

Division of Charitable Solicitations and Gaming Office of Tennessee Secretary of State Tre Hargett

312 Rosa L. Parks Avenue, 8th Floor Nashville, Tennessee 37243 615-741-2555

Summary of Financial Activities of a Charitable Organization Filing a 990PF

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 whom shall be the Chief Fiscal Officer. A 990PF form must be **attached**.

1. Name of the organization: ELIJAH'S HEART		COID: 23549
FEIN: 27-2819153	Accounting period end date: 12/3	1/16 (mm/dd/yy)
Has the accounting period cha	nged since your last registration?	☐ Yes ☑ No
2. Gross Revenue: A. Total Revenue (990PF line 12	2)	\$429,056.00
3. Expenses: A. Total Program Expenses		\$66,692.00
B. Management and General E	xpenses	\$ 149,646.00
	ı-3C on this form)	
4. Changes in Net Assets/Fund Ba		, Ş <u>2.0,000.00</u>
	ices (Beginning of Year)	\$ 190,734.00
B. Total Assets (Beginning of Year)		\$ 190,734.00
C. Total Liabilities (Beginning o	of Year)	\$0.00
D. Total Net Assets/Fund Balan	ices (End of Year)	\$ 403,452.00
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: Print Title (Mr., Mrs., etc.):	Toe Brodford	-
Print Title (Mr., Mrs., etc.):	First: De	MI: H. Last: Bradford
Position Title: CEO	Date: \$124/17	
Signature of Chief Fiscal Officer:		
Print Title (Mr., Mrs., etc.): M/S	1	MI: Last: Brandon
Position Title: Treasurer	Date: 5/24/17	