 | |
| | 12 | Investments—other securities. See Part IV, line 11 | | 12 | |
| 13 | Investments—program-related. See Part IV, line 11 | | 13 | | |
| 14 | Intangible assets | | 14 | | |
| 15 | Other assets. See Part IV, line 11 | 1,293 | 15 | | |
| 16 | Total assets. Add lines 1 through 15 (must equal line 33) | 557,345 | 16 | 742,794 | |
| Liabilities | 17 | Accounts payable and accrued expenses | 34,070 | 17 | 24,073 |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | 23,141 | 23 | 148,952 |
| | 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 | 10,679 | 25 | 15,749 |
| | 26 | Total liabilities. Add lines 17 through 25 | 67,890 | 26 | 188,774 |
| Net Assets or Fund Balances | Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33. | | | | |
| | 27 | Net assets without donor restrictions | 415,867 | 27 | 462,361 |
| | 28 | Net assets with donor restrictions | 73,588 | 28 | 91,659 |
| | Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33. | | | | |
| | 29 | Capital stock or trust principal, or current funds | | 29 | |
| | 30 | Paid-in or capital surplus, or land, building, or equipment fund | | 30 | |
| | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| | 32 | Total net assets or fund balances | 489,455 | 32 | 554,020 |
| 33 | Total liabilities and net assets/fund balances | 557,345 | 33 | 742,794 | |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

| | | | |
|----|--|----|---------|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 576,146 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 511,581 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 64,565 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 489,455 |
| 5 | Net unrealized gains (losses) on investments | 5 | |
| 6 | Donated services and use of facilities | 6 | |
| 7 | Investment expenses | 7 | |
| 8 | Prior period adjustments | 8 | |
| 9 | Other changes in net assets or fund balances (explain on Schedule O) | 9 | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 554,020 |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

| | | Yes | No |
|----|--|-----|----|
| 1 | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | X | |
| 2b | Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis | | X |
| 2c | If "Yes" to line 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 on Schedule O. | X | |
| 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? | | X |
| 3b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | |

SCHEDULE A
(Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047

2021

Open to Public Inspection

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.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization

OUR COMMUNITY PLACE

Employer identification number

54-1835664

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 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete **Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete **Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete **Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete **Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? | | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
| | | | Yes | No | | |
| (A) | | | | | | |
| (B) | | | | | | |
| (C) | | | | | | |
| (D) | | | | | | |
| (E) | | | | | | |
| Total | | | | | | |

Part II Support Schedule for Organizations Described in Sections 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) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 195,958 | 190,680 | 288,309 | 617,343 | 389,204 | 1,681,494 |
| 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 | 195,958 | 190,680 | 288,309 | 617,343 | 389,204 | 1,681,494 |
| 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 .. | | | | | | 1,681,494 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | 195,958 | 190,680 | 288,309 | 617,343 | 389,204 | 1,681,494 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | 54,917 | 66,774 | 78,310 | 83,825 | 152,831 | 436,657 |
| 11 Total support. Add lines 7 through 10 | | | | | | 2,118,151 |
| 12 Gross receipts from related activities, etc. (see Instructions) | | | | | 12 | 146,617 |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|---|-------------------------------------|---------|
| 14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) | 14 | 79.38 % |
| 15 Public support percentage from 2020 Schedule A, Part II, line 14 | 15 | 83.49 % |
| 16a 33 1/3% support test—2021. 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 | <input checked="" type="checkbox"/> | |
| b 33 1/3% support test—2020. If the organization did not check a 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 | <input type="checkbox"/> | |
| 17a 10%-facts-and-circumstances test—2021. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| b 10%-facts-and-circumstances test—2020. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 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 | <input type="checkbox"/> | |

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 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; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows: 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) - 15 - %; 16 Public support percentage from 2020 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows: 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; 18 Investment income percentage from 2020 Schedule A, Part III, line 17 - 18 - %

19a 33 1/3% support tests—2021. 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—2020. 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 Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

| | Yes | No |
|---|-----|----|
| 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i> | | |
| 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i> | | |
| 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i> | | |
| b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i> | | |
| c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i> | | |
| 4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i> | | |
| b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i> | | |
| c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i> | | |
| 5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i> | | |
| b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? | | |
| c Substitutions only. Was the substitution the result of an event beyond the organization's control? | | |
| 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> | | |
| 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i> | | |
| 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i> | | |
| b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i> | | |
| 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i> | | |
| b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i> | | |

Part IV Supporting Organizations (continued)

| | | Yes | No |
|----|---|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | |
| a | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? | | |
| b | A family member of a person described on line 11a above? | | |
| c | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. | | |

Section B. Type I Supporting Organizations

| | | Yes | No |
|---|---|-----|----|
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. | | |

Section C. Type II Supporting Organizations

| | | Yes | No |
|---|--|-----|----|
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). | | |

Section D. All Type III Supporting Organizations

| | | Yes | No |
|---|--|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. | | |

Section E. Type III Functionally Integrated Supporting Organizations

| | | | |
|---|---|--|--|
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). | | |
| a | <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below. | | |
| b | <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below. | | |
| c | <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions). | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | |
| a | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | |
| a | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See Instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| Section A – Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
|---------------------------------|--|----------------|-----------------------------|
| 1 | Net short-term capital gain | 1 | |
| 2 | Recoveries of prior-year distributions | 2 | |
| 3 | Other gross income (see instructions) | 3 | |
| 4 | Add lines 1 through 3. | 4 | |
| 5 | Depreciation and depletion | 5 | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | |
| 7 | Other expenses (see instructions) | 7 | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | |

| Section B – Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
|----------------------------------|---|----------------|-----------------------------|
| 1 | Aggregate fair market value of all non-exempt-use assets (see Instructions for short tax year or assets held for part of year): | | |
| a | Average monthly value of securities | 1a | |
| b | Average monthly cash balances | 1b | |
| c | Fair market value of other non-exempt-use assets | 1c | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | |
| 3 | Subtract line 2 from line 1d. | 3 | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | |
| 6 | Multiply line 5 by 0.035. | 6 | |
| 7 | Recoveries of prior-year distributions | 7 | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | |

| Section C – Distributable Amount | | | Current Year |
|----------------------------------|---|---|--------------|
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | |
| 2 | Enter 0.85 of line 1. | 2 | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | |
| 4 | Enter greater of line 2 or line 3. | 4 | |
| 5 | Income tax imposed in prior year | 5 | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | |
| 7 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

| Section D – Distributions | Current Year |
|--|--------------|
| 1 Amounts paid to supported organizations to accomplish exempt purposes | |
| 2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity | |
| 3 Administrative expenses paid to accomplish exempt purposes of supported organizations | |
| 4 Amounts paid to acquire exempt-use assets | |
| 5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI) | |
| 6 Other distributions (describe in Part VI). See instructions. | |
| 7 Total annual distributions. Add lines 1 through 6. | |
| 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | |
| 9 Distributable amount for 2021 from Section C, line 6 | |
| 10 Line 8 amount divided by line 9 amount | |

| Section E – Distribution Allocations (see instructions) | (I) Excess Distributions | (II) Underdistributions Pre-2021 | (III) Distributable Amount for 2021 |
|---|-----------------------------|--|---|
| 1 Distributable amount for 2021 from Section C, line 6 | | | |
| 2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions. | | | |
| 3 Excess distributions carryover, if any, to 2021 | | | |
| a From 2016 | | | |
| b From 2017 | | | |
| c From 2018 | | | |
| d From 2019 | | | |
| e From 2020 | | | |
| f Total of lines 3a through 3e | | | |
| g Applied to underdistributions of prior years | | | |
| h Applied to 2021 distributable amount | | | |
| i Carryover from 2016 not applied (see instructions) | | | |
| j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 Distributions for 2021 from Section D, line 7: \$ | | | |
| a Applied to underdistributions of prior years | | | |
| b Applied to 2021 distributable amount | | | |
| c Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | | |
| 6 Remaining underdistributions for 2021 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| 7 Excess distributions carryover to 2022. Add lines 3j and 4c. | | | |
| 8 Breakdown of line 7: | | | |
| a Excess from 2017 | | | |
| b Excess from 2018 | | | |
| c Excess from 2019 | | | |
| d Excess from 2020 | | | |
| e Excess from 2021 | | | |

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

\$ 283,826

**Schedule B
(Form 990)****Schedule of Contributors**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.**2021**

Name of the organization

Employer identification number

OUR COMMUNITY PLACE**54-1835664**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See Instructions.**General Rule**

-
- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

-
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- ¹
- /
- ₃
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

-
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000
- exclusively*
- for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

-
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2021)

Name of organization

OUR COMMUNITY PLACE

Employer identification number

54-1835664

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|--|
| 1 | THE MERCK FOUNDATION 300 BRICKSTONE SQ 601 ANDOVER MA 01810 | \$ 51,625 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | JAMES B & STEPHANIE F HIGGS 103 MILLER DRIVE BRIDGEWATER VA 22812 | \$ 20,500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | THE EVERENCE FOUNDATION PO BOX 483 GOSHEN IN 46527 | \$ 19,528 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | CITY OF HARRISONBURG 345 S MAIN STREET HARRISONBURG VA 22801 | \$ 16,695 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | ROCKINGHAM COUNTY PO BOX 1252 HARRISONBURG VA 22803 | \$ 15,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | BANK OF AMERICA FOUNDATION 650 PETER JEFFERSON SUITE 220 CHARLOTTESVILLE VA 22911 | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

OUR COMMUNITY PLACE

Employer identification number

54-1835664

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|---|----------------------------|---|
| 7 | SHEN VALLEY FINANCIAL LLC 1920 MEDICAL AVE SUITE M HARRISONBURG VA 22801 | \$ 10,000 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 8 | THE COMMUNITY FOUNDATION PO BOX 1068 HARRISONBURG VA 22801 | \$ 8,500 | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

Employer identification number

OUR COMMUNITY PLACE

54-1835664

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, and questions about donor advisement.

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, total number of easements, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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" on 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 XIII 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, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No

Part V Endowment Funds.

Complete if the organization answered "Yes" on 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 Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶%
 - b Permanent endowment ▶%
 - c Term endowment ▶%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 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) | |
| (II) Related organizations | 3a(II) | |
| b If "Yes" on line 3a(II), are the related organizations listed as required on Schedule R? | 3b | |

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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 | | 141,000 | | 141,000 |
| b Buildings | | 189,667 | 58,628 | 131,039 |
| c Leasehold improvements | | | | |
| d Equipment | | 11,506 | 10,868 | 638 |
| e Other | | 163,701 | 38,392 | 125,309 |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶ | | | | 397,986 |

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|--|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) | | |

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description | (b) Book value |
|---|----------------|
| (1) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) | |

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|---|----------------|
| (1) Federal income taxes | |
| (2) REPRESENTATIVE PAYEE | 14,309 |
| (3) OTHER CURRENT | 1,440 |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 15,749 |

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization

OUR COMMUNITY PLACE

Employer identification number

54-1835664

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|--------------|---|---------------|--|----|-----------------------------------|---|---|
| | | | Yes | No | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| Total | | | | | | | |

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

.....

.....

.....

.....

.....

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events | |
|-----------------|--|---|-----------------------------|----------------------------|---------------------------------|---------|
| | | <u>GREAT COMMUNITY</u> (event type) | <u>GOLF</u> (event type) | <u>2</u> (total number) | (add col. (a) through col. (c)) | |
| Revenue | 1 | Gross receipts | 76,891 | 33,200 | 42,740 | 152,831 |
| | 2 | Less: Contributions | | | | |
| | 3 | Gross income (line 1 minus line 2) | 76,891 | 33,200 | 42,740 | 152,831 |
| Direct Expenses | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | | | | |
| | 7 | Food and beverages | | | | |
| | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | | | 3,482 | 3,482 |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | | 149,349 |

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) | |
|-----------------|--|-----------------------|--|--|--|--|
| | | 1 | Gross revenue | | | |
| Direct Expenses | 2 | Cash prizes | | | | |
| | 3 | Noncash prizes | | | | |
| | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | 6 | Volunteer labor | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7 | Direct expense summary. Add lines 2 through 5 in column (d) | | | | | |
| 8 | Net gaming income summary. Subtract line 7 from line 1, column (d) | | | | | |

- 9 Enter the state(s) in which the organization conducts gaming activities: _____
- a Is the organization licensed to conduct gaming activities in each of these states? Yes No
- b If "No," explain: _____
- 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
- b If "Yes," explain: _____

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

OUR COMMUNITY PLACE

54-1835664

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE 990 IS REVIEWED BY THE TREASURER BEFORE IT IS FILED.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

THE BOARD OF DIRECTORS REGULARLY MONITORS TRANSACTIONS THAT MIGHT CREATE A POTENTIAL CONFLICT OF INTEREST.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

ALL GOVERNING DOCUMENTS AND FINANCIAL DATA IS AVAILABLE UPON REQUEST FROM THE PUBLIC.

Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)

OMB No. 1545-0172

Department of the Treasury
Internal Revenue Service (99)

▶ Attach to your tax return.

2021

Attachment Sequence No. **179**

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return

OUR COMMUNITY PLACE

Identifying number
54-1835664

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

| | | | |
|----|---|------------------------------|------------------|
| 1 | Maximum amount (see instructions) | 1 | 1,050,000 |
| 2 | Total cost of section 179 property placed in service (see instructions) | 2 | |
| 3 | Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 2,620,000 |
| 4 | Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | |
| 5 | Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | |
| 6 | (a) Description of property | (b) Cost (business use only) | (c) Elected cost |
| 7 | Listed property. Enter the amount from line 29 | 7 | |
| 8 | Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | |
| 9 | Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | |
| 10 | Carryover of disallowed deduction from line 13 of your 2020 Form 4562 | 10 | |
| 11 | Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions | 11 | |
| 12 | Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 | 12 | |
| 13 | Carryover of disallowed deduction to 2022. Add lines 9 and 10, less line 12 | 13 | |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

| | | | |
|----|--|----|-------|
| 14 | Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions | 14 | |
| 15 | Property subject to section 168(f)(1) election | 15 | |
| 16 | Other depreciation (including ACRS) | 16 | 8,326 |

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

| | | | |
|----|---|----|-----|
| 17 | MACRS deductions for assets placed in service in tax years beginning before 2021 | 17 | 557 |
| 18 | If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | | |

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| 19a | 3-year property | | | | | |
| b | 5-year property | | | | | |
| c | 7-year property | | | | | |
| d | 10-year property | | | | | |
| e | 15-year property | | | | | |
| f | 20-year property | | | | | |
| g | 25-year property | | 25 yrs. | | S/L | |
| h | Residential rental property | | 27.5 yrs. | MM | S/L | |
| | | | 27.5 yrs. | MM | S/L | |
| i | Nonresidential real property | | 39 yrs. | MM | S/L | |
| | | | | MM | S/L | |

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|-----|------------|--|---------|----|-----|--|
| 20a | Class life | | | | S/L | |
| b | 12-year | | 12 yrs. | | S/L | |
| c | 30-year | | 30 yrs. | MM | S/L | |
| d | 40-year | | 40 yrs. | MM | S/L | |

Part IV Summary (See instructions.)

| | | | |
|----|--|----|-------|
| 21 | Listed property. Enter amount from line 28 | 21 | |
| 22 | Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions | 22 | 8,883 |
| 23 | For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

For Paperwork Reduction Act Notice, see separate instructions.

Federal Asset Report

Form 990, Page 1

| Asset | Description | Date In Service | Cost | Bus % | Sec 179 Bonus | Basis for Depr | Per Conv Meth | Prior | Current |
|----------------------------|--|--------------------|----------------|----------|------------------|-------------------|---------------|---------------|--------------|
| Prior MACRS: | | | | | | | | | |
| 8 | RENOVATIONS | 11/12/11 | 13,782 | | | 13,782 | 39 MMS/L | 3,269 | 344 |
| 9 | SOLAR H20 - 70 E JOHNSON | 10/01/13 | 302 | | | 302 | 39 MMS/L | 57 | 7 |
| 10 | SHED - INSTALL ELECTRICITY | 2/28/14 | 30 | | X | 15 | 5 HY 200DB | 30 | 0 |
| 21 | WALK IN FREEZER | 3/31/10 | 40 | | X | 20 | 7 HY 200DB | 40 | 0 |
| 26 | TRAILER | 3/02/12 | 110 | | X | 55 | 5 HY S/L | 110 | 0 |
| 36 | INDUSTRIAL FOOD PROCESSOR | 5/01/18 | 1,647 | | | 1,647 | 7 HY 200DB | 927 | 206 |
| | | | <u>15,911</u> | | | <u>15,821</u> | | <u>4,433</u> | <u>557</u> |
| Other Depreciation: | | | | | | | | | |
| 1 | LAND | 1/02/02 | 60,000 | | | 60,000 | 0 -- Land | 0 | 0 |
| 2 | LAND - 80 E JOHNSON ST | 11/12/10 | 25,000 | | | 25,000 | 0 -- Land | 0 | 0 |
| 3 | BUILDING | 1/02/02 | 5,000 | | | 5,000 | 39 MO S/L | 1,667 | 128 |
| 4 | BUILDING - COMPLETE RENOVATION | 8/15/08 | 81,816 | | | 81,816 | 39 MO S/L | 28,093 | 2,098 |
| 5 | DECK | 10/01/09 | 2,838 | | | 2,838 | 39 MO S/L | 837 | 73 |
| 6 | BUILDING RENOVATIONS | 10/01/09 | 2,156 | | | 2,156 | 39 MO S/L | 636 | 55 |
| 7 | BUILDING 80 E JOHNSON | 11/20/10 | 50,000 | | | 50,000 | 39 MO S/L | 13,248 | 1,282 |
| 11 | KITCHEN EQUIPMENT | 8/15/08 | 4,763 | | | 4,763 | 7 MO S/L | 4,763 | 0 |
| 12 | TRAILER | 10/01/09 | 300 | | | 300 | 5 MO S/L | 300 | 0 |
| 13 | WALK IN FRIDGE | 1/10/11 | 17,005 | | | 17,005 | 7 MO S/L | 17,005 | 0 |
| 14 | EQUIPMENT | 10/01/12 | 3,553 | | | 3,553 | 7 MO S/L | 3,553 | 0 |
| 15 | FURNANCE | 10/01/13 | 1,111 | | | 1,111 | 7 MO S/L | 1,111 | 0 |
| 16 | COMPUTER | 10/01/09 | 478 | | | 478 | 5 MO S/L | 478 | 0 |
| 17 | COMPUTER EQUIPMENT | 12/12/11 | 175 | | | 175 | 5 MO S/L | 175 | 0 |
| 18 | COMPUTERS | 6/01/10 | 2,012 | | | 2,012 | 5 MO S/L | 2,012 | 0 |
| 19 | LOCKERS | 2/01/09 | 2,136 | | | 2,136 | 7 MO S/L | 2,136 | 0 |
| 20 | SCREEN DOORS | 10/11/09 | 142 | | | 142 | 7 MO S/L | 142 | 0 |
| 22 | WASHER DRYER | 11/30/10 | 200 | | | 200 | 7 MO S/L | 200 | 0 |
| 23 | WOODSTOVE PIPE | 2/21/11 | 850 | | | 850 | 7 MO S/L | 850 | 0 |
| 24 | FURNITURE AND FIXTURES | 1/11/12 | 546 | | | 546 | 7 MO S/L | 546 | 0 |
| 25 | FURNITURE AND FIXTURES | 10/01/12 | 1,583 | | | 1,583 | 7 MO S/L | 1,583 | 0 |
| 27 | BOX TRUCK | 10/01/09 | 3,500 | | | 3,500 | 5 MO S/L | 3,500 | 0 |
| 28 | WHITE F150 | 4/15/10 | 500 | | | 500 | 5 MO S/L | 500 | 0 |
| 30 | SHED | 4/01/14 | 349 | | | 349 | 10 MO S/L | 244 | 35 |
| 31 | KITCHEN RENOVATIONS | 3/26/16 | 23,183 | | | 23,183 | 39 MO S/L | 2,972 | 595 |
| 32 | TRANSMISSION IN BOX TRUCK | 1/20/16 | 3,774 | | | 3,774 | 5 MO S/L | 3,774 | 0 |
| 33 | DOOR | 9/30/16 | 3,000 | | | 3,000 | 7 MO S/L | 1,929 | 428 |
| 34 | WOOD STOVE | 2/20/17 | 2,399 | | | 2,399 | 7 MO S/L | 1,399 | 343 |
| 35 | SOLAR PANELS | 1/09/19 | 7,211 | | | 7,211 | 39 MO S/L | 416 | 185 |
| 37 | HOT WATER HEATER | 11/21/19 | 957 | | | 957 | 7 MO S/L | 182 | 137 |
| 38 | MINI SPLIT AC | 7/24/20 | 4,993 | | | 4,993 | 39 MO S/L | 85 | 128 |
| 39 | OVEN | 11/17/20 | 4,965 | | | 4,965 | 7 MO S/L | 236 | 710 |
| 40 | HOUSE - 50/52 RESERVOIR | 8/27/21 | 96,100 | | | 96,100 | 27 MO S/L | 0 | 2,038 |
| 41 | LAND - 50/52 RESERVOIR | 8/27/21 | 56,000 | | | 56,000 | 0 -- Land | 0 | 0 |
| 42 | IMPROVEMENT 50/52 RESERVOIR | 2/12/22 | 21,368 | | | 21,368 | 39 MO S/L | 0 | 91 |
| | Total Other Depreciation | | <u>489,963</u> | | | <u>489,963</u> | | <u>94,572</u> | <u>8,326</u> |
| | Total ACRS and Other Depreciation | | <u>489,963</u> | | | <u>489,963</u> | | <u>94,572</u> | <u>8,326</u> |
| | Grand Totals | | <u>505,874</u> | | | <u>505,784</u> | | <u>99,005</u> | <u>8,883</u> |
| | Less: Dispositions and Transfers | | 0 | | | 0 | | 0 | 0 |
| | Less: Start-up/Org Expense | | 0 | | | 0 | | 0 | 0 |
| | Net Grand Totals | | <u>505,874</u> | | | <u>505,784</u> | | <u>99,005</u> | <u>8,883</u> |

Bonus Depreciation Report**Form 990, Page 1**

| <u>Asset</u> | <u>Property Description</u> | <u>Date In Service</u> | <u>Tax Cost</u> | <u>Bus Pct</u> | <u>Tax Sec 179 Exp</u> | <u>Current Bonus</u> | <u>Prior Bonus</u> | <u>Tax - Basis for Depr</u> |
|--------------------|-----------------------------|------------------------|-----------------|----------------|------------------------|----------------------|--------------------|-----------------------------|
| 10 | SHED - INSTALL ELECTRICITY | 2/28/14 | 30 | | 0 | 0 | 15 | 15 |
| 21 | WALK IN FREEZER | 3/31/10 | 40 | | 0 | 0 | 20 | 20 |
| 26 | TRAILER | 3/02/12 | 110 | | 0 | 0 | 55 | 55 |
| Grand Total | | | 180 | | 0 | 0 | 90 | 90 |

Depreciation Adjustment Report

All Business Activities

| <u>Form</u> | <u>Unit</u> | <u>Asset</u> | <u>Description</u> | <u>Tax</u> | <u>AMT</u> | <u>AMT Adjustments/ Preferences</u> |
|-------------|-------------|--------------|--------------------|------------|------------|---|
|-------------|-------------|--------------|--------------------|------------|------------|---|

There are no assets that meet the criteria of this report

| Asset | Description | Date In Service | Cost | Tax | AMT |
|----------------------------|--|-----------------|----------------|---------------|----------|
| Prior MACRS: | | | | | |
| 8 | RENOVATIONS | 11/12/11 | 13,782 | 345 | 0 |
| 9 | SOLAR H20 - 70 E JOHNSON | 10/01/13 | 302 | 8 | 0 |
| 10 | SHED - INSTALL ELECTRICITY | 2/28/14 | 30 | 0 | 0 |
| 21 | WALK IN FREEZER | 3/31/10 | 40 | 0 | 0 |
| 26 | TRAILER | 3/02/12 | 110 | 0 | 0 |
| 36 | INDUSTRIAL FOOD PROCESSOR | 5/01/18 | 1,647 | 147 | 0 |
| | | | <u>15,911</u> | <u>500</u> | <u>0</u> |
| Other Depreciation: | | | | | |
| 1 | LAND | 1/02/02 | 60,000 | 0 | 0 |
| 2 | LAND - 80 E JOHNSON ST | 11/12/10 | 25,000 | 0 | 0 |
| 3 | BUILDING | 1/02/02 | 5,000 | 128 | 0 |
| 4 | BUILDING - COMPLETE RENOVATION | 8/15/08 | 81,816 | 2,097 | 0 |
| 5 | DECK | 10/01/09 | 2,838 | 72 | 0 |
| 6 | BUILDING RENOVATIONS | 10/01/09 | 2,156 | 55 | 0 |
| 7 | BUILDING 80 E JOHNSON | 11/20/10 | 50,000 | 1,282 | 0 |
| 11 | KITCHEN EQUIPMENT | 8/15/08 | 4,763 | 0 | 0 |
| 12 | TRAILER | 10/01/09 | 300 | 0 | 0 |
| 13 | WALK IN FRIDGE | 1/10/11 | 17,005 | 0 | 0 |
| 14 | EQUIPMENT | 10/01/12 | 3,553 | 0 | 0 |
| 15 | FURNANCE | 10/01/13 | 1,111 | 0 | 0 |
| 16 | COMPUTER | 10/01/09 | 478 | 0 | 0 |
| 17 | COMPUTER EQUIPMENT | 12/12/11 | 175 | 0 | 0 |
| 18 | COMPUTERS | 6/01/10 | 2,012 | 0 | 0 |
| 19 | LOCKERS | 2/01/09 | 2,136 | 0 | 0 |
| 20 | SCREEN DOORS | 10/11/09 | 142 | 0 | 0 |
| 22 | WASHER DRYER | 11/30/10 | 200 | 0 | 0 |
| 23 | WOODSTOVE PIPE | 2/21/11 | 850 | 0 | 0 |
| 24 | FURNITURE AND FIXTURES | 1/11/12 | 546 | 0 | 0 |
| 25 | FURNITURE AND FIXTURES | 10/01/12 | 1,583 | 0 | 0 |
| 27 | BOX TRUCK | 10/01/09 | 3,500 | 0 | 0 |
| 28 | WHITE F150 | 4/15/10 | 500 | 0 | 0 |
| 30 | SHED | 4/01/14 | 349 | 35 | 0 |
| 31 | KITCHEN RENOVATIONS | 3/26/16 | 23,183 | 594 | 0 |
| 32 | TRANSMISSION IN BOX TRUCK | 1/20/16 | 3,774 | 0 | 0 |
| 33 | DOOR | 9/30/16 | 3,000 | 429 | 0 |
| 34 | WOOD STOVE | 2/20/17 | 2,399 | 343 | 0 |
| 35 | SOLAR PANELS | 1/09/19 | 7,211 | 185 | 0 |
| 37 | HOT WATER HEATER | 11/21/19 | 957 | 137 | 0 |
| 38 | MINI SPLIT AC | 7/24/20 | 4,993 | 128 | 0 |
| 39 | OVEN | 11/17/20 | 4,965 | 709 | 0 |
| 40 | HOUSE - 50/52 RESERVOIR | 8/27/21 | 96,100 | 3,495 | 0 |
| 41 | LAND - 50/52 RESERVOIR | 8/27/21 | 56,000 | 0 | 0 |
| 42 | IMPROVEMENT 50/52 RESERVOIR | 2/12/22 | 21,368 | 548 | 0 |
| | Total Other Depreciation | | <u>489,963</u> | <u>10,237</u> | <u>0</u> |
| | Total ACRS and Other Depreciation | | <u>489,963</u> | <u>10,237</u> | <u>0</u> |
| | Grand Totals | | <u>505,874</u> | <u>10,737</u> | <u>0</u> |

Form **990****Two Year Comparison Report****2020 & 2021**For calendar year 2021, or tax year beginning **04/01/21**, ending **03/31/22**

Name

Taxpayer Identification Number

OUR COMMUNITY PLACE**54-1835664**

| | | 2020 | 2021 | Differences |
|--------------------------------|--|-------------|---------|-------------|
| Revenue | 1. Contributions, gifts, grants | 1. 547,548 | 353,766 | -193,782 |
| | 2. Membership dues and assessments | 2. | | |
| | 3. Government contributions and grants | 3. 69,795 | 35,438 | -34,357 |
| | 4. Program service revenue | 4. 2,223 | 10,934 | 8,711 |
| | 5. Investment income | 5. | | |
| | 6. Proceeds from tax exempt bonds | 6. | | |
| | 7. Net gain or (loss) from sale of assets other than inventory | 7. | | |
| | 8. Net income or (loss) from fundraising events | 8. 83,062 | 149,349 | 66,287 |
| | 9. Net income or (loss) from gaming | 9. | | |
| | 10. Net gain or (loss) on sales of inventory | 10. | | |
| | 11. Other revenue | 11. 21,727 | 26,659 | 4,932 |
| | 12. Total revenue. Add lines 1 through 11 | 12. 724,355 | 576,146 | -148,209 |
| Expenses | 13. Grants and similar amounts paid | 13. | | |
| | 14. Benefits paid to or for members | 14. | | |
| | 15. Compensation of officers, directors, trustees, etc. | 15. 74,985 | 74,662 | -323 |
| | 16. Salaries, other compensation, and employee benefits | 16. 300,976 | 316,410 | 15,434 |
| | 17. Professional fundraising fees | 17. | | |
| | 18. Other professional fees | 18. 5,031 | 14,335 | 9,304 |
| | 19. Occupancy, rent, utilities, and maintenance | 19. 12,773 | 15,609 | 2,836 |
| | 20. Depreciation and Depletion | 20. 7,028 | 8,883 | 1,855 |
| | 21. Other expenses | 21. 68,150 | 81,682 | 13,532 |
| | 22. Total expenses. Add lines 13 through 21 | 22. 468,943 | 511,581 | 42,638 |
| | 23. Excess or (Deficit). Subtract line 22 from line 12 | 23. 255,412 | 64,565 | -190,847 |
| Other Information | 24. Total exempt revenue | 24. 724,355 | 576,146 | -148,209 |
| | 25. Total unrelated revenue | 25. | | |
| | 26. Total excludable revenue | 26. 107,012 | 186,942 | 79,930 |
| | 27. Total assets | 27. 557,345 | 742,794 | 185,449 |
| | 28. Total liabilities | 28. 67,890 | 188,774 | 120,884 |
| | 29. Retained earnings | 29. 489,455 | 554,020 | 64,565 |
| | 30. Number of voting members of governing body | 30. 12 | 11 | |
| | 31. Number of independent voting members of governing body | 31. 12 | 11 | |
| | 32. Number of employees | 32. 16 | 21 | |
| 33. Number of volunteers | 33. | 300 | | |

Form **990**

Tax Return History

2021

Name

OUR COMMUNITY PLACE

Employer Identification Number
54-1835664

| | 2017 | 2018 | 2019 | 2020 | 2021 | 2022 |
|---|----------------|----------------|----------------|----------------|----------------|------|
| Contributions, gifts, grants | 195,958 | 190,680 | 288,309 | 617,343 | 389,204 | |
| Membership dues | | | | | | |
| Program service revenue | 8,416 | 8,796 | 7,595 | 2,223 | 10,934 | |
| Capital gain or loss | | | | | | |
| Investment income | | | | | | |
| Fundraising revenue (income/loss) | 47,025 | 59,370 | 73,452 | 83,062 | 149,349 | |
| Gaming revenue (income/loss) | | | | | | |
| Other revenue | 22,860 | 20,144 | 17,263 | 21,727 | 26,659 | |
| Total revenue | 274,259 | 278,990 | 386,619 | 724,355 | 576,146 | |
| Grants and similar amounts paid | 541 | 220 | | | | |
| Benefits paid to or for members | | | | | | |
| Compensation of officers, etc. | 47,033 | 70,577 | 38,300 | 74,985 | 74,662 | |
| Other compensation | 138,711 | 132,611 | 208,601 | 300,976 | 316,410 | |
| Professional fees | 6,089 | 6,025 | 5,025 | 5,031 | 14,335 | |
| Occupancy costs | 17,543 | 17,098 | 13,067 | 12,773 | 15,609 | |
| Depreciation and depletion | 9,063 | 7,375 | 7,306 | 7,028 | 8,883 | |
| Other expenses | 48,943 | 54,607 | 51,686 | 68,150 | 81,682 | |
| Total expenses | 267,923 | 288,513 | 323,985 | 468,943 | 511,581 | |
| Excess or (Deficit) | 6,336 | -9,523 | 62,634 | 255,412 | 64,565 | |
| Total exempt revenue | 274,259 | 278,990 | 386,619 | 724,355 | 576,146 | |
| Total unrelated revenue | | | | | | |
| Total excludable revenue | 78,301 | 88,310 | 98,310 | 107,012 | 186,942 | |
| Total Assets | 241,064 | 238,694 | 288,349 | 557,345 | 742,794 | |
| Total Liabilities | 60,132 | 67,285 | 54,306 | 67,890 | 188,774 | |
| Net Fund Balances | 180,932 | 171,409 | 234,043 | 489,455 | 554,020 | |

Federal Statements

Schedule A, Part II, Line 1(e)

| Description | Amount |
|------------------------------------|-------------------|
| GOVERNMENT GRANTS OR CONTRIBUTIONS | \$ 35,438 |
| | 353,766 |
| TOTAL | <u>\$ 389,204</u> |

Federal Statements**Schedule A. Part II. Line 5 - Excess Gifts**

| <u>Donor Name</u> | <u>Total</u> | <u>Excess</u> |
|-------------------------|------------------|---------------|
| LARSON FOUNDATION | \$ 10,000 | \$ |
| CASH, MICHAEL & DONNA | 20,950 | |
| EL KHOURY, JEAN PIERRE | 14,200 | |
| HIGGS, STEPHANIE | 16,010 | |
| MANNING, PAULA | 5,500 | |
| SHICKEL CORPORATION | 7,000 | |
| WITMER, PHILIP & TERRY | 5,000 | |
| WESTWOOD, CRAIG & ELIOT | 5,000 | |
| GEHMAN, MARGARET | 5,500 | |
| SUNTRUST FOUNDATION | 10,000 | |
| TOTAL | <u>\$ 99,160</u> | <u>\$ 0</u> |

Federal Statements

Schedule A, Part II, Line 10(e)

| Description | Amount |
|----------------------|-------------------|
| THE GALA | \$ 30,775 |
| GREAT COMMUNITY GIVE | 76,891 |
| GOLF | 33,200 |
| OTHER FUNDRAISERS | 11,965 |
| TOTAL | <u>\$ 152,831</u> |

Schedule A, Part II, Line 12 - Current year

| Description | Amount |
|---------------|------------------|
| RENT | \$ 10,934 |
| OTHER REVENUE | 26,659 |
| TOTAL | <u>\$ 37,593</u> |