Tennessee Secretary of State Tre Hargett



Division of Business and Charitable Organizations 312 Rosa L. Parks Avenue, 6th Floor Nashville, Tennessee 37243-1102

June 09, 2023

Ms. SHERRI L JACKSON 446 BELLE VALLEY DR. NASHVILLE, TN 37209

RE: Registration to Solicit Funds for Charitable Purposes

Organization Name: H.U.G.G.S. FOR INSPIRATIONAL MEN AND WOMEN

CO Number: CO8500 Renewal Date: 06/30/2024

Dear Ms. SHERRI L JACKSON:

Pursuant to the Tennessee Charitable Solicitations Act, T.C.A. § 48-101-501, et seq. the Tennessee Secretary of State has reviewed your application and is pleased to announce your organization's registration to solicit contributions has been **approved**.

The organization must maintain statutory compliance by submitting a renewal application and required fees on an annual basis. At that time you may be required to submit tax filings, financial statements, proof of IRS status, and other documents related to your organization and its fundraising activities. You can find additional information and submit additional filings online at https://sos.tn.gov/charities. The "CO" Number listed above will serve as your organization's charitable registration number and should be used when submitting any charitable filings or correspondence.

Please also be advised that if the organization's application or other provided information includes false, misleading or deceptive statements, appropriate action will be taken. Pursuant to the Tennessee Charitable Solicitations Act, a civil penalty of up to five thousand dollars (\$5,000.00) may be assessed for any violation.

Thank you for registering your organization and please do not hesitate to contact us with any questions.

Sincerely,

Tre Hargett Secretary of State

Tracking Number 2023116353

Application to Renew Registration of a Charitable Organization



Tre Hargett Secretary of State

☐ Yes ☑ No

Division of Business and Charitable Organizations 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/charities

CO Number: CO8500 Filed: 06/09/2023 09:50 AM Tre Hargett Secretary of State

Organization	Information		
Legal Name of the C	Charitable Organization: H.U	U.G.G.S. FOR INSPIRATIONAL MEN AND WOMEN	
Legal entity type of	the Organization: Corporati	ion	
Business Services Control Number: 000529384			FEIN: 20-5498725
Initial Registration D	Date: 10/03/2006		Renewal Date: 06/30/2023
Has your fiscal year ☐ Yes ☑ No	ending month changed si	nce your last renewal?	
Fiscal Year Ending I	Month: December		
When and where wa	as the organization legally	established	
Date: 09/11/2006	Country: USA	City/State: NASHVILLE, TN	County: Davidson
Has your Principal C ☐ Yes ☑ No	Office address changed sin	ce your last renewal?	
Principal Office A 446 BELLE VALLE USA, NASHVILLE,	EYDR.		
Has your Mailing add	dress changed since your	last renewal?	
Mailing Office Add 446 BELLE VALLE USA, NASHVILLE,	EY DR.		
Contact Information	for the Charitable Organiz	ation	
Contact Name: Ms.	SHERRI L JACKSON		
Telephone Number:	(615) 474-7947	Fax Number: (615) 341-0146	
Email: sherri.jackson	@huggstn.org	Website: sherri.jackson@huggstn.org	
Current names used	d by the charity organization	on	
Do you need to mod ☐ Yes ☑ No	ify other names that the ch	narity solicits under?	
Has the organization ☐ Yes ☑ No	n registered in any other st	ate(s)?	
Does the charity hav	ve other offices, chapters, b	oranches, affiliates or a parent?	

The category that best describes your organization

W - Public Affairs, Society Benefit

The charitable purpose of the organization

The mission of H.U.G.G.S., Inc. is to strengthen communities in Middle Tennessee, by providing resources for comprehensive mental health, opiate and substance abuse treatment services and reducing prison recidivism and improving public safety by providing comprehensive educational, employment, healthcare, housing and family relationship services to ex-offenders thereby empowering them to become productive citizens.

Has your tax exempt status changed since your last renewal?		
☐ Yes ☑ No Last Fiscal Year Start: January 2022	Last Fiscal Year E	End: December 202
Type of 990 Tax Form Filed: 990-N (ePostcard)		
Gross Revenue		
Direct and Indirect Public Contributions	\$ 30,000.00	
Government Grants	\$ 0.00	
Special Events and Activities	\$ 500.00	
Membership Dues	\$ 0.00	
Other Revenue	\$ 0.00	
Total Revenue	\$ 30,500.00	
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Expenses		
Total Program Expenses	\$ 20,000.00	
Management and General Expenses	\$ 10,200.00	
Fundraising Expenses	\$ 300.00	
Other Expenses	\$ 0.00	
Total Expenses	\$ 30,500.00	
Excess/Deficit For the Year	\$ 0.00	
(Total Revenue - Total Expenses)		
Solicitation Information		
Have you been enjoined by any court from soliciting contributio ☐ Yes ☑ No	ns?	
Does your organization contract with or otherwise engage the s "professional fund-raiser," "paid solicitor," "fund raising couns ☐ Yes ☑ No		ssional (such as a

List each officer, director, and trustee (at least 2 officers are required, and you must list officers who have or share the following titles: "Chief Financial Officer", "Custodian of Contributions", "Custodian of Final Distributions")

SHERRI JACKSON 1000 Rivergate Parkway ste 1815 Goodlettsville, TN 37072, USA Title(s): President

Ramsdale Odeneal 1000 Rivergate Parkway, Suite 1815 nashville, TN 37209, USA Title(s): Treasurer

Sheneater Reese 309 Estuary Trail Alpharetta, GA 30005, USA Title(s): Chairman

Sherri Jackson 1000 Rivergate Parkway ste 1815 Goodlettsville, TN 37072, USA Title(s): Custodian of Contributions, Custodian of Final Distributions, Director

Sheryl Alexander 331 Gallatin Rd S. Ste. 14 Madison, TN 37115, USA Title(s): Board Member, Chairman

Has any officer, director, manager, operator, or principal of the organization been the subject of an injunction, judgement, or administrative order or been convicted of a felony?

☐ Yes ☑ No

Signature

I certify that the statements in this registration statement and all supplemental forms, documents, and continuation sheets are true and correct to the best of my knowledge and belief.

I (Chief Fiscal Officer, Treasurer, or Officer) certify, under penalty of perjury, that the above information is true and correct.

Signed Electronically: Sherri L Jackson Date: 06/09/2023

Title: President

I certify that the statements in this registration statement and all supplemental forms, documents, and continuation sheets are true and correct to the best of my knowledge and belief.

I (Chief Fiscal Officer, Treasurer, or Officer) certify, under penalty of perjury, that the above information is true and correct.

Signed Electronically: Sheneater Reese Date: 06/09/2023

Title: Chairman