#### Tennessee Secretary of State Tre Hargett



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

April 01, 2024

KATIE CRISP P.O. BOX 92456 NASHVILLE, TN 37209

**RE:** Registration to Solicit Funds for Charitable Purposes

Organization Name: WEST NASHVILLE DREAM CENTER

CO Number: CO29504 Renewal Date: 12/31/2024

Dear KATIE CRISP:

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 <a href="https://sos.tn.gov/charities">https://sos.tn.gov/charities</a>. 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 2023137077

## **Application to Renew Registration of a Charitable Organization**



Tre Hargett
Secretary of State

# 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: CO29504 Filed: 12/15/2023 02:34 PM Tre Hargett Secretary of State

Organization	Information		
-	haritable Organization: WE	EST NASHVILLE DREAM CENTER	
Business Services C	control Number: 00087443	35	<b>FEIN</b> : 81-4064177
CO Number: CO295	04		
Initial Registration D	ate: 07/07/2017		Renewal Date: 12/31/2023
Has your fiscal year  ☐ Yes ☑ No	ending month changed si	nce your last renewal?	
Fiscal Year Ending N	lonth: June		
When and where wa	s the organization legally e	established	
<b>Date:</b> 11/22/2016	Country: USA	City/State: NASHVILLE, TN	
☐ Yes ☑ No	ffice address changed sind	ce your last renewal?	
Principal Office Ac 520 39TH AVENUE USA, NASHVILLE,			
Has your Mailing add	ress changed since your	last renewal?	
Mailing Office Add P.O. BOX 92456 USA, NASHVILLE,			
Contact Information	for the Charitable Organiz	ation	
Contact Name: KAT	-		
Telephone Number:	(615) 942-5559		
Email: katie@dreams	streetstn.com	Website: http://www.dreamstreetstn.com	
Current names used	by the charity organizatio	n	
DREAM STREETS			
Do you need to modi  ☐ Yes ☑ No	fy other names that the ch	arity solicits under?	
Has the organization  ☐ Yes ☑ No	registered in any other sta	ate(s)?	

#### Does the charity have other offices, chapters, branches, affiliates or a parent?

☑ Yes □ No

Other offices

Name: DREAM STREETS NORTH

Type: Branch

**Telephone:** (615) 942-5559

Fax:

Reporting Financial Activities: Yes

**Address** 

2032 25TH AVENUE NORTH NASHVILLE, TN 37208, USA

#### The category that best describes your organization

W - Public Affairs, Society Benefit

#### The charitable purpose of the organization

We exist to protect and empower those living in distress.

### **Tax & Financial Information**

Has your tax exempt status changed since your last renewal?

☐ Yes ☑ No

Last Fiscal Year Start: July 2022 Last Fiscal Year End: June 2023

Type of 990 Tax Form Filed: 990 (Long Form)

#### **Gross Revenue**

Direct and Indirect Public Contributions	\$ 780,584.00
Government Grants	\$ 0.00
Program Service Revenue	\$ 0.00
Special Events and Activities	\$ 257,555.00
Gross Sales of Inventory	\$ 0.00
Other Revenue	\$ 7,316.00
Total Revenue	\$ 1,045,455.00

#### **Expenses**

Total Program Expenses	\$ 995,718.00
Direct Expenses from Special Events	\$ 66,561.00
Cost of Goods Sold	\$ 0.00
Management and General Expenses	\$ 198,122.00
Fundraising Expenses	\$ 133,286.00
Other Expenses	\$ 0.00
Total Expenses	\$ 1,393,687.00
Excess/Deficit For the Year (Total Revenue - Total Expenses)	(\$ 348,232.00)

#### **Changes in Net Assets/Fund Balances**

Net Assets/Fund Balances at Beginning of Year	\$ 1,454,709.00
Other Changes in Net Assets or Fund Balances	\$ 0.00
Net Assets/Fund Balances	\$ 1,106,477.00
Total Liabilities at End of Year	\$ 370,990.00
Net Assets/Fund Balances at End of Year	\$ 1,106,477.00

### **Solicitation Information**

<b>Have you</b> □ Yes		any court from soliciting c	contributions?		
•	onal fund-raiser,"	ntract with or otherwise end "paid solicitor," "fund raisi	<b>.</b> .	,	professional (such as a

## Officer Information

Do you need to modify the current officers?

✓ Yes □ No

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 Katie CRISP P.O. Box 92456 Nashville, TN 37209, USA Title(s): Chief Administrative Officer

Kelly Swartz 152 Timberline Dr. Franklin, TN 37069, USA Title(s): Custodian of Final Distributions

Teri Jo Fletcher 1321 Westvale Drive Nashville, TN 37221, USA Title(s): Director

SHANE BOWEN 1513 Eliot Road Franklin, TN 37064, USA Title(s): President

AMY WORKMAN 520 39TH AVENUE NASHVILLE, TN 37209, USA Title(s): Custodian of Contributions

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
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## **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: Kelly Swartz

Date: 12/15/2023

Title: Treasurer

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: Teri Jo Fletcher Date: 12/15/2023

Title: Chief Executive Officer



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Phone: 615-741-2555
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**Date**: 12/15/2023 **Invoice**: 2023-11047

#### **Customer Information**

KATIE CRISP WEST NASHVILLE DREAM CENTER P.O. BOX 92456 NASHVILLE, 37209

Tracking Number	Description		Amount Paid
2023137077	CH Charitable Renewal		\$ 10.00
Payment Details			
		Fee Total:	\$ 10.00
		Payment Total:	\$ 10.00
		Amount Due:	\$ 0.00
		Refunded Amount:	\$ 0.00
Payment Method			
Payment Type:	Credit Card		
Check/Confirma	ation Number: 3864306516		