

Division of Charitable Solicitations and Gaming
Tre Hargett, Secretary of StateState of Tennessee
312 Rosa L. Parks Avenue, 8th Floor
Nashville, Tennessee 37243
Phone: 615-741-2555 * Fax: 615-253-5173

Instructions:

Note: Use of the browser back button may cause loss of data.

Organization Information

This section is pre-filled and is not editable

Name

Mt. Olive Cemetery Historical Preservation Society

Federal ID

20-1089386

TN Charitable ID

CO6623

Accounting Period

* = Required field

Financial Period Start Date

01/01/2020

format mm/dd/yyyy

Financial Period End Date

12/31/2020

format mm/dd/yyyy

Select 990 type filed

990-N (ePostcard) ☒

Financial Reporting

Instructions: A charitable organization must use this form to report financial activity if the organization fits in one of the following categories: 1) Files an IRS Form 990N, or 2) Does not annually file a Form 990, 990EZ or 990N.

Gross Revenue:

Direct and Indirect Contributions from the Public

5917.00

Government Grants

.00

Public Special Events

.00

Membership Dues	*	<input type="text" value=""/>	.00
Other Revenue	*	<input type="text" value=""/>	.00
Total Revenue	*	<input type="text" value="6067"/>	6067.00
		(+ Auto calculated field+)	

Expenses

Program Services	*	<input type="text" value=""/>	.00	Valid Number Required
Administrative	*	<input type="text" value="24"/>	.00	
Fund Raising	*	<input type="text" value="579"/>	.00	
Other Expenses	*	<input type="text" value="2598"/>	.00	
Total Expenses	*	<input type="text" value="3201"/>	3201.00	
		(+ Auto calculated field+)		
Excess or Deficit	*	<input type="text" value="2866"/>	2866.00	
		(+ Auto calculated field +)		

Changes in Net Assets/Fund Balances**Accounting Method**

- Select Accounting Method
- * ☒ **Cash**
☐ **Accrual**
☐ **Other**

Upload 990

Upload a PDF copy of the confirmation or receipt of filing Form 990N. As an alternative, you may email a copy of the confirmation email to charitable.solicitations@tn.gov. Please put your COID in the Subject line

Please only submit the public disclosure copy of the Form 990 with your filing.

Pursuant to Internal Revenue Code Section 6104, an organization which is not a private foundation or a section 527 political organization is not required to disclose the name or address of any contributor to the organization. This information is located on the Schedule B, and **is not required** in order to register in the State of Tennessee.

Please note, any registration statements and applications, reports and all other documents and information required to be filed under this part or by the Secretary of State shall be public records and open to the general public for inspection.

1. Click the **Browse** or **Choose File** button to select the document to attach
 (We allow PDF Files that are 6 MB or smaller)

If unable to upload this document, email it to charitable.solicitations@tn.gov. Put the CO number in the subject line. Note: there is a 15MB attachment limit per email so you may need to send separate email messages if your attachments are large.

2. Click the **Attach** button to attach the document to this form.

Attach

3. Repeat steps 1 and 2 for each 990 document.

Attached Files:(If none are listed below, your file is **NOT** attached.)

(delete) 2020 990n.PDF

Authorize Registration

Authorized Officer 1	Print Title (Mr.,Mrs.,Ms.,etc.)	*	Ms
	Name	*	Linda St Romain
	Title	*	Treasurer
	Date	*	06/01/2021
Authorize		*	<input checked="" type="checkbox"/> By checking this box, you certify that this is your signature and you have the authority to submit this registration form on behalf of the organization. Additionally, you certify that you have examined this registration form, including accompanying documents, and to the best of your knowledge and belief, the form and each document are true, correct, and complete.

Authorized Officer 2	Print Title (Mr.,Mrs.,Ms.,etc.)	*	Mr
	Name	*	Arthur Nicholson
	Title	*	President
	Date	*	06/01/2021
Authorize		*	<input checked="" type="checkbox"/> By checking this box, you certify that this is your signature and you have the authority to submit this registration form on behalf of the organization. Additionally, you certify that you have examined this registration form, including accompanying documents, and to the best of your knowledge and belief, the form and each document are true, correct, and complete.

Please print this document for your records before you submit this report.

Cancel Filing

Submit