			1		Sho	rt Form					OMB No. 1545-1150
For	<b>9</b>	90-EZ	-		Drganization 527, or 4947(a)(1) of the						2018
											Open to Public
Den	artment	of the Treasury			er social security numb						Inspection
		venue Service		Go to www	w.irs.gov/Form990EZ fo	or instructions	and the late	est information	on.		
		_	ar year, or tax y	ear beginning	, i	and ending					
В		applicable:	C Name of organiz			UTDOTH				) Employ	yer identification number
H	Address				SELL COUNTY	VIRGIN	IA			0.1	0000001
H	Name ch Initial ret	· -	SHELTER		is not delivered to street addre	(226		Room/suite			0983361
		urn/terminated	Number and street (	01 P.O. DOX, II Mail 1		555)		Roomadia			one number -294-7727
	Amended	-	City or town, state o	r province, country,	and ZIP or foreign postal code	e					Exemption
		on pending							- 1'	Numbe	
G	Accou	nting Method:	X Cash	Accrual Oth	er (specify)			н	Check		the organization is <b>not</b>
ī	Websi	/-		, loordan oth	(opeen))						ch Schedule B
J			eck only one) —	X 501(c)(3)	501(c)( ) ◀ (insert	no.) 4947(a	a)(1) or	527			-EZ, or 990-PF).
		of organization:			Trust Associa		Other				
					ots. If gross receipts are \$	200,000 or more	e, or if total a	assets			
(Par	t II, colu	ımn (B)) are \$500	0,000 or more, file	Form 990 instea	d of Form 990-EZ					▶ \$	42,015
P	art I	Revenu	le, Expense	s, and Char	nges in Net Asset	s or Fund I	Balances	s (see the i	nstructio	ons for F	Part I)
		Check if	the organizati	on used Sche	edule O to respond t	to any questi	on in this	Part I			
	1		ifts, grants, and sin							1	37,182
	2	Program servi	ice revenue incl	uding governm	ent fees and contracts					2	
	3	Membership d	dues and assess	sments						3	
	4									4	
	5a				n inventory		5a			-	
	b		other basis and			·····	5b				
	с 6		fundraising even		bry (Subtract line 5b from I	ine 5a)	• • • • • • • • • • • • •	•••••		5c	
	a		-		a G if greater than						
e	a	\$15,000)	ome from gaming (attach Schedule G if greater than								
Revenue	b										
Sev		from fundraising events reported on line 1) (attach Schedule G if the									
					exceeds \$15,000)		6b		4,833		
	с	-	xpenses from ga				6c		2,754		
	d	Net income or	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract								
										6d	2,079
	7a	Gross sales of	of inventory, less	returns and all	lowances						
	b	Less: cost of g					7b				
	С				(Subtract line 7b from	line 7a)				7c	
	8		e (describe in So							8	20.201
-	9				7c, and 8					9	39,261
	10				edule O)					10	
	11		to or for member r compensation		bonofito					11	
ses	12 13									13	30,844
Expenses	13				ependent contractors					14	50,044
EXI	15		ancy, rent, utilities, and maintenance , publications, postage, and shipping							15	63
	16	Other expense	es (describe in S		· · · · · · · · · · · · · · · · · · ·					16	10,155
	17									17	41,062
	18		ficit) for the yea		AT from line O					18	-1,801
sets	19				year (from line 27, colu	umn (A)) (must	agree with	ı			
As			gure reported or							19	
Net Assets	20				s (explain in Schedule					20	1 001
-	21		fund balances a		Combine lines 18 throu	igh 20	<u></u>			21	-1,801

Form 990-EZ (2018)

213 06/03/2019 8:41 A		OTTA VENIMIN	CINITA	01 00							Page 2
, ,	FRIENDS OF RUSSELL CO alance Sheets (see the instructions for P		GINIA	81-09	03301					-	
~~~~~	heck if the organization used Schedule O to		question in								X
				(A) Beg	ginning of y			-	(B) End of ye	ar	_
	, and investments					0	22	+			
23 Land and build						0	23	+		.1	801
24 Other assets ( 25 Total assets	describe in Schedule O)					0	25	+			801
	es (describe in Schedule O)					0	26	+		-1	(
7 Net assets or	fund balances (line 27 of column (B) must agr	ee with line 21)				0	27		-	-1,	801
Part III St	tatement of Program Service Accom heck if the organization used Schedule O to	plishments (se	ee the instruc			X			Expenses		
	ization's primary exempt purpose?		queetion in						uired for sec	tion	
SEE SCHEDULE									c)(3) and 501		
	nization's program service accomplishments for							-	nizations; opt	tiona	l for
	xpenses. In a clear and concise manner, describ		vided, the num	iber of			0	the	rs.)		
	, and other relevant information for each program	n title.						T			
28 SEE SCHED	DULE O				•••••						
(Grants \$	) If this amount includes	foreign grants che	ck here		•••••		28a		4	10.	978
<u>(Crants ¢</u>	) In the difference includes							1			
•••••••••••••••••••••••••••••••••••••••											
(Grants \$	) If this amount includes	foreign grants, che	ck here				29a				
80											
				· · · · · · · · · · · · · · · · · · ·							
				· · · · · · · · · · · · · · · · · · ·		······					
(Grants \$	) If this amount includes			· · · · · · · · · · · · · · · · · · ·	····· •		30a				
1 Other program	) If this amount includes	foreign grants, che	eck here	·····						1	
1 Other program (Grants \$	) If this amount includes n services (describe in Schedule O) ) If this amount includes	foreign grants, che foreign grants, che	eck here	·····			31a			10.	978
Conter program (Grants \$ Contal program	) If this amount includes n services (describe in Schedule O) ) If this amount includes n service expenses (add lines 28a through 31a)	foreign grants, che foreign grants, che )	eck here		►	see th	31a 32				978
Conter program (Grants \$ Contal program	) If this amount includes n services (describe in Schedule O) ) If this amount includes	foreign grants, che foreign grants, che mployees (list eac ond to any questic	eck here eck here h one even if i on in this Part I	not compe	▶ nsated —		31a 32 e inst				978
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