Tennessee Secretary of State Tre Hargett



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

June 30, 2023

Mr. ROBERT B ALLENSWORTH III 655A COLICE JEANNE ROAD NASHVILLE, TN 37221

RE: Registration to Solicit Funds for Charitable Purposes

Organization Name: BELLEVUE MIDDLE SCHOOL EDIBLE LEARNING LAB, INC.

CO Number: CO18605 Renewal Date: 06/30/2024

Dear Mr. ROBERT B ALLENSWORTH III:

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 2023119531

Application to Renew Registration of a Charitable Organization

Division of Business and Charitable Organizations



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/charities

CO Number: CO18605 Filed: 06/23/2023 01:31 PM Tre Hargett Secretary of State

Organiz	zation	Infor	mation
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Organization Information				
Legal Name of the Charit Legal entity type of the C	_	ELLEVUE MIDDLE SCHOOL EDIBLE LEARNING On	LAB, INC.	
			FEIN: 45-4482716	
Initial Registration Date:	06/29/2012		Renewal Date: 06/30/2023	
Has your fiscal year endi	ing month changed si	nce your last renewal?		
Fiscal Year Ending Mont	h: December			
When and where was the	e organization legally	established		
Date: 02/06/2012	Country: USA	City/State: NASHVILLLE, TN	County: Davidson	
Has your Principal Office ☐ Yes ☑ No	address changed sin	ce your last renewal?		
Principal Office Address 655A COLICE JEANNE USA, NASHVILLE, TN 3	ROAD			
Has your Mailing address ☐ Yes ☑ No	s changed since your	last renewal?		
Mailing Office Address 655A COLICE JEANNE USA, NASHVILLE, TN 3	ROAD			
Contact Information for t	he Charitable Organiz	ation		
Contact Name: Mr. ROB				
Telephone Number: (61	5) 330-7904			
Email: waldo@bellgarden	tn.org	Website: https://bellgardentn.org/		
Current names used by t	he charity organization	on		
Do you need to modify of ☐ Yes ☑ No	ther names that the ch	narity solicits under?		
Has the organization reg	istered in any other st	ate(s)?		
Does the charity have oth ☐ Yes ☑ No	ner offices, chapters, l	oranches, affiliates or a parent?		

The category that best describes your organization

B - Educational Institutions & Related Activities

The charitable purpose of the organization

The BELL Garden exists to cultivate, guide, and encourage shared community values of healthy living and lifelong learning. We support this mission by providing practical learning opportunities for residents of the community in a setting that promotes physical activity, healthy eating, environmental stewardship, and multi-cultural connections for all generations.

las your tax exempt status changed since your last renewal? ☐ Yes ☑ No		
Last Fiscal Year Start: January 2022	Last Fiscal Year Er	nd: December 202
Type of 990 Tax Form Filed: 990-N (ePostcard)		
Gross Revenue		
Direct and Indirect Public Contributions	\$ 9,508.00	
Government Grants	\$ 0.00	
Special Events and Activities	\$ 26,281.00	
Membership Dues	\$ 0.00	
Other Revenue	\$ 31.00	
Total Revenue	\$ 35,820.00	
<u>xpenses</u>		
Total Program Expenses	\$ 4,499.00	
Management and General Expenses	\$ 4,707.00	
Fundraising Expenses	\$ 10,741.00	
Other Expenses	\$ 8,434.00	
Total Expenses	\$ 28,381.00	
Excess/Deficit For the Year (Total Revenue - Total Expenses)	\$ 7,439.00	
Solicitation Information		_
lave you been enjoined by any court from soliciting contributi ☐ Yes ☑ No	ons?	
Poes your organization contract with or otherwise engage the professional fund-raiser," "paid solicitor," "fund raising coun ☐ Yes ☑ No		sional (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")

Miss SHIRLEEN TARANGLE 655A COLICE JEANNE ROAD USA, NASHVILLE, TN 37221 Title(s): President

Mr. ROBERT ALLENSWORTH 655A COLICE JEANNE ROAD USA, NASHVILLE, TN 37221

Title(s): Secretary

Mrs. RACHEL ALLENSWORTH 655A COLICE JEANNE ROAD USA, NASHVILLE, TN 37221

Title(s): Treasurer, Custodian of Contributions, Custodian of Final Distributions

Mrs. DEBORAH STILLWELL 655A COLICE JEANNE ROAD USA, NASHVILLE, TN 37221

Title(s): Director

Mrs. MELISSA HAMILTON 655A COLICE JEANNE ROAD USA, NASHVILLE, TN 37221

Title(s): Director

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: Robert Allensworth

Date: 06/23/2023

Title: Secretary

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: Rachel Allensworth

Date: 06/23/2023

Title: Board Member