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. 1545-1150

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury

		f the Treasury nue Service	► Go to www.irs.gov/Form990EZ for instructions and the latest information		desc	·
A Fo	or the 2	2017 calend	ar year, or tax year beginning TWV , 2017, and ending			30M, 20 18
B CF	neck if ap ddress ch ame char	oplicable: hange nge	C Name of organization DOVE TO RUN INC. Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	D Emplo	26°	mification number 89047.
F	mended i	n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Grou		nption and all teatw
G A	ccount ebsite	ting Method: ::▶ \	☐ Cash ☐ Accrual Other (specify) ► ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	required	to atta	the organization is not ach Schedule B
L A	dd fines	s 5b, 6c, and umn (B) belo	: Corporation Trust Association Other 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to w) are \$500,000 or more, file Form 990 instead of Form 990-EZ.		> \$	Ò.00
Pa	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see th	e instrud	ctions	for Part I) 🕍
			the organization used Schedule O to respond to any question in this Part	1		<u> </u>
3	1	Contributi	ons, gifts, grants, and similar amounts received		1	1,144.10
5.	2		service revenue including government fees and contracts		2	0.00
2	3	Membersh	nip dues and assessments		3	0.00
2	4	Investmen			4	0.00
	5a		ount from sale of assets other than inventory 5a 0.0	<u>) </u>		
	b	Less: cost	or other basis and sales expenses	<u> </u>		3 410310)
	С		ss) from sale of assets other than inventory (Subtract line 5b from line 5a) .	roseb) ss	5c	mg. 000 18
	6		nd fundraising events			
	а	Gross inc	вефхе ва		32 Total program	
P	ties i	\$15,000)		iotamiQ ,	nabil	
Revenue	b	from fund	ome from fundraising events (not including \$ of contribution raising events reported on line 1) (attach Schedule G if the	ons	1.9(5)	
ne	HEATHQ		ch gross income and contributions exceeds \$15,000) 6b 0-00	Joint box o		
	С	Less: dire	ct expenses from gaming and fundraising events 6c 0 . 0	<u> </u>		
	d	Net incon line 6c)	ne or (loss) from gaming and fundraising events (add lines 6a and 6b and s	ubtract	6d	0.00
	7a	Gross sale	es of inventory, less returns and allowances			
	b	Less: cos	t of goods sold			0.00
	C	Gross pro	offit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other reve	enue (describe in Schedule O)		8	6.00
	9	Total rev	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	1,144,10
-	10		d similar amounts paid (list in Schedule O)		10	0.00
	11		paid to or for members		11	0.00
es	12	Salaries,	other compensation, and employee benefits 🛭		12	8.00
186	13	Professio	nal fees and other payments to independent contractors 🖫		13	0.00
Expens	14		cy, rent, utilities, and maintenance		14	0.00
X	15		publications, postage, and shipping		15	100.00.
	16		penses (describe in Schedule O)		16	245,00
	17	Total exp	enses. Add lines 10 through 16		17	345.00
	18	Excess of	r (deficit) for the year (Subtract line 17 from line 9)		18	849.10.
ets	19	Net asset	is or fund balances at beginning of year (from line 27, column (A)) (must ag	ree with		
SS		end-of-ve	ear figure reported on prior year's return)		19	0.00
Net Assets	20		anges in net assets or fund balances (explain in Schedule O)		20	0.00
Se	21	Not seed	s or fund balances at end of year. Combine lines 18 through 20		21	849-10-
_	41	ivet asset	s or rund barances at chie or year. Combine lines to through 20			5 990-E7 (2017

orm 5	t II Balance Sheets (see the ins		any guartian in this	Part II	Page
Par	Dalarioc Oriccis (See the his		any guartian in this	Part II	THE RESERVE THE PARTY OF
	Check if the organization used	Scriedule O to respond to	any question in this		
C obj	The recognition of the second	exel and an employ entire and a	to felicia sudos destratos ha	(A) Beginning of year	(B) End of year
2	Cash, savings, and investments .			0.00.	22 849.16
3	Land and buildings	Amus in six takes with the same of	in girminas leitoga tobie	(00)	23 0-00
4	Other assets (describe in Schedule O	EZ for met eutloos and the late	nseylca.goviFormitical	Q (X)	24 0 00
5	Total assets	11111 7 2017, ac	uniorina	0.00	25 8 46 10
6	Total liabilities (describe in Schedule		The second secon	0.00	26 0.00
7	Net assets or fund balances (line 27		ith line (21)	0-4	
	Statement of Program Service	e Accomplishments (see	the instructions for D	Oort III	27 849.10
	Check if the organization used	Schodula O to respond to	any avection in this	Doubli	Expenses
hat	is the organization's primary exempt pu				(Required for section
		112201111111111111111111111111111111111		eroffice	501(c)(3) and 501(c)(4)
esci	ribe the organization's program service	accomplishments for each	of its three largest p	rogram services,	organizations; optional f
rso	easured by expenses. In a clear and ons benefited, and other relevant informations	concise manner, describe to	ne services provided	, the number of	others.)
8	and benefited, and other relevant information	adon for each program title.	CHIMONEON.	MASKE N. A.	Mobalic # Station
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distantia -	(Grants \$) If th	is amount includes foreign g	rants, check here .	m 10 UUD.O ▶\$ m (v	28a
9	BAR THE THE PROPERTY OF PARTY BAR TELEFOR	Assets of Fund Statence	id Changes in Net	e, Expenses, an	Unover Revenu
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_	art V	EZ (2017) Other Information (Note the Schedule A and personal benefit contract statement requirements	s in th	ne	
		instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
				Yes	No
(C	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a letailed description of each activity in Schedule O	33		. 1
;	C	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		V
*	35a [Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
		f "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1/1
	c V	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, eporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	olC * N	1
3	36 E	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	aQ erra	V
•		Inter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.50			
	b [Did the organization file Form 1120-POL for this year?	37b		V
3	38a [oid the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		1
	b l	f "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
3		Section 501(c)(7) organizations. Enter:			
		nitiation fees and capital contributions included on line 9			
	b (Gross receipts, included on line 9, for public use of club facilities			
4	5	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►			
	e	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year hat has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		W
	ent the	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.) 0.)	16
		Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
		All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter ransaction? If "Yes," complete Form 8886-T	40e		X
4	41 L	ist the states with which a copy of this return is filed ▶ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		•	1
•	l	The organization's books are in care of ► KOUNCILE SUESO. Telephone no. ► 11 Located at ► 1500 BOTONELOW STIB 100 CW N DY ZIP + 4 ► 123	35-	53	460
	b /	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
		a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
		f "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
		Financial Accounts (FBAR).			
		At any time during the calendar year, did the organization maintain an office outside the United States? f "Yes," enter the name of the foreign country:	42c	toT biO	V
	43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	-41	10	▶ [
	24 To 1.6	and enter the amount of tax-exempt interest received or accrued during the tax year	N	111	t subsc
		agreement was sent arranging matrix to noncomplete lie no based at brothe carti control organic to controllard white	nd com	Yes	No
•	(Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		V
		Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	B	1
		Did the organization receive any payments for indoor tanning services during the year?	44c		V

44d

45a

				mormation (Note th	Yes
46 Did to c	the organization engage, directly or andidates for public office? If "Yes,	r indirectly, in political " complete Schedule 0	campaign activities on	behalf of or in opposit	tion
art VI	Section 501(c)(3) organization		significant activity not	creon angage in any	Did the organ
A	All section 501(c)(3) organization	ons must answer que	estions 47-49b and	52, and complete th	e tables for lines
	50 and 51.				
	Check if the organization used S	Schedule O to respon	d to any question in t	his Part VI	te and to vigos
7 D:-I	Abo amanimatina manana ta fatta t	the second section of the second	2013)	nedule O (see inspuch	Yes
7 Did	the organization engage in lobbying if "Yes," complete Schedule C, F	ng activities or nave a	section 501(h) electio	n in effect during the	
	ne organization a school as describe				47
	the organization make any transfer				. 48 . 49a
b If "Y	es," was the related organization a	section 527 organizati	on?	remediupstant yang l	. 49b
O Con	nplete this table for the organization	n's five highest comper	nsated employees (oth	er than officers, directo	ors, trustees, and
emp	oloyees) who each received more th	an \$100,000 of compe	ensation from the organ		e, enter "None."
	a) Name and title of each employee	(b) Average	(c) Reportable	(d) Health benefits, contributions to employee	(e) Estimated amoun
le	a) Name and the of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, and deferred	other compensatio
1	MAY AND THE STREET AND THE STREET	The end of leg lex vell	TO CONTRACTO VIEW BASES	compensation	regno em biol is
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	A ABOO P	01068	section 1912 >		
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	Alla II IVIST II PAROLESA BERNI	NO 5 "Les Y" II CVII ORD	to year, or one needs the concellence 990 a	Transport of the same	excess benefit
1	0,000 of compensation from the or a) Name and business address of each independent	Fritez simplisht of talk	(b) Type of serv	ice (c)	Compensation
N	y to a probabled tax sheller	de o ganzation a part	g the tax year, was he sees a	nes. At any time during	Carolinasae
		9 V 3 U2 2 A	M Letit at netter auti	to years a toldwidthwith	List the states
			Diana Min	ion's boold are a care	
AL CS	Selephone no. > 1			CALL THE STREET	
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Form 990-EZ (2017)