

Tennessee Secretary of State
Tre Hargett



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

June 12, 2024

TYLER THAYER
761 OLD HICKORY BLVD., #301
BRENTWOOD, TN 37027

RE: Registration to Solicit Funds for Charitable Purposes
Organization Name: PROJECT HEART
CO Number: CO25234
Renewal Date: 06/30/2025

Dear TYLER THAYER :

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
2024112462

Application to Renew Registration of a Charitable Organization

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: CO25234
Filed: 05/24/2024 04:41 PM
Tre Hargett
Secretary of State



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Organization Information

Legal Name of the Charitable Organization: PROJECT HEART

Legal entity type of the Organization: Other

Business Services Control Number: 000807436

FEIN: 47-4824100

CO Number: CO25234

Initial Registration Date: 11/24/2015

Renewal Date: 06/30/2024

Has your fiscal year ending month changed since your last renewal?

Yes No

Fiscal Year Ending Month: December

When and where was the organization legally established

Date: 07/26/2015

Country: USA

City/State: NOLENSVILLE, TN

Has your Principal Office address changed since your last renewal?

Yes No

Principal Office Address

761 OLD HICKORY BLVD., #301
USA, BRENTWOOD, TN 37027

Has your Mailing address changed since your last renewal?

Yes No

Mailing Office Address

761 OLD HICKORY BLVD., #301
USA, BRENTWOOD, TN 37027

Contact Information for the Charitable Organization

Contact Name: TYLER THAYER

Telephone Number: (615) 417-0167

Fax Number: (615) 369-8610

Email: tyler@projectheart.org

Website: https://projectheart.org

Current names used by the charity organization

Do you need to modify other names that the charity solicits under?

Yes No

Has the organization registered in any other state(s)?

Yes No

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

Yes No

The category that best describes your organization

H - Medical Research

The charitable purpose of the organization

Project Heart is a non-profit corporation and shall operate exclusively for educational and charitable purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future Federal tax code. Project Heart provides funding to make a tangible impact in the medical treatment of Congenital Heart Disease and to support the families that are faced with this life-long condition. Our non-profit organization exists to fund research focused on advancing the treatment of congenital heart defects, and raise awareness of the effects and prevalence of congenital heart disease.

Tax & Financial Information**Has your tax exempt status changed since your last renewal?** Yes No**Last Fiscal Year Start:** January 2023**Last Fiscal Year End:** December 2023**Type of 990 Tax Form Filed:** 990-EZ**Gross Revenue**

Direct and Indirect Public Contributions	\$ 24,510.00
Government Grants	\$ 0.00
Program Service Revenue	\$ 0.00
Special Events and Activities	\$ 0.00
Gross Sales of Inventory	\$ 0.00
Other Revenue	\$ 0.00
Total Revenue	<u>\$ 24,510.00</u>

Expenses

Total Program Expenses	\$ 300.00
Direct Expenses from Special Events	\$ 0.00
Cost of Goods Sold	\$ 0.00
Management and General Expenses	\$ 9,939.00
Fundraising Expenses	\$ 1,627.00
Other Expenses	\$ 0.00
Total Expenses	<u>\$ 11,866.00</u>

Excess/Deficit For the Year (Total Revenue - Total Expenses)	<u>\$ 12,644.00</u>
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Changes in Net Assets/Fund Balances

Net Assets/Fund Balances at Beginning of Year	\$ 108,528.00
Other Changes in Net Assets or Fund Balances	\$ 0.00
Net Assets/Fund Balances	\$ 121,172.00
Total Liabilities at End of Year	\$ 0.00
Net Assets/Fund Balances at End of Year	\$ 121,172.00

Solicitation Information

Have you been enjoined by any court from soliciting contributions?

Yes No

Does your organization contract with or otherwise engage the services of any outside fundraising professional (such as a “professional fund-raiser,” “paid solicitor,” “fund raising counsel,” or “commercial co-venturer”)?

Yes No

Officer Information

Do you need to modify the current officers?

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: Leigh Rankin

Date: 05/23/2024

Title: Custodian of Contributions

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: David Tyler Thayer

Date: 05/24/2024

Title: Chief Executive Officer



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Secretary of State

Division of Business and Charitable Organizations

Department of State

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312 Rosa L. Parks Avenue, 6th Floor
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Phone: 615-741-2555
Fax: 615-253-5173
sos.tn.gov/charities

Date:

Invoice:

Customer Information

TYLER THAYER
PROJECT HEART
761 OLD HICKORY BLVD., #301
BRENTWOOD, 37027

Tracking Number	Description	Amount Paid
Payment Details		
	Fee Total:	\$ 0.00
	Payment Total:	\$ 0.00
	Amount Due:	\$ 0.00
	Refunded Amount:	\$ 0.00
Payment Method		
	Payment Type:	