

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2023
Open to Public Inspection

A For the **2023** calendar year, or tax year beginning , and ending

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
OUTER BANKS RELIEF FOUNDATION, INC.
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
103 E 8TH STREET
City or town, state or province, country, and ZIP or foreign postal code
NAGS HEAD NC 27959

D Employer identification number
56-2526271

E Telephone number
252-261-2004

G Gross receipts \$ **1,228,763**

F Name and address of principal officer:
JEREMY MILLER
5217 POPLAR COURT
KITTY HAWK NC 27949
H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: **WWW.OBRF.ORG** **H(c)** Group exemption number

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other **L** Year of formation: **2005** **M** State of legal domicile: **NC**

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE O
2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.
3 Number of voting members of the governing body (Part VI, line 1a) **3 15**
4 Number of independent voting members of the governing body (Part VI, line 1b) **4 15**
5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) **5 3**
6 Total number of volunteers (estimate if necessary) **6 32**
7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a 0**
b Net unrelated business taxable income from Form 990-T, Part I, line 11 **7b 0**

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	396,156	568,794
9 Program service revenue (Part VIII, line 2g)	17,135	18,000
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,589	32,862
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	141,681	139,132
12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	560,561	758,788

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	401,994	481,765
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	106,807	115,071
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) 128,226		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	94,750	125,025
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	603,551	721,861
19 Revenue less expenses. Subtract line 18 from line 12	-42,990	36,927

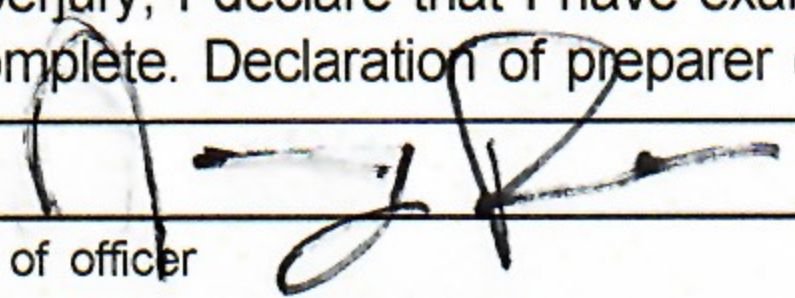
Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,830,998	1,875,041
21 Total liabilities (Part X, line 26)	71,638	67,793
22 Net assets or fund balances. Subtract line 21 from line 20	1,759,360	1,807,248

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer  **10-9-24**
Date
JEREMY MILLER
Type or print name and title
VP & CO- TREASURER

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
CHARLES KEARNS LOWMAN, CPA	CHARLES KEARNS LOWMAN, CPA	10/09/24		P00105578
Firm's name	Firm's EIN			
COASTAL CPA GROUP PC	54-1612555			
Firm's address	Phone no.			
3351 STONESHORE RD STE 100 VIRGINIA BEACH, VA 23452	757-473-0666			

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2023)