Summary of Financial Activities of a Charitable Organization 990N or For Those Who Do Not File an IRS Form 990

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Secretary of State

Division of Charitable Solicitations and Gaming 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/charitable

	For Office Use Only					
STEEL STEEL						
	1530	Ji hote	3.80 €		251	

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 fro	om the most recently completed
accounting year. Please attach a copy of the 990N filing rece	eipt if applicable. The form must be signed
by two authorized officers, one of whom shall be the Chief Fisc	al Officer.
A N. C.I. Vorgo Thooter	COLD

1. Name of the organization.	COID.
<u> </u>	eriod end date:(mm/dd/yyyy)
Has the accounting period changed since you	r last registration? 🔲 Yes 🗀 No
2. Gross Revenue:	
A. Direct and Indirect Contributions From the	Public \$4,495.92
B. Government Grants	
	\$
<u> </u>	\$
•	ue, etc.)\$
	\$ 21,511.92
	1
3. Expenses:	€
A. Program Services	
	\$
	\$
	\$
E. Total Expenses	\$ 19, 431
4. Excess or deficit for the year (Subtract line 3E	from 3E) \$ 2.080.92
4. Excess of deficit for the year (Subtract line SE	10111 21) 3
certify that the information furnished in this sur	nmary and all supplemental forms, documents
and continuation sheets is true and correct to the	best of my knowledge and belief.
00 4	
Signature of Authorized Officer:	Januar
Salutation: First: Alicia	MI: Last: Haymer
Position Title: Artistic Director Date: 01/29/2024	
Osition file:	
Signature of Chief Fiscal Officer:	active and a second
Salutation: First: Sara	MI: Last: Dudley
Position Title: Treasure Date: 01/29/2024	
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