Summary of Financial Activities of a Charitable Organization - 990 or 990EZ

Division of Charitable Solicitations and Gaming

AGRICULTURE TO THE STATE OF THE

Tre Hargett Secretary of State

Department of State

State of Tennessee
312 Rosa L. Parks Avenue, 6th Floor
Nashville, Tennessee 37243
Phone: 615-741-2555

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

For Office Use C	Only	Control of the Control

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

Instructions: Complete this **two page** form with financial information from the most recently completed accounting year. The form must be signed by two authorized officers, one of whom shall be the Chief Fiscal Officer. A 990 or 990EZ form must be **attached**. If the organization receives grants from the government or 501(c)(3) private foundations, **attach** an itemized list.

Name of the organization:	COID: 000628567
EIN: <u>27-2819153</u> Accounting period end date: <u>12/31/2019</u>	(mm/dd/yy)
las the accounting period changed since your last registration? \Box Yes	■ No
1. Gross Revenue A. Public Contributions	\$470,703.00
B. Government Grants	\$ <u>0.00</u>
C. Program Service Revenue	\$0.00
D. Special Events and Activities	§ 0.00
F. Other Revenue	÷0.00
G. Total Revenue [Add Line 1A Through Line 1F]	£407.703.00
A. Total Program Expenses B. Direct Expenses from Special Events C. Cost of Goods Sold D. Management and General Expenses E. Fund Raising Expenses F. Other Expenses G. Total Expenses [Add Line 2A Through Line 2F] H. Excess / Deficit for the year [Line 1G Minus Line 2G]	\$99,708.00 \$\$ \$222,781.00 \$\$ \$153,522.00 \$476,011.00
 3. Changes in Net Assets or Fund balances A. Net assets / fund balances at beginning of year B. Other changes in net assets or fund balances C. Net assets / fund balances [Add Line 2H Through Line 3B] D. Total Assets at end of year E. Total Liabilities at end of year F. Net assets / fund balances at end of year [Line 3D Minus Line 3E] 4. Accounting method used: Cash Accrual Other 	\$\frac{5.308.00}{\$409,608.00}\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

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 Albury			
Signature of Authorized Officer: Albania MI: Last: Brandon Salutation: Ms. First: Nikiera MI: Last: Brandon			
Position Title: Treasurer Date: 5-28-20			
Signature of Chief Fiscal Officer: Joe Bradford Salutation: Mr. First: Joe MI: H. Last: Bradford			
Salutation: Mr. First: Joe MI: H. Last: Bradford			
Position Title: Executive Director Date: 5-28-20			