Summary of Financial Activities of a Charitable Organization - 990PF



Division of Charitable Solicitations, Fantasy Sports, and Gaming Department of State

State of Tennessee

312 Rosa L. Parks Avenue, 8th Floor Nashville, Tennessee 37243

Phone: 615-741-2555 Fax: 615-253-5173 sos.tn.gov/charitable

For	Office Use	Only	
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WARNING: False or misleading statements subject to maximum \$5,000 civil penalty. T.C.A. § 48-101-514

Instructions: Complete this form with financial information from the most recently completed				
accounting year. The form must be signed by two authorized officers, one of whor Fiscal Officer. A 990PF form must be attached .	n shall be the Chief			
1. Name of the organization: ELIJAH'S HEART	COID: 23549			
FEIN: 27-2819153 Accounting period end date: 12/31/2017				
Has the accounting period changed since your last registration?				
2. Gross Revenue: A. Total Revenue (990PF line 12)	\$282,203			
3. Expenses: A. Total Program Expenses				
B. Management and General Expenses	<u>\$</u> 131,082			
C. Fundraising Expenses				
D. Total Expenses (add lines 3A-3C on this form)				
4. Changes in Net Assets/Fund Balances: A. Total Net Assets/Fund Balances (Beginning of Year)	_{\$} 403,452			
B. Total Assets (End of Year)	§ 433,610			
C. Total Liabilities (End of Year)	•			
D. Total Net Assets/Fund Balances (End of Year)	\$403610			
5. Accounting method used: ■ Cash □ Accrual □ Other				
I certify that the information furnished in this summary and all supplemental forms, documents, and continuation sheets is true and correct to the best of my knowledge and belief.				
Signature of Authorized Officer: Joe Bracford				
Salutation: Mr. First: Joe MI: H. Last: Bradfo	rd			
Position Title: CEO Date: 6/21/18				
Signature of Chief Fiscal Officer: About				
Salutation: Mrs. First: Nikiera MI: L Last: Brandon				
Position Title: Treasurer Date: 6/21/18				