

4016 N. CROATAN HIGHWAY • KITTY HAWK, NC 27949 • (252) 261-2333

OUTER BANKS RELIEF FOUNDATION, INC. P.O. BOX 545

NAGS HEAD, NC 27959

Dear Client:

Enclosed is your 2019 Federal Return of Organization Exempt from Income Tax. The original should be signed at the bottom of page one. No tax is payable with the filing of this return. Mail your Federal return on or before November 16, 2020 to:

DEPARTMENT OF TREASURY INTERNAL REVENUE SERVICE OGDEN, UT 84201-0027

Please be sure to call us if you have any questions.

Sincerely,

JOHNSON MIZELLE STRAUB & MURPHY LLP

Form 990

(Rev. January 2020)

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

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	roru	ne 2019 calen	dar year, or tax year beginning , 2019, and ending	g			
В	Check	if applicable:	С	D Em	ployer ider	ntification number	
	ДА	ddress change	OUTER BANKS RELIEF FOUNDATION, INC.	5	6-2526	5271	
	∐ N	lame change	P.O. BOX 545		ephone nur		
	lr lr	nitial return	NAGS HEAD, NC 27959	2	52-26	L-2004	
	Fi	inal return/terminated			<i>7</i>	2001	
	А	mended return		G Gro	ss receipts	\$ 792	,257.
	Па	pplication pending	F Name and address of principal officer:	H(a) Is this a group r	·		13.21
			SAME AS C ABOVE	H(b) Are all subordin If "No," attach a	ates includ		
Ī	Tax	-exempt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527	If "No," attach a	list. (see i	nstructions)	
J	We	bsite: ► WW	I OUMEDDANICODEL TELEGORIO DE LOS	H(c) Group exemptio	n number		
K	Forr	n of organization:	X Corporation Trust Association Other ► L Year of formation			legal domicile: N(7
Pa	art I	Summar		311. <u>2003</u>	State of	legal domicile: IVC	<i>,</i>
	1	Briefly descril	be the organization's mission or most significant activities: THE PRIMAF	V PIIRPOSE	OF T	JE OTTED D	ANIZC
മ		RELIEF F	OUNDATION IS TO RAISE FUNDS TO HELP PEOPLE ON	THE OUTER	BANKS	WITH	WIND_
Activities & Governance		DEBILITA	TING DISEASES SUCH AS CANCER AND TO ASSIST CIT	IZENS ON T	HE OU	TER BANKS	TN
Ë		CRISIS.					
o Ve	2	Check this bo	x I if the organization discontinued its operations or disposed of mo	re than 25% of	ts net a	 ssets.	
<u>ග</u> නේ	3	Number of vo	ting members of the governing body (Part VI, line 1a)		13		11
Se	4	Total number of inc	dependent voting members of the governing body (Part VI, line 1b)		. 4		0
¥	5	Total number	of individuals employed in calendar year 2019 (Part V, line 2a)		. 5		3
듗	72	Total unrelate	d business revenue from Part VIII, column (C), line 12		. 6		0
-		Net unrelated	business taxable income from Form 990-T, line 39.		7a		0.
-			2 sources taxable modifie with 1 diffi 330 T, mile 33	Prior Ye		C	0.
_	8	Contributions	and grants (Part VIII, line 1h)		, 792 .	Current Y	
Revenue	9	Program serv	ice revenue (Part VIII, line 2g)		, 192. , 600.		,515. ,550.
e Ve	10	Investment in	come (Part VIII, column (A), lines 3, 4, and 7d)		451.		,330. 971.
ď	11	Other revenue	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	155	,138.	202	$\frac{371.}{712.}$
	12	Total revenue	 add lines 8 through 11 (must equal Part VIII, column (A), line 12) 	931	,981.		$\frac{712.}{748.}$
	13	Grants and si	milar amounts paid (Part IX, column (A), lines 1-3)	164	,072.		,994.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)				7331.
ın.	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)	***************************************	,807.	88	,441.
3Se.	16 a		undraising fees (Part IX, column (A), line 11e)		,		, 111.
Expenses	b		ing expenses (Part IX, column (D), line 25) ► 83,367.				
Δ	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)	100	F20	100	0.4.0
	18	Total expense	es. Add lines 13-17 (must equal Part IX, column (A), line 25)		,530.		,848.
	19	Revenue less	expenses. Subtract line 18 from line 12		,409.	TO THE OWNER OF THE OWNER OWNE	,283.
አ 🕏	1	7.0701146 1633	expenses, oubtract line to non-line 12		,572.		<u>,465.</u>
anc	20	Total assets (Part X, line 16)	Beginning of Cur		End of Ye	
Ass	21		6 (Part X, line 26)	1,262	, 581. , 882.	1,649	
Net Assets or Fund Balances	22		fund balances. Subtract line 21 from line 20.		The state of the s		,499.
	rt II	Signature		1,236	, 699.	1,618	,497.
comp	olete. De	eclaration of prepar	clare that I have examined this return, including accompanying schedules and statements, and to th er (other than officer) is based on all information of which preparer has any knowledge.	e best of my knowled	lge and bel	ief, it is true, correct	, and
		N					-
Sig	ın	Signature	e of officer	Date			
He	re						
		Type or p	orint name and title				
		Print/Type pr	eparer's name Preparer's signature DTY Date	Check	if	PTIN	-
Pai	d	LISA S	MURPHY, CPA □ 2020.11.11	self-empl	L	P00544432	
Pre	pare	Firm's name	► JOHNSON MIZELLE STRAUB & MURPHY LLP	30.1 011101	-,00	1 00044402	-
Us	e On	y Firm's addres		Firm's El	N > 56.	-1286943	
			KITTY HAWK, NC 27949	Phone no			2
May	the I	RS discuss this	s return with the preparer shown above? (see instructions)	ritorie no	. (232	2) 261-233 X Yes	No
-	W/WWW.	THE RESIDENCE OF THE PARTY OF T				127 162	140

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete		Yes	No
•	Schedule A	1	Х	
2	to the organization required to complete deficulties by contributors (see instructions):	2	Х	
3		3		Х
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? <i>If 'Yes,' complete Schedule C, Part II</i>	4		Х
5		5		Х
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.			x
7		6		
8		7		X
9		8		X
	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.	9		Х
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	10	Х	
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? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	Х	
	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.	11 b		Х
	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.	11 c		Х
(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	11 d	Х	
•	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	Х	
1	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	11 f		Х
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a	Х	
ŀ	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	12 b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
148	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	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	1.41-		V
15		14b		X
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.	15		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising convices on Part IV	16		X
18	column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions). Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,	17		X
19	lines Ic and 8a? If 'Yes,' complete Schedule G, Part II	18	Х	
	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.	19		Х
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		***************************************
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.	21		Х
BAA	TFFA01031 07/31/19	Earm	000	0040

Part IV Checklist of Required Schedule	(1' 1)
railly Checkision Required Schedille	ac (continuad)
. See a see	53 CCOHHIUCUI

22	Did the organization report were then \$5,000 c		Yes	No
~~	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.	22	Х	
23	and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23		X
24	a 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	24a		X
	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		^
	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?	24c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	+	<u> </u>
25	a 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	25a		х
1	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? <i>If 'Yes,' complete Schedule L, Part I</i> .	25b		Х
26	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	26		Х
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.	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
ä	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 'Yes,' complete Schedule L, Part IV.	28a		X
ı	b A family member of any individual described in line 28a? If 'Yes,' complete Schedule L, Part IV	28b	<u> </u>	X
	c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If Yes,' complete Schedule L, Part IV	28c		Х
29		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		Х
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.	33		X
	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.	34		Х
	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ
	a 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	35b		
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.	36		Х
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	37		Х
000000000000000000000000000000000000000	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
'ar	t 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	· · · · · · · ·		Щ
1 a	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included in 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?			
AA	TEEA0104L 07/31/19	1 c Form	990 (2	20191

Form 990 (2019) OUTER BANKS RELIEF FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No
2	a 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			
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	-
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	2.0	2.	
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
	b If 'Yes,' has it filed a Form 990-T for this year? <i>If 'No' to line 3b, provide an explanation on Schedule 0</i>	3 b		1
4	a 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)?	4 a		Х
	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).			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5с		
6	a 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?	6 a		Х
	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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?	7 a		X
	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	7 b		
	Form 8282?	7 c		X
(d If 'Yes,' indicate the number of Forms 8282 filed during the year			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
(g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
1	n If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7		
	organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
i	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	a Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
128	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	of If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
ã	a Is the organization licensed to issue qualified health plans in more than one state?	13 a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
t	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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
	olf 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation on Schedule O	14 b		
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?	15		X
10				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
ΔΔ	If 'Yes,' complete Form 4720, Schedule O.			

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.

200	ction A. Governing Body and Management			. X
26	Ston A. Governing Body and Management			
1	a Enter the number of voting members of the governing body at the end of the tax year		Yes	No
	b Enter the number of voting members included on line 1a, above, who are independent 1 b			
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?	2		X
3				
4	Did the organization make any significant changes to its governing documents	3		Х
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7	a 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?	7 a		Х
	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8		, 5		2.2
	a The governing body?	0 -	$\overline{\mathbf{v}}$	
	b Each committee with authority to act on behalf of the governing body?	8 a 8 b	X	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	O D		
	organization's mailing address? If 'Yes,' provide the names and addresses on Schedule O	9		Х
ec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	venu	ie Co	ode.)
10	- Did the second of the first o		Yes	No
10	a Did the organization have local chapters, branches, or affiliates?	10 a		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?	10 ь		
11 8	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
ا	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O			
123	a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	Х	
	c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was doneSEE. SCHEDULE. O	12 c	х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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?			
ě	The organization's CEO, Executive Director, or top management official. SEE. SCHEDULE .0.	15 a	Х	
	other officers or key employees of the organization SEE . SCHEDULE . O	15 b	X	**************************************
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a	Х	
ŧ	p 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?	16b	Х	
	tion C. Disclosure 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 50' available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website	1(c)(3)s onl	y)
19	The sport request the confidence of	la to		
	the public during the tax year. SEE SCHEDULE O State the name, address, and telephone number of the person who possesses the organization's books and records	ie w		
	PATTY MCKENNA P.O. BOX 545 NAGS HEAD NC 27959 252-261-2004			

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

- 1 a 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 and/or Box 7 of Form 1099-MISC) 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 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.

		(C)								
(A) Name and title		Position (do not check more than one box, unless persor is both an officer and a director/trustee)						Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	Institutional trustee Individual trustee or director		Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	compensation from the organization and related organizations
(1) AMY MONTGOMERY	1									
PRESIDENT	0	X		Х				0.	0.	0.
(2) MILLIE WARD	2									
DIRECTOR	0	Х						0.	0.	0.
(3) TESS_JUDGE	2									
TREASURER	0	X		Х				0.	0.	0.
(4) JOHN GRAHAM	_ 1									
DIRECTOR	0	X						0.	0.	0.
_(5)_CHRISTEN_SIMMONS	1									
DIRECTOR	0	X						0.	0.	0.
(6) SCOTT BROWN	1								111111111111111111111111111111111111111	
VICE PRESIDENT	0	X		Х				0.	0.	0.
(7) SUSAN CLISSOLD	1									
SECRETARY	0	Х		Х				0.	0.	0.
(8) TERESA OSBORNE	1									
DIRECTOR	0	Х						0.	0.	0.
(9) JEFF SCHWARTZENBERG	_ 1									***************************************
DIRECTOR	0	Х						0.	0.	0.
(10) KATHY SEAWELL	1									TI ()
DIRECTOR	0	Х						0.	0.	0.
(11) JANE WEBSTER	1									
DIRECTOR	0	Х						0.	0.	0.
(12) DEBORAH MACDONALD	32								****	
EXECUTIVE DIRECTOR 1/1/17 - 8/	0				Х			0.	0.	0.
(13) PATTY MCKENNA	32									
EXECUTIVE DIRECTOR 9/1/17 - CU	0				Х			0.	0.	0.
(14)										

Section A. Officers, Directors, Trusters, Key Employees, and Highest Compensated Employees constant A	Form 990 (2019) OUTER BANKS RELIEF FOUN Part VII Section A. Officers, Directors, True	DATION	V,]	INC Fn	Inle	ove	es	and	d Highest Con	56-252627	1 Page 8
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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. 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. 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. 5 Ection 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 Compensation Compensation 7 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization. Power of the properties		to those I	isted	abov	/e) w	vho i	receiv	∕ed i	more than \$100,00	0 of reportable comp	ensation
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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. 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. 5 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	on line 1a? If 'Yes,' complete Schedule J for such	h individu	al				:, Or 1		·····	employee	. 3 X
the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual. 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. 5 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 \(^{\begin{cases} \chi \)} \) 0	4 For any individual listed on line 1a, is the sum of	reportabl	le cor	mpe	nsaf	tion	and	othe	er compensation t	from	
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. 5 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 Description of services 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	the organization and related organizations greate	r than \$1	50.00	າດ? .	If 'Y	'ec'	com	ınlet	te Schedule I for		A 7
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 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 \$\infty\$ 0											4 A
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 Description of services (C) Compensation 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	ior services rendered to the organization? If Yes	,' comple	te Sc	hed	ule .	J fo	r suc	h pe	erson	murviduai 	. 5 X
Name and business address (A) Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization of the calendar year ending with or within the organization's tax year. (C) Compensation Compensation	Section B. Independent Contractors										
Name and business address Description of services Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization \(\bigcircle{\chi} \) 0	compensation from the organization. Report compens	sation for t	epend the ca	alent alenc	cor dar y	ntrac ⁄ear	ctors endir	tnai ng w	t received more th rith or within the ord	nan \$100,000 of ganization's tax vear	
Description of services 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	(A)							Ĭ	(B)		
\$100,000 of compensation from the organization ► 0		ess		·		***************************************			Description o	f services	Compensation
\$100,000 of compensation from the organization ► 0		****					***************************************				
\$100,000 of compensation from the organization ► 0								_			
\$100,000 of compensation from the organization ► 0			***************************************	***************************************	•			\dashv			
\$100,000 of compensation from the organization ► 0			***************************************		**********	*************	-	\dashv			
\$100,000 of compensation from the organization ► 0	2 Total number of independent contractors (including be	ut not limi	ted to	thos	se li	sted	abov	<u> </u>	vho received more	than	
	\$100,000 of compensation from the organization	O	Marrie Haller	200×8×100-100	Northwest and a			n de la companya de			

		0 (2019) OUTER BANK	S RELIEF	FOUNDATION :	, INC.		56-2526271	Page 9
Pai	t VI	II Statement of Rever						
		Check if Schedule O cor		onse or note to ar	y line in this Part \(\begin{align*} \begin{align*} (A) \\ \end{align*} \] Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Program Service Revenue and Other Similar Amounts	2 a b c d	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, gran similar amounts not included above the contributions included in lines 1a-1f Total. Add lines 1a-1f RENTAL INCOME	1b 1c 1d 1e ts, and ve	533, 515. Business Code	533,515. 9,550.	9,550.		
ď		Total. Add lines 2a-2f			9,550.			
SWANNING COLUMN	3 4 5	Investment income (including other similar amounts) Income from investment of Royalties.	g dividends, ir	nterest, and bond proceeds	971.	971.		
	b c d 7 a b	Gross rents 6a Less: rental expenses Rental income or (loss) Rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses Gain or (loss) 7c	(i) Securities	(ii) Other				
Other Revenue	8 a b	Net gain or (loss)	ents c). 8a	248,221. 45,509.	202,712.			202,712.
	b c	Gross income from gaming activities See Part IV, line 19	9a 9b gaming activi)				202,712.
	b	Gross sales of inventory, less returns and allowances Less: cost of goods sold Net income or (loss) from s	10E					
9				Business Code				
Miscellaneous Revenue	11 a b c	AL-1						
Z S		All other revenue	L					

12 Total revenue. See instructions.....

10,521.

0.

Part IX | Statement of Functional Expenses

Do 6b	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations and domestic governments		expenses	general expenses	expenses
2	See Part IV, line 21	102 004	100.004		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	192,994.	192,994.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors.				
6	trustees, and key employees	0.	0.	0.	0.
7	in section 4958(c)(3)(B) Other salaries and wages	0.	0.	0.	0.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	80,784.	18,048.	23,752.	38,984.
9	Other employee benefits				
10	Payroll taxes	7,657.	1,711.	2,251.	3,695.
	Fees for services (nonemployees):			2,201.	3,033.
	Management				
	Legal				
	: Accounting	8,239.	1,841.	2,422.	3,976.
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0.)				
13	Office expenses	33,664.	7,521.	9,898.	16,245.
14	Information technology	33,001.	7,521.	9,090.	10,245.
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
	Conferences, conventions, and meetings				
	Interest				
	Payments to affiliates				
	Depreciation, depletion, and amortization	5,938.	1,327.	1,746.	2,865.
	Insurance				
а	CAMPAIGN_PLANNING_STUDY	24,979.	5,581.	7,344.	12,054.
	BAD DEBTS	18,531.	18,531.	1,344.	14,054.
	REPAIRS & MAINTENANCE	7,276.	1,626.	2,139.	3,511.
d	LANDSCAPING	4,221.	943.	1,241.	2,037.
	All other expenses				2,001.
25	Total functional expenses. Add lines 1 through 24e	384,283.	250,123.	50,793.	83,367.
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 □ if following SOP 98-2 (ASC 958-720).				·

	~~~	Check if Schedule O contains a response or note to	o any lin	e in this Part X					
					(A) Beginning of year		<b>(B)</b> End of year		
	1	Cash – non-interest-bearing		331,106.	1	490,837.			
	2	Savings and temporary cash investments		2					
	3	Pledges and grants receivable, net	346,622.	3	532,791.				
	4	Accounts receivable, net	486.	4	1,543.				
	5	Loans and other receivables from any current or form trustee, key employee, creator or founder, substantial controlled entity or family member of any of these pe		5					
	6	Loans and other receivables from other disqualified p				3			
		section 4958(f)(1)), and persons described in section		6					
	7	Notes and loans receivable, net							
Ø	8	Inventories for sale or use			7				
set	9	Prepaid expenses and deferred charges			8				
Assets			1 1	l _{et}		9			
		Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D							
		Less: accumulated depreciation	L	41,110.	490,470.	10 c	491,094.		
	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			93,897.	15	133,731.		
	16	Total assets. Add lines 1 through 15 (must equal line	33)		1,262,581.	16	1,649,996.		
	17	Accounts payable and accrued expenses			25,882.	17	28,494.		
	18	Grants payable				18			
	19	Deferred revenue		19					
(A)	20	Tax-exempt bond liabilities				20			
ě	21	Escrow or custodial account liability. Complete Part I				21			
Liabilities	22	Loans and other payables to any current or former off key employee, creator or founder, substantial contribu- controlled entity or family member of any of these per	ficer, dire utor, or 3 rsons	ector, trustee, 35%	The state of the s	22			
-	23	Secured mortgages and notes payable to unrelated th	nird parti	es		23			
	24	Unsecured notes and loans payable to unrelated third				24			
	25	Other liabilities (including federal income tax, payable and other liabilities not included on lines 17-24). Com				25	3,005.		
	26	Total liabilities. Add lines 17 through 25			25,882.	26	31,499.		
Sec		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.	; <b>&gt;</b>	X					
2	27	Net assets without donor restrictions			1,033,790.	27	1,383,517.		
Ö	28	Net assets with donor restrictions			202,909.	28	234,980.		
Net Assets or Fund Balanc		Organizations that do not follow FASB ASC 958, che and complete lines 29 through 33.	ck here						
ō	29	Capital stock or trust principal, or current funds				29			
ets	30		capital surplus, or land, building, or equipment fund						
8	31	Retained earnings, endowment, accumulated income,				30			
4	32	Total net assets or fund balances			1,236,699.	32	1,618,497.		
ž	33	Total liabilities and net assets/fund balances		1,262,581.	33	1,649,996.			
-			***************************************		1,202,001.		1,02J,JJO.		

Pa	rt 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		746.	748.	
2	Total expenses (must equal Part IX, column (A), line 25)	2			283.	
3	Revenue less expenses. Subtract line 2 from line 1	3			465.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1.		699.	
5	Net unrealized gains (losses) on investments.	5			330.	
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			0.	
10						
Da	rt XII Financial Statements and Reporting	10	1,	<u>618,</u>	<u>497.</u>	
1 (3)						
	Check if Schedule O contains a response or note to any line in this Part XII				🔲	
_	<b>A</b> 15 11 11 11 11 11 11 11 11 11 11 11 11			Yes	No	
ı	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.					
2 a 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 separate basis, consolidated basis, or both:  Separate basis  Consolidated basis  Both consolidated and separate basis	d on a	a e			
ı	b Were the organization's financial statements audited by an independent accountant?		2	b X		
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separa basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
•	c 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?		2	c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.					
3 8	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?		з	a	Х	
	o 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	t	3	b		
BAA	TEEA0112L 01/21/20		THE REAL PROPERTY AND ADDRESS OF THE PERSONS ASSESSED.		(2019)	

#### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Public Charity Status and Public Support**

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

OUTER BANKS RELIEF FOUNDATION, INC 56-2526271 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.) 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 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 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). Χ 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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: 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 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. 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). (iii) Type of organization (described on lines 1-10 above (see instructions)) (i) Name of supported organization (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other support (see instructions) support (see instructions) in your governing document? 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.)

Sec	tion A. Public Support						PARTICULAR DE CARROLLE DE SECUENCIA DE COMPANS DE CONTRACTOR DE CONTRACT	
beg	endar year (or fiscal year inning in) ►	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	( <b>d)</b> 2018	<b>(e)</b> 2019	<b>(f)</b> Total	
	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	232,649.	430,826.	176,191.	787,058.	533,515.	2,160,239.	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			•		,	0.	
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.	
4	Total. Add lines 1 through 3	232,649.	430,826.	176,191.	787,058.	533,515.	2,160,239.	
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)	al a				300,010.	0.	
6	<b>Public support.</b> Subtract line 5 from line 4	mar.					2,160,239.	
Sec	tion B. Total Support						271007200.	
Cale begi	ndar year (or fiscal year nning in) ▶	<b>(a)</b> 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total	
7	Amounts from line 4	232,649.	430,826.	176,191.	787,058.	533,515.	2,160,239.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	293.	424.	737.	451.	971.	2,876.	
9	Net income from unrelated business activities, whether or not the business is regularly carried on				2021	311.	0.	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) SEE PART VI	8,600.	8,100.	8,850.	9,600.	9,550.	44,700.	
	Total support. Add lines 7 through 10			193 100 (17 1998)			2,207,815.	
12	Gross receipts from related activ	ities, etc. (see ins	structions)			12	0.	
13	<b>First five years.</b> If the Form 990 is organization, check this box and	for the organization stop here	's first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)		
	tion C. Computation of Pul							
14	Public support percentage for 20	19 (line 6, column	(f) divided by lin	e 11, column (f)).		14	97.85 %	
	Public support percentage from 2					LL	97.47 %	
16a	<b>33-1/3% support test—2019.</b> If the and <b>stop here.</b> The organization	ne organization di qualifies as a pub	d not check the bolicly supported or	ox on line 13, and ganization	d line 14 is 33-1/3	% or more, check	this box ► X	
b	b 33-1/3% support test—2018. 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							
17a	a 10%-facts-and-circumstances test—2019. 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							
	<b>10%-facts-and-circumstances te</b> or more, and if the organization rorganization meets the 'facts-and	meets the 'facts-a d-circumstances' t	nd-circumstances est. The organiza	' test, check this tion qualifies as a	box and <b>stop her</b> e publicly supporte	e. Explain in Part ed organization	VI how the	
COMPANIE AND ADDRESS OF THE PARTY OF THE PAR	Private foundation. If the organiz	zation did not che	ck a box on line 1	3, 16a, 16b, 17a,	or 17b, check this	s box and see ins	tructions ►	
RAA								

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.)

Sec	tion A. Public Support						
	dar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose.						
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 and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						COMMUNICATION CONTRACTOR CONTRACT
Sec	tion B. Total Support						
	dar year (or fiscal year beginning in) 🟲	(a) 2015	<b>(b)</b> 2016	<b>(c)</b> 2017	<b>(d)</b> 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from						
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
10a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is						
10a b c 11	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in						
10a b c 11 12	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)						
10a b c 11 12	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth, o	or fifth tax year as	a section 501(c)(3)	)b
10a b c 11 12 13 14 Sec:	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pul	stop hereblic Support P	ercentage				
10a b c 11 12 13 14 Sec:	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)  First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20	blic Support P	ercentage	ne 13, column (f)	)		90
10a b c 11 12 13 14 Sec: 15 16	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage from 20 Public support percentage from 20	blic Support P 119 (line 8, column 2018 Schedule A,	ercentage n (f), divided by li Part III, line 15.	ne 13, column (f)	)		
10a b c 11 12 13 14 Sec: 15 16 Sec:	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv	blic Support P 119 (line 8, column 2018 Schedule A, estment Incom	ercentage n (f), divided by li Part III, line 15 . ne Percentage	ne 13, column (f)	)		06 06
10a b c 11 12 13 14 Sec: 15 16 Sec: 17	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.)	blic Support P 19 (line 8, column 2018 Schedule A, estment Incor or 2019 (line 10c,	ercentage  n (f), divided by li Part III, line 15 .  ne Percentage column (f), divide	ne 13, column (f)	) umn (f))	15 16	000000000000000000000000000000000000000
10a b c 11 12 13 14 Section 15 16 Section 17 18	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.).  First five years. If the Form 990 organization, check this box and tion C. Computation of Pullic support percentage from 20 public support percentage from 20 tion D. Computation of Investment income percentage for 10 to 10	blic Support P 119 (line 8, column 2018 Schedule A, estment Incon or 2019 (line 10c, rom 2018 Schedul	ercentage  n (f), divided by li Part III, line 15  ne Percentage column (f), divided le A, Part III, line	ne 13, column (f)	)umn (f))	15 16 17 18	00 00 00 00
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10a b c 11 12 13 14 Secci 17 18 19a b	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  Add lines 10a and 10b.  Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.  Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).  Total support. (Add lines 9, 10c, 11, and 12.)	blic Support P 19 (line 8, column 2018 Schedule A, estment Incom or 2019 (line 10c, rom 2018 Schedul the organization d this box and stop he organization d or, check this box a	ercentage  n (f), divided by li Part III, line 15.  ne Percentage column (f), divide le A, Part III, line id not check the le here. The organ id not check a bo and stop here. Th	ne 13, column (f)  ed by line 13, column  17  box on line 14, ar  ization qualifies a  x on line 14 or line e organization qu	umn (f))nd line 15 is more as a publicly supp ne 19a, and line 1 alifies as a public	15 16 17 18 than 33-1/3%, and orted organization. 6 is more than 33-1/3 supported organization.	% % % % % % % % % % % % % % % % % % %

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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? If 'No,' describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
38	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.	3a		
t	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)? If 'Yes,' describe in <b>Part VI</b> when and how the organization made the determination.	3b		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c		
4a	Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
t	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
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)? If 'Yes,' explain in <b>Part VI</b> 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.	4c		
5a	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).	5a		
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?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		*****************
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? If 'Yes,' provide detail in <b>Part VI.</b>	6		
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? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L (Form 990 or 990-EZ).	8		
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))? If 'Yes,' provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in <b>Part VI</b> .	9c		
0 a	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)? If 'Yes,' answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b		=_1

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Pa	rt IV Supporting Organizations (continued)			-
11	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the			
	governing body of a supported organization?	11a		
	<b>b</b> A family member of a person described in (a) above?	11b		ļ
DESCRIPTION OF	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
<u> </u>	ction B. Type I Supporting Organizations		T	Т
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in <b>Part VI</b> 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Yes	No
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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Sec	ction C. Type II Supporting Organizations	Managara Communication of the		lease and the lease of
			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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	ction 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?	1		
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations		***************************************	ANDERSON
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
	The organization satisfied the Activities Test. Complete line 2 below.			
	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instruct	tions).	
2	Activities Test. Answer (a) and (b) below.	Γ	Yes	No
ć	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 <b>Part VI identify those supported organizations and explain</b> 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.	2a		
ł	Did the activities described in (a) 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.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
ā	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? <i>Provide details in Part VI.</i>	3a		
t	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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	anizati	ions	0202/1 Fage (
1	Check here if the organization satisfied the Integral Part Test as a qualifying tru instructions. All other Type III non-functionally integrated supporting organization	ist on No ons mus	ov. 20, 1970 (explain ir t complete Sections A	n Part VI). <b>See</b> through E.
Sec	ction 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		
	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	ction 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):			
	Average monthly value of securities	1a		
	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		
	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 1-1/2% 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 .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C — Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated (see instructions).	egrated	Type III supporting org	ganization

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Schedule A (Form 990 or 990-EZ) 2019

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Section D — Distributions Curi							
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)						
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 <b>Part VI</b> ). See instructions.						
9	Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required — explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
<b>a</b> From 2014			
<b>b</b> From 2015			
<b>c</b> From 2016			
<b>d</b> From 2017			
<b>e</b> From 2018			
f Total of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
Applied to underdistributions of prior years			
<b>b</b> Applied to 2019 distributable amount			**************************************
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
<b>b</b> Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			
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Schedule A (Form 990 or 990-EZ) 2019

OUTER BANKS RELIEF FOUNDATION, INC

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

NATURE AND SOURCE	20:	19	2018	<del></del>	2017	***************************************	2016		2015
TOTAL		,550. ,550.	\$ 9,600 \$ 9,600		8,850. 8,850.	\$ \$	8,100. 8,100.	\$ \$	8,600. 8,600.

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

# PUBLIC DISCLOSURE COPY Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

Employer identification number

OUTER BANKS RELIEF FOUNDATION, INC. 56-2526271							
Organization type (check one):							
Filers of:	Filers of: Section:						
Form 990 or 990-EZ		$\overline{X}$ 501(c)( 3 ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	on				
Form 990	)-PF	527 political organization					
		501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
		ed by the <b>General Rule</b> or a <b>Special Rule.</b> (8), or (10) organization can check boxes for both the General Rule and a S	pecial Rule. See instructions.				
General I	Rule						
	For an organization filir or property) from any o	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling ne contributor. Complete Parts I and II. See instructions for determining a contribu	ng \$5,000 or more (in money tor's total contributions.				
Special R	ules						
X	under sections 509(a)(*received from any one	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% ) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line contributor, during the year, total contributions of the greater of (1) \$5,000; ne 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	e 13, 16a, or 16b, and that				
	during the year, total	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that rece contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scient revention of cruelty to children or animals. Complete Parts I, II, and III.	ived from any one contributor, ific, literary, or educational				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any or during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusive charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization becaute received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \rightarrow \$			ributions totaled more than for an exclusively religious, organization because				

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Employer identification number

OUTER BANKS RELIEF FOUNDATION, INC. 56-2526271

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	LINKS_LADIES		Person X				
	1118 BURNSIDE ROAD	\$ 21,845.	Payroll Noncash				
	MANTEO, NC 27954		(Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2	JOHN GILLAM		Person X				
	1851 GULF SHORE BLVD N	\$14,000.	Payroll U				
	NAPLES, FL 34102		(Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3	DEBORAH BEDINGFIELD		Person X				
	148 SIR CHANDLER DR	\$25,000.	Payroll				
	KILL DEVIL HILLS, NC 27948	-	(Complete Part II for noncash contributions.)				
		•					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
(a) No.	(b) Name, address, and ZIP + 4  AMY AND JAMES DOUGHERTY	(c) Total contributions	Person X				
Constitution of the Consti	Name, address, and ZIP + 4	(c) Total contributions  \$25,000.					
Constitution of the Consti	Name, address, and ZIP + 4  AMY AND JAMES DOUGHERTY	contributions	Person X Payroll				
Constitution of the consti	Name, address, and ZIP + 4  AMY AND JAMES DOUGHERTY  102 PINNACLE CT	contributions	Person X Payroll  Noncash  (Complete Part II for				
4	Name, address, and ZIP + 4  AMY AND JAMES DOUGHERTY  102 PINNACLE CT  KITTY HAWK, NC 27949  (b)	\$25,000.	Person X Payroll				
(a) No.	Name, address, and ZIP + 4  AMY AND JAMES DOUGHERTY  102 PINNACLE CT  KITTY HAWK, NC 27949  Name, address, and ZIP + 4	\$25,000.	Person X Payroll				
(a) No.	Name, address, and ZIP + 4  AMY AND JAMES DOUGHERTY  102 PINNACLE CT  KITTY HAWK, NC 27949  Name, address, and ZIP + 4  FITZPATRICK/MCNULTY	\$ 25,000.	Person X Payroll				
(a) No.	Name, address, and ZIP + 4  AMY AND JAMES DOUGHERTY  102 PINNACLE CT  KITTY HAWK, NC 27949  Name, address, and ZIP + 4  FITZPATRICK/MCNULTY  8060 S SEACREST DR	\$ 25,000.	Person X Payroll				
(a) No.	Name, address, and ZIP + 4  AMY AND JAMES DOUGHERTY  102 PINNACLE CT  KITTY HAWK, NC 27949  Name, address, and ZIP + 4  FITZPATRICK/MCNULTY  8060 S SEACREST DR  VERO BEACH, FL 32963  (b)	\$ 25,000.  (c) Total contributions  \$ 50,000.	Person X Payroll				
(a) No.	Name, address, and ZIP + 4  AMY AND JAMES DOUGHERTY  102 PINNACLE CT  KITTY HAWK, NC 27949  Name, address, and ZIP + 4  FITZPATRICK/MCNULTY  8060 S SEACREST DR  VERO BEACH, FL 32963  Name, address, and ZIP + 4	\$ 25,000.  (c) Total contributions  \$ 50,000.	Person X Payroll				

OUTER BANKS RELIEF FOUNDATION, INC.

Employer identification number

	-			
56	-2	52	62	71

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional s	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	GORDON JONES  4108 IVY LANE  KITTY HAWK, NC 27949	\$20,000.	Person X  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	MICHAEL KELLY P.O. BOX 1089  NAGS HEAD, NC 27959	\$ <u>16,500.</u>	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	JAMES MILLIS P.O. BOX 2139  KILL DEVIL HILLS, NC 27948	\$ <u>150,000.</u>	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>10</u> _	LAUREL POKELWALDT  295 N DOGWOOD TRL  SOUTHERN SHORES, NC 27949	\$13,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_	CLARK TWIDDY  1352 SOUND LANDING RD  KITTY HAWK, NC 27949	\$25,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12_	ELIZABETH JANE WEBSTER  3736 HERBERT PERRY RD  KITTY HAWK, NC 27949	\$ <u>11,000</u> .	Person X Payroll

Name of organization

OUTER BANKS RELIEF FOUNDATION, INC

Employer identification number

	Diffic (CDID) 1000Dill10N, 1NC.	36-2	526271			
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			
<u>13</u> _	WILLIAM & LISA LOY  91 OSPREY LN  SOUTHERN SHORES, NC 27949	\$15,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		- \$	Person Payroll Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$ 	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)			

1 Page **3** 

Name of organization

Employer identification number

OUTER BANKS RELIEF FOUNDATION, INC.

56-2526271

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
(a) No.	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		(See instructions.)	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
BAA	Sche	dule B (Form 990, 990-EZ	z, or 990-PF) (2019)

			I Page 4
Name of organ	nization BANKS RELIEF FOUNDATION, INC.		Employer identification number
Part III	Exclusively religious, charitable, et or (10) that total more than \$1,000 for the following line entry. For organizations co contributions of \$1,000 or less for the year. (Use duplicate copies of Part III if additional states and the second states are consistent or consistent or the second states are consistent or consis	c., contributions to organizations to organizations of year from any one contributor. (completing Part III, enter the total of expense of the property of the instruction once the property of	clusively religious, charitable, etc.
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address	(e) Transfer of gift s, and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address	(e) Transfer of gift , and ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address,	(e) Transfer of gift	Relationship of transferor to transferee

# 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.

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

OMB No. 1545-0047 2019

Department of the Treasury Internal Revenue Service Name of the organization

Open to Public Inspection Employer identification number

Ministration	OUTER BANKS RELIEF FOUNDAT:	ION, INC.		56-2526271
Pa	t   Organizations Maintaining Dono	or Advised Funds or Other	Similar Funds	s or Accounts
	Complete if the organization answ	wered 'Yes' on Form 990, F	Part IV, line 6.	
		(a) Donor advised fun	ds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and dor are the organization's property, subject to the	nor advisors in writing that the as organization's exclusive legal co	sets held in dono	r advised funds
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit impermissible private benefit?	rs, and donor advisors in writing	that grant funds of	can be used only
Pai	t II Conservation Easements.			
	Complete if the organization answ	wered 'Yes' on Form 990 F	Part IV line 7	
1	Purpose(s) of conservation easements held by	the organization (check all that	annly)	
	Preservation of land for public use (for examp			of a historically important land area
	Protection of natural habitat	,		of a certified historic structure
	Preservation of open space			or a certifica filstoric structure
2	Complete lines 2a through 2d if the organization hast day of the tax year.	eld a qualified conservation contrib	ution in the form o	f a conservation easement on the
				Held at the End of the Tax Year
i	Total number of conservation easements			2 a
	Total acreage restricted by conservation easer	nents		2 b
•	: Number of conservation easements on a certif	ied historic structure included in	(a)	2 c
(	Number of conservation easements included in	(c) acquired after 7/25/06, and	not on a historic	
	structure listed in the National Register			2 d
3	Number of conservation easements modified, tran tax year ►	sferred, released, extinguished, or t	erminated by the d	organization during the
4	Number of states where property subject to conser	rvation easement is located >		
5	Does the organization have a written policy reg	garding the periodic monitoring, i	nspection, handli	ng of violations.
	and enforcement of the conservation easemen	its it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, in			-
7	Amount of expenses incurred in monitoring, inspec ▶\$	cting, handling of violations, and en	forcing conservation	on easements during the year
8	Does each conservation easement reported on and section 170(h)(4)(B)(ii)?	line 2(d) above satisfy the requi	rements of sectio	n 170(h)(4)(B)(i) 
9	In Part XIII, describe how the organization reprinclude, if applicable, the text of the footnote to conservation easements.	orts conservation easements in it	s revenue and ex	mense statement and balance sheet and
Par	Organizations Maintaining Collection Complete if the organization answ	ctions of Art, Historical Tre	easures, or Ot	her Similar Assets.
1.				
1 6	If the organization elected, as permitted under historical treasures, or other similar assets held Part XIII the text of the footnote to its financial	d for nublic exhibition, education	or receased in fu	ment and balance sheet works of art, irtherance of public service, provide in
t	If the organization elected, as permitted under historical treasures, or other similar assets held fo following amounts relating to these items:	r public exhibition, education, or res	earch in furtheran	ce of public service, provide the
	(i) Revenue included on Form 990, Part VIII, I	ine 1		▶\$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, hi amounts required to be reported under FASB A	storical treasures, or other similar a ASC 958 relating to these items:	ssets for financial	gain, provide the following
а	Revenue included on Form 990, Part VIII, line			▶\$
	Assets included in Form 990, Part X			<b>▶</b> ċ

Part III Organizations Mainta	ining Collections	of Art, Historic	al Treasures, or (	Other Similar A	ssets (	contin	ued)		
3 Using the organization's acquisition									
items (check all that apply).	, , , , , , , , , , , , , , , , , , , ,			te significant use of	ns conect	1011			
a Public exhibition		d Loan or ex	xchange program						
b Scholarly research		e Other							
c Preservation for future generations									
4 Provide a description of the organiz Part XIII.	ation's collections and	explain how they furt	her the organization's e	exempt purpose in					
5 During the year, did the organiza to be sold to raise funds rather the	ian to be maintained	as part of the organ	lization's collection?		l I Ye	د ا	No		
Part IV Escrow and Custodia line 9, or reported an	Arrangements.	Complete if the	organization answ	vered 'Yes' on F	orm 99	90, Pa	rt IV,		
1 a Is the organization an agent, trus	tee custodian or oth	er intermediary for a	contributions or other	accets not included	1				
On 1 On 1 330, 1 art A:					Ye	s [	No		
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII and com	plete the following ta	able:			ı			
					Amou	nt			
c Beginning balance				1 c					
<b>d</b> Additions during the year				1 d		***************************************			
e Distributions during the year				1 e			OTTO CONTRACTOR OF THE PARTY OF		
f Ending balance				1 f	***************************************				
2a Did the organization include an a	mount on Form 990,	Part X, line 21, for $\epsilon$	escrow or custodial ad	count liability?	Ye	s	No		
<b>b</b> If 'Yes,' explain the arrangement	in Part XIII. Check h	ere if the explanation	n has been provided	on Part XIII			7		
Dody Ful						L			
Part V Endowment Funds. C	omplete if the org	<u>janization answe</u>	ered 'Yes' on Forr	n 990, Part IV,	line 10				
1 a Danimping of ways but	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years bac	k (e)	Four year	s back		
<b>1 a</b> Beginning of year balance	93,897.	99,820.	88,420.	60,183	1.	58,	572.		
<b>b</b> Contributions	28,989.	2,566.	11,714.	25,000	0.				
c Net investment earnings, gains, and losses	17,256.	-6,468.	11,961.	3,841		2	185.		
<b>d</b> Grants or scholarships	5,159.	720.							
e Other expenditures for facilities and programs			-11,216.		).				
f Administrative expenses	1,324.	1,301.	1,059.	602			576.		
<b>g</b> End of year balance	133,731.	93,897.	122,252	88 420		60	181.		
<ol><li>Provide the estimated percentage</li></ol>		end balance (line 1g	, column (a)) held as:	00,420	, · ·	00,	101.		
a Board designated or quasi-endowme		%	, (-,,,						
<b>b</b> Permanent endowment ►	90	Na We are accompanied.							
c Term endowment ►	00								
The percentages on lines 2a, 2b, an	d 2c should equal 100°	%.							
3a Are there endowment funds not in the	a naccassian of the ar								
organization by:	e possession of the or	ganization that are ne	id and administered for	r the		Yes	No		
(i) Unrelated organizations					3a(i)	X	140		
(ii) Related organizations				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3a(ii)	Λ	X		
<b>b</b> If 'Yes' on line 3a(ii), are the relat	ed organizations liste	ed as required on So	hedule R?		3b				
4 Describe in Part XIII the intended	uses of the organiza	tion's endowment fu	nds. SEE PART	XTTT	35		Market		
Part VI Land, Buildings, and E	quipment.			41 ± ± ±			STORY CONTRACTOR OF THE PARTY O		
Complete if the organize	ation answered '	Yes' on Form 99	00, Part IV, line 1	1a. See Form 9	90, Par	t X, lir	ne 10.		
Description of property	(a) Cost	or other basis (b		(c) Accumulated depreciation		Book va			
<b>1 a</b> Land		297,530.		,		297	530.		
<b>b</b> Buildings		109,482.		21,756.			726.		
c Leasehold improvements		118,630.		19,265.	<del></del>		365.		
<b>d</b> Equipment							<del>505.</del>		
e Other		6,562.		89.		6	473.		
Total. Add lines 1a through 1e. (Column	(d) must equal Forn	n 990, Part X, colum	n (B), line 10c.)	<b></b>			094.		
BAA				CONTRACTOR OF THE PARTY OF THE	dule D (F				

Complete if the organization answered	'Yes' on Form 99	N/A	100 Dawl V 15 10
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-c	
(1) Financial derivatives.	(b) book value	(C) Method of Valuation: Cost of end-o	r-year market value
(2) Closely held equity interests			
(3) Other			
(A)			
(A) (B) (C) (D) (E) (F) (G)			
(C)			
(D)			
(E)			
(F)			
(H)			
(I)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) •			
Part VIII Investments - Program Related.	N/ 1 5 00	N/A	
Complete if the organization answered  (a) Description of investment	(b) Book value	0, Part IV, line 11c. See Form 9	90, Part X, line 13
(1)	(b) Book value	(c) Method of valuation: Cost or end	of-year market value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) . •			
Part IX Other Assets.			
Complete if the organization answered	'Yes' on Form 990	0, Part IV, line 11d. See Form 9	
(1) ENDOWMENT FUNDS	cription		(b) Book value
(2)			133,731.
(3)	Name of the state		
(4)			
(5)			
(6)			
(7)			
(8) (9)			
(10)			
	\ /' 4E \		
Total. (Column (b) must equal Form 990, Part X, column (B, Part X Other Liabilities.	) line 15.)		133,731.
Complete if the organization answered 'Yes' on Fo	rm 990. Part IV line 1	1e or 11f See Form 990 Part X line 25	
1. (a) Descrip	otion of liability	10 01 111. Occ 1 01111 330, 1 att X, 1111e 23.	(b) Book value
(1) Federal income taxes		MARKET TO THE TOTAL PROPERTY OF THE TOTAL PR	(b) Book value
(2) CREDIT CARDS			126.
(3) PAYROLL TAXES PAYABLE			2,879.
(4)			
(5) (6)			
(7)			
(8)			
(6)			
(9) (10)			
(9)			
(9) (10) (11)		<b>&gt;</b>	3 005
(9) (10)	note to the organization's fin	nancial statements that reports the organization's I	3,005.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total revenue, gains, and other support per audited financial statements	1	803,265.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		000,200.
a Net unrealized gains (losses) on investments		
b Donated services and use of facilities		
c Recoveries of prior year grants		
d Other (Describe in Part XIII.) SEE PART XIII 2d 46,187.		
e Add lines 2a through 2d.	2 e	56,517.
3 Subtract line 2e from line 1	3	746,748.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a Investment expenses not included on Form 990, Part VIII, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b	4 c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	746,748.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.	Return.	77 77 77 77 77 77 77 77 77 77 77 77 77
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements	Return.	430,471.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements		430,471.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities		430,471.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities		430,471.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.		430,471.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses  d Other (Describe in Part XIII.) SEE PART XIII  2 d 46,188.		430,471.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses  d Other (Describe in Part XIII.) SEE PART XIII  e Add lines 2a through 2d.		430,471. 46,188.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses  d Other (Describe in Part XIII.) SEE PART XIII  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.	1	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.) SEE PART XIII  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 2e	46,188.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.) SEE PART XIII  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  4 Amounts included on Form 990, Part VIII, line 7b.  4 Amounts included on Form 990, Part VIII, line 7b.  4 Amounts included on Form 990, Part VIII, line 7b.  4 Amounts included on Form 990, Part VIII, line 7b.	1 2e	46,188.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.) SEE PART XIII  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)	2e 3	46,188.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.) SEE PART XIII  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)  c Add lines 4a and 4b.	2e 3	46,188. 384,283.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.  1 Total expenses and losses per audited financial statements.  2 Amounts included on line 1 but not on Form 990, Part IX, line 25:  a Donated services and use of facilities.  b Prior year adjustments.  c Other losses.  d Other (Describe in Part XIII.) SEE PART XIII  e Add lines 2a through 2d.  3 Subtract line 2e from line 1.  4 Amounts included on Form 990, Part IX, line 25, but not on line 1:  a Investment expenses not included on Form 990, Part VIII, line 7b.  b Other (Describe in Part XIII.)	2e 3	46,188.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

### PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

TO SUPPORT THE OPERATIONS AND PROGRAMS IN ORDER TO FULFILL THE MISSION OF OUTER BANKS RELIEF FOUNDATION, INC.

# SCHEDULE D, PART XI, LINE 2D OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

GROSS	UP	FUNDRAISING		\$ 46,187.
			TOTAL	\$ 46,187.

BAA

Schedule D (Form 990) 2019

56-2526271

Page 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XII, LINE 2D OTHER EXPENSES AND LOSSES PER AUDITED F/S

GROSS UP FUNDRAISING EXPENSE

TOTAL \$ 46,188

BAA

#### **SCHEDULE G** (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

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.

OMB No. 1545-0047 2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number OUTER BANKS RELIEF FOUNDATION, INC. 56-2526271 **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. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations а Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations C Special fundraising events d In-person solicitations 2 a 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? **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. (v) Amount paid to (i) Name and address of individual (iii) Did fundraiser (vi) Amount paid to (iv) Gross receipts (ii) Activity (or retained by) have custody or contro of contributions? or entity (fundraiser) (or retained by) from activity fundraiser listed in organization column (i) Yes No 2 3 5 6 7 8 9 10 0. 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.

Schedule G (Form 990 or 990-EZ) 2019 OUTER BANKS RELIEF FOUNDATION, INC. 56-2526271 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 (add column (a) WAVES SOCIETY COUTURES BY TH through column (c)) REVERUE (event type) (total number) (event type) 1 Gross receipts..... 115,665. 102,556. 30,000. 248,221. Gross income (line 1 minus line 2)..... 115,665. 102,556. 30,000. 248,221. Noncash prizes..... DIRECT Rent/facility costs..... 7 Food and beverages..... EXPENSES Entertainment..... Other direct expenses..... 5,058. 10,451. 30,000. 45,509. 10 Direct expense summary. Add lines 4 through 9 in column (d)..... 45,509. Net income summary. Subtract line 10 from line 3, column (d)..... 202,712. 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. (b) Pull tabs/instant (d) Total gaming REVENUE (a) Bingo bingo/progressive bingo (c) Other gaming (add column (a) through column (c) 1 Gross revenue..... 2 Cash prizes ..... DIRECT Noncash prizes..... Rent/facility costs..... Other direct expenses..... Yes Yes Yes Volunteer labor..... No No No 7 Direct expense summary. Add lines 2 through 5 in 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?.... No **b** If 'No,' explain: 10 a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?..... Yes

**b** If 'Yes,' explain:

Sche	dule G (Form 990 or 990-EZ) 2019 OUTER BANKS RELIEF FOUNDATION, INC. 56	-2526	Z / 1	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
	Indicate the percentage of gaming activity conducted in:			
	The organization's facility			<del></del>
	An outside facility			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name •			
	Address •			
ł	a Does the organization have a contract with a third party from whom the organization receives gaming revenue of If 'Yes,' enter the amount of gaming revenue received by the organization   square s			No
	Name •			7
	Address •			
16	Gaming manager information:			
	Name •			
	Gaming manager compensation ► \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
	<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		Yes	No
	<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	the		
Da	organization's own exempt activities during the tax year ► \$  It IV Supplemental Information. Provide the explanations required by Part I, line 2b, co	lumns	(iii) and	(v):
Га	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, co and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide an information. See instructions.	y addit	ional	(-7,

#### **SCHEDULE I** (Form 990)

Department of the Treasury

Internal Revenue Service

# **Grants and Other Assistance to Organizations,** Governments, and Individuals in the United States

OMB No. 1545-0047 2019

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Public Inspection ► Go to www.irs.gov/Form990 for the latest information.

Employer identification number Name of the organization 56-2526271 OUTER BANKS RELIEF FOUNDATION, INC. Part I General Information on Grants and Assistance 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and X No the selection criteria used to award the grants or assistance?.... 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) (h) Purpose of grant (a) Description of (c) IRC section (if applicable) (d) Amount of cash grant (e) Amount of non-cash 1 (a) Name and address of organization **(b)** EIN or assistance or government 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table..... 3 Enter total number of other organizations listed in the line 1 table ......

Schedule I (Form 990) (2019) UTER BANKS	KELIEF FOUNDAI	LUN, LNC.			JO 2020212
Part III Grants and Other Assistance to can be duplicated if additional sp	<b>Domestic Individ</b>	uals. Complete if the	ne organization ans	swered 'Yes' on Form	990, Part IV, line 22. Part II
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assista

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					ar additional information

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

OUTER BANKS RELIEF FOUNDATION, INC.

AVAILABLE UPON REQUEST

Employer identification number 56-2526271

### FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE TREASURER REVIEWS RETURN BEFORE FILED

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

REVIEW ANNUALLY WHEN BUDGET BEING PREPARED AS WELL AS WHEN ISSUES ARE NOTED

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS - CEO & TOP MANAGEMENT

BOARD REVIEWS AND CONFERS WITH OTHER MEMBERS AS WELL AS OTHER ORGANIZTIONS IN AREA

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS - OFFICERS & KEY EMPLOYEES

BOARD REVIEW AND CONFERS WITH OTHER MEMBERS AS WELL OTHER ORGANIZATIONS IN THE AREA

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE