

Form **990-EZ**

**Short Form
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

2020

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/Form990EZ for instructions and the latest information.

**Open to Public
Inspection**

A For the 2020 calendar year, or tax year beginning _____, **2020**, and ending _____,

B Check if applicable:	C	D Employer identification number
<input checked="" type="checkbox"/> Address change	OBX ROOM IN THE INN PO BOX 1354 KILL DEVIL HILLS, NC 27948	45-5030512
<input type="checkbox"/> Name change		E Telephone number
<input type="checkbox"/> Initial return		252-255-1133
<input type="checkbox"/> Final return/terminated		F Group Exemption Number
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ OBXROOMINTHEINN.ORG

J Tax-exempt status (check only one) — 501(c)(3) 501(c) () ◀(insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 108,291.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

	Description	Line	Amount	
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	108,291.	
	2 Program service revenue including government fees and contracts	2		
	3 Membership dues and assessments	3		
	4 Investment income	4		
	5 a Gross amount from sale of assets other than inventory	5 a		
	b Less: cost or other basis and sales expenses	5 b	1,810.	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5 c	-1,810.	
	6 Gaming and fundraising events:			
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6 a		
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6 b		
c Less: direct expenses from gaming and fundraising events	6 c			
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d			
	7 a Gross sales of inventory, less returns and allowances	7 a		
	b Less: cost of goods sold	7 b		
	c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7 c		
	8 Other revenue (describe in Schedule O)	8		
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	106,481.	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10		
	11 Benefits paid to or for members	11		
	12 Salaries, other compensation, and employee benefits	12	60,636.	
	13 Professional fees and other payments to independent contractors	13	753.	
	14 Occupancy, rent, utilities, and maintenance	14	15,600.	
	15 Printing, publications, postage, and shipping	15		
	16 Other expenses (describe in Schedule O)	16	18,370.	
	17 Total expenses. Add lines 10 through 16	17	95,359.	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	11,122.	
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	45,397.	
	20 Other changes in net assets or fund balances (explain in Schedule O)	20		
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	56,519.	

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2020)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	43,587.	22 34,940.
23 Land and buildings		23
24 Other assets (describe in Schedule O) SEE SCHEDULE O	1,810.	24 22,437.
25 Total assets	45,397.	25 57,377.
26 Total liabilities (describe in Schedule O) SEE SCHEDULE O	0.	26 858.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	45,397.	27 56,519.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28 SEE SCHEDULE O		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	88,964.
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	88,964.

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SAMUEL ANGELO TREASURER	4	0.	0.	0.
TRACY RYDER PRESIDENT	35	0.	0.	0.
CAROL COPELAND SECRETARY	2	0.	0.	0.
DAN DEVOS DIRECTOR	1	0.	0.	0.
GIB HARRISON DIRECTOR	1	0.	0.	0.
TANTA LOCKHART-HENDRICKS DIRECTOR	1	0.	0.	0.
LYNDA WOOD DIRECTOR	2	0.	0.	0.
NANCY GRIFFIN DIRECTOR	2	0.	0.	0.
GAIL HUTCHINSON DIRECTOR	1	0.	0.	0.

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V. SEE SCH O

33 Did the organization engage in any significant activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions.
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee?
39 Section 501(c)(7) organizations. Enter:
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:
41 List the states with which a copy of this return is filed

42 a The organization's books are in care of SAMUEL ANGELO
Located at 1104 W AVALON DR KILL DEVIL HILLS NC
Telephone no. (330) 501-0543
ZIP + 4 27948
42 b 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?
42 c At any time during the calendar year, did the organization maintain an office outside the United States?

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here
44 a Did the organization maintain any donor advised funds during the year?
44 b Did the organization operate one or more hospital facilities during the year?
44 c Did the organization receive any payments for indoor tanning services during the year?
44 d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments?
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	46	X

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48	X
49 a Did the organization make any transfers to an exempt non-charitable related organization?	49 a	X
b If 'Yes,' was the related organization a section 527 organization?	49 b	
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'		

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A Yes No

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	Date
	SAMUEL ANGELO Type or print name and title	TREASURER

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DEBBIE J BURGESS, CPA				P00544738
	Firm's name ▶	JOHNSON MIZELLE STRAUB & MURPHY LLP		Firm's EIN ▶	56-1286943
Firm's address ▶	4016 N CROATAN HIGHWAY		Phone no.	(252) 261-2333	
	KITTY HAWK, NC 27949				

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

BAA

Name of the organization

Employer identification number

OBX ROOM IN THE INN

45-5030512

**FORM 990-EZ, PART I, LINE 5C
NET GAIN (LOSS) FROM NONINVENTORY SALES**OTHER ASSETS

DESCRIPTION:	OLD VAN		
DATE ACQUIRED:	VARIOUS		
HOW ACQUIRED:	PURCHASE		
DATE SOLD:	12/01/2020		
TO WHOM SOLD:			
GROSS SALES PRICE:		0.	
COST OR OTHER BASIS:		1,810.	
BASIS METHOD:	COST		
			GAIN (LOSS) -1,810.

TOTAL GAIN (LOSS) OTHER ASSETS \$ -1,810.TOTAL NET GAIN (LOSS) FROM NONINVENTORY SALES \$ -1,810.

Name of the organization

Employer identification number

OBX ROOM IN THE INN

45-5030512

**FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES**

AUTOMOBILE	\$	1,939.
COMPUTER SERVICES		1,895.
FUND RAISING		4,628.
GUEST SERVICES		2,972.
INSURANCE		3,580.
OFFICE EXPENSES		1,014.
TRAVEL		825.
UTILITIES AND TELEPHONE		1,517.
	TOTAL \$	<u>18,370.</u>

Name of the organization

Employer identification number

OBX ROOM IN THE INN

45-5030512

**FORM 990-EZ, PART II, LINE 24
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
AUTOMOBILES.....	\$ 1,810.	\$ 0.
PREPAID EXPENSES AND DEFERRED CHARGES.....	0.	22,437.
TOTAL	<u>\$ 1,810.</u>	<u>\$ 22,437.</u>

Name of the organization

OBX ROOM IN THE INN

Employer identification number

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**FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
DEFERRED REVENUE	\$ 0.	\$ 858.
TOTAL	<u>\$ 0.</u>	<u>\$ 858.</u>

Name of the organization

OBX ROOM IN THE INN

Employer identification number

45-5030512

FORM 990-EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

OUR MISSION IS TO PROVIDE FOOD, SHELTER AND SUPPORT SERVICES TO THE HOMELESS MEN
AND WOMEN IN DARE COUNTY MID-NOVEMBER THRU MID-APRIL.

Name of the organization

OBX ROOM IN THE INN

Employer identification number

45-5030512

FORM 990-EZ, PART III, LINE 28 - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

WE HAVE ASSISTED HUNDREDS OF GUESTS OVER THE PAST 11 YEARS. WE PARTNER WITH APPROXIMATELY 16 CHURCHES TO PROVIDE FOOD WEEKLY FOR OUR GUESTS. WE WORK ALONGSIDE AND COLLABORATE WITH CHURCHES, INTERFAITH COMMUNITY OUTREACH, DARE CHALLENGE, MONEYSWORTH LINENS, THE MANTEO LIONS CLUB, COMMUNITY CARE CLINIC AND MANY OTHERS TO PROVIDE SERVICES TO OUR GUESTS.

Name of the organization

Employer identification number

OBX ROOM IN THE INN

45-5030512

FORM 990-EZ, PART V - REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR
INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT?..... NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR
INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?..... NO