

Form **990**

EXTENDED TO NOVEMBER 15, 2021  
**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2020 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  
**INN ALONG THE WAY**  
 Doing business as  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**PO BOX 1133**  
 City or town, state or province, country, and ZIP or foreign postal code  
**DAMARISCOTTA, ME 04543**

**D** Employer identification number  
**46-1712257**

**E** Telephone number  
**207-677-3123**

**F** Name and address of principal officer: **SHERELYN E. FLINT**  
**SAME AS C ABOVE**

**G** Gross receipts \$ **87,783.**

**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  
**H(c)** Group exemption number ▶

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

**J** Website: ▶ **WWW.INNALONGTHEWAY.COM**

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **2013** **M** State of legal domicile: **ME**

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: **PROVIDE SHORT TERM RESPITE CARE FOR THE INFIRM AND THOSE WHO CARE FOR THEM, WITH LONGER TERM**

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>9</b>
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>9</b>
<b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a)	<b>5</b>	<b>0</b>
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0</b>
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>134,738.</b>	<b>81,591.</b>
<b>9</b> Program service revenue (Part VIII, line 2g)	<b>250.</b>	<b>278.</b>
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>1,779.</b>	<b>1,025.</b>
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>8,237.</b>	<b>4,889.</b>
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>145,004.</b>	<b>87,783.</b>
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>0.</b>	<b>0.</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>0.</b>	<b>0.</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>53,058.</b>	<b>51,431.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>53,058.</b>	<b>51,431.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>91,946.</b>	<b>36,352.</b>

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	<b>1,428,626.</b>	<b>1,466,024.</b>
<b>21</b> Total liabilities (Part X, line 26)	<b>15.</b>	<b>33.</b>
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>1,428,611.</b>	<b>1,465,991.</b>

**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: **SHERELYN E. FLINT, PRESIDENT**  
 Date: \_\_\_\_\_

**Paid Preparer Use Only**  
 Print/Type preparer's name: **WILLIAM H BREWER, CPA**  
 Preparer's signature: *[Signature]*  
 Date: **10/28/21**  
 Check if self-employed:  PTIN: **P01224575**  
 Firm's name: **WILLIAM H BREWER, CPA**  
 Firm's address: **858 WASHINGTON STREET BATH, ME 04530**  
 Firm's EIN: **01-0330007**  
 Phone no.: **2074439759**

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