

## Application for Recognition of Exemption Under Section 501(c)(3) of the Internal Revenue Code

OMB No. 1545-0056  
**Note:** If exempt status is approved, this application will be open for public inspection.

Read the instructions for each Part carefully.

**A User Fee must be attached to this application.**

If the required information and appropriate documents are not submitted along with Form 8718 (with payment of the appropriate user fee), the application may be returned to you.

**Complete the Procedural Checklist on page 8 of the instructions.**

### Part I Identification of Applicant

<b>1a</b> Full name of organization (as shown in organizing document)  GreenePets Foster Network, Inc.	<b>2</b> Employer identification number (EIN) (If none, see page 3 of the <b>Specific Instructions</b> .)  20 : 1683439				
<b>1b</b> c/o Name (if applicable)	<b>3</b> Name and telephone number of person to be contacted if additional information is needed  (       )				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>1c</b> Address (number and street)</td> <td style="width: 50%;">Room/Suite</td> </tr> <tr> <td>610 East Allens Bridge Road</td> <td></td> </tr> </table>	<b>1c</b> Address (number and street)	Room/Suite	610 East Allens Bridge Road		<b>4</b> Month the annual accounting period ends  April
<b>1c</b> Address (number and street)	Room/Suite				
610 East Allens Bridge Road					
<b>1d</b> City, town, or post office, state, and ZIP + 4. If you have a foreign address, see <b>Specific Instructions</b> for Part I, page 3.  Greeneville, TN 37743	<b>5</b> Date incorporated or formed  04/01/2004				
<b>1e</b> Web site address www.GreenePetFosterNetwork.com	<b>6</b> Check here if applying under section: a <input type="checkbox"/> 501(e) b <input type="checkbox"/> 501(f) c <input type="checkbox"/> 501(k) d <input type="checkbox"/> 501(n)				
<b>7</b> Did the organization previously apply for recognition of exemption under this Code section or under any other section of the Code? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," attach an explanation.					
<b>8</b> Is the organization required to file Form 990 (or Form 990-EZ)? . . . . . <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach an explanation (see page 3 of the <b>Specific Instructions</b> ).					
<b>9</b> Has the organization filed Federal income tax returns or exempt organization information returns? . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," state the form numbers, years filed, and Internal Revenue office where filed.					

**10** Check the box for the type of organization. ATTACH A CONFORMED COPY OF THE CORRESPONDING ORGANIZING DOCUMENTS TO THE APPLICATION BEFORE MAILING. (See **Specific Instructions** for Part I, Line 10, on page 3.) See also Pub. 557 for examples of organizational documents.)

- a  Corporation—Attach a copy of the Articles of Incorporation (including amendments and restatements) showing approval by the appropriate state official; also include a copy of the bylaws.
- b  Trust— Attach a copy of the Trust Indenture or Agreement, including all appropriate signatures and dates.
- c  Association— Attach a copy of the Articles of Association, Constitution, or other creating document, with a declaration (see instructions) or other evidence the organization was formed by adoption of the document by more than one person; also include a copy of the bylaws.

If the organization is a corporation or an unincorporated association that has not yet adopted bylaws, check here

I declare under the penalties of perjury that I am authorized to sign this application on behalf of the above organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge it is true, correct, and complete.

Please Sign Here \_\_\_\_\_  
 (Signature) Jo Ann Hopson, President 10-1-09  
 (Type or print name and title or authority of signer) (Date)

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**Part II** Activities and Operational Information

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- 1 Provide a detailed narrative description of all the activities of the organization—past, present, and planned. **Do not merely refer to or repeat the language in the organizational document.** List each activity separately in the order of importance based on the relative time and other resources devoted to the activity. Indicate the percentage of time for each activity. Each description should include, as a minimum, the following: **(a)** a detailed description of the activity including its purpose and how each activity furthers your exempt purpose; **(b)** when the activity was or will be initiated; and **(c)** where and by whom the activity will be conducted.

See Attached Sheet

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- 2 What are or will be the organization's sources of financial support? List in order of size.

- A. Adoptions
- B. Fundraising Activities
- C. Other donations
- D. Member Donations
- E. Grants

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- 3 Describe the organization's fundraising program, both actual and planned, and explain to what extent it has been put into effect. Include details of fundraising activities such as selective mailings, formation of fundraising committees, use of volunteers or professional fundraisers, etc. Attach representative copies of solicitations for financial support.

Our organization currently raises funds through adoptions and other donations. ALL work is performed by volunteers.

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GREENEPETS FOSTER NETWORK, INC.  
EIN:

FORM 1023, PART II, QUESTION 1:

GreenePets Foster Network, Inc. was formed and operates in the State of Tennessee

RESCUE: The organization was formed to rescue dogs and cats who are 1) given up for adoption by an individual owner directly to the organization, 2) strays found by someone who notifies the organization, or 3) from an animal control or shelter which notifies the organization that they have a highly adoptable pet that they would like the organization to place.

Initial contact is made to the organization through the organizations Internet Web Page, or by telephone to an intake committee member. The intake member makes contact with the caller, gets all of the relevant information on the animal, makes a determination whether the animal is in need of immediate medical attention or if the animal can go directly to a volunteer foster home or kennel. Each surrendering family is asked but not required to make a contribution to help defray the cost of providing medical care and housing the pet.

The intake coordinator then contacts the foster care coordinator to make the necessary arrangements for transportation, to either a veterinary clinic, a foster home or a kennel. At the time the pet is picked up, and intake profile/owner release form is completed and signed by the surrendering party.

The foster homes are all volunteers, generally having animals of their own. The foster families provide a loving and supportive environment for the pet until they can be placed with their new adoptive family. The foster homes have experience in spotting canine and feline behavioral problems and are instructed to call the adoption coordinator if any signs of behavioral problems are observed. Once contacted regarding behavioral problems, the adoption coordinator will make a determination if the animal needs further evaluation and training by a more experienced member of the organization.

ADOPTION: Any person wishing to adopt a dog or cat from the organization initially makes contact by email or by telephone to a member of the organization. An information packet on the organization, the type of animal in general, and an adoption application is sent on request. The applicant completes the application and mails, emails, or faxes it to the organization. All applications are thoroughly reviewed, and an adoption committee checks references. The application is either approved or rejected, and the applicant is so notified.

When the adoption committee believes that there is a pet in the program that fits the adoptive family's specifications and that would be a good match for the family, the perspective adoptive home will be contacted by the organization. A meeting is set up for the adoptive family to meet the animal. At the time of the visit, the family is evaluated to

make sure that there is a good match between family and animal. If all goes well, the animal goes home to their new family. If there are any doubts, the placement is put on hold until a final determination can be made. At the time of adoption, and adoption agreement is signed and an adoption fee of varying amounts is requested. The adoption fee may be reduced or waived if the animal is a senior (8 years or older), or if the animal has medical problems. The amount of the adoption fee was set by the Board of Directors, and is calculated to cover the average expenses incurred while the animal is under the organization's care.

FOLLOW-UP: To insure the animal is adjusting in their new environment, and to answer any concerns the adoptive family may be having, periodic follow-ups are performed. After two days and one week, a member of the adoption committee does the follow-up. We keep in touch with adoptive families with periodic telephone calls or emails, and they receive our newsletter. If a placement is not working out in the new home, training is provided free of charge, or the animal is returned to us.

SCREENING – ANIMALS NOT ACCEPTED INTO THE PROGRAM: In addition to the time the organization spends in actual rescue, time is also spent in screening calls that result in animals not coming into the program. Some individuals that call wanting to give up their animals, may decide to improve the animal's behavior. In some instances, the individual may give the animal to someone else. The organization also rejects animals that have shown a sign that makes the animal inappropriate for adoption.

The rescue, adoption, follow-up, and screening activities comprise approximately 80% of the total effort of the organization. These procedures also accomplish the organization's stated purpose to reduce the abuse and neglect of unwanted animals through rehabilitation and adoption, and to do all in its power to accept unwanted animals, care for them, and place them in caring homes.

PROVIDE MEDICAL CARE: Each animal, while in the care of the organization, will have a thorough medical exam, have all inoculations brought current, and will be spayed or neutered. A veterinarian determines that further laboratory tests or surgery is required, such services will be provided. The organization attempts to care medically for the animals in the program, even to the extend of providing delicate orthopedic surgery.

Providing medical care requires approximately 10% of the total effort of the organization.

EDUCATION, PROMOTION OF GOOD CANINE CITIZENSHIP AND EDUCATION OF THE GENERAL PUBLIC IN RESPONSIBLE PET OWNERSHIP: The organization takes every opportunity to educate the public about responsible dog and cat ownership, obedience training, providing humane care for their pet, and promoting good canine citizenship. These opportunities arise from: 1) calls or email contact with a board member, 2) public speaking, 3) articles in the newspaper or the organization's newsletter, 4) television appearances on local stations, 5) correspondence with local veterinarians and animal shelters to enlist their assistance in the education of their patients, and to acquaint them with the organization's existence, 6) information provided in the

organization's adoption information packets includes education material on responsible pet ownership.

The organization's most successful effort in this area in the attendance of area functions, festivals, parades and our rescue reunions. These events provide the organization with the opportunity to provide health care and training demonstration, and to disseminate information on adoption. Perspective adoptive families are given an opportunity to meet former adoptive families and their pets and to see the pets that are in the program at the time of the event.

Education activities comprise approximately 10% of the total effort of the organization.

**Part II** Activities and Operational Information (Continued)

4 Give the following information about the organization's governing body:

a Names, addresses, and titles of officers, directors, trustees, etc.

Eddie Hickman, Chairman of the Board 1860 Old Newport Hwy. Greeneville, TN 37743  
Jo Ann Hopson, President and Board Member 610 East Allens Bridge Rd. Greeneville, TN 37743  
Ernie Galati, Vice President and Board Member 8825 107 Cut-Off Greeneville, TN 37743  
Tracy Sargent, Secretary and Board Member 215 Meadowbrook Road Afton, TN 37616  
Lynnetta Gunter, Board Member 1709 Long Creek Road, Greeneville, TN 37743  
Ramona Galati, Board Member 8825 107 Cut Off Greeneville, TN 37743

b Annual compensation

None. No officers receive compensation

c Do any of the above persons serve as members of the governing body by reason of being public officials or being appointed by public officials?  Yes  No  
If "Yes," name those persons and explain the basis of their selection or appointment.

d Are any members of the organization's governing body "disqualified persons" with respect to the organization (other than by reason of being a member of the governing body) or do any of the members have either a business or family relationship with "disqualified persons"? (See **Specific Instructions** for Part II, Line 4d, on page 3.)  Yes  No  
If "Yes," explain.

5 Does the organization control or is it controlled by any other organization?  Yes  No  
Is the organization the outgrowth of (or successor to) another organization, or does it have a special relationship with another organization by reason of interlocking directorates or other factors?  Yes  No  
If either of these questions is answered "Yes," explain.

6 Does or will the organization directly or indirectly engage in any of the following transactions with any political organization or other exempt organization (other than a 501(c)(3) organization): (a) grants; (b) purchases or sales of assets; (c) rental of facilities or equipment; (d) loans or loan guarantees; (e) reimbursement arrangements; (f) performance of services, membership, or fundraising solicitations; or (g) sharing of facilities, equipment, mailing lists or other assets, or paid employees?  Yes  No  
If "Yes," explain fully and identify the other organizations involved.

7 Is the organization financially accountable to any other organization?  Yes  No  
If "Yes," explain and identify the other organization. Include details concerning accountability or attach copies of reports if any have been submitted.

**SCHEDULE FOR QUESTION 6, PART II ACTIVITIES AND OPERATIONAL INFORMATION:**

Does or will the organization directly or indirectly engage in any of the following transactions with any political organization or other exempt organization (other than a 501©(3) organization:

(h) Attached please find the 501©(3) Determination Letter for Greeneville-Green County Humane Society, Inc., this is the organization designated to receive our assets if we dissolve this corporation.

Date: **AUG 30 2000**

GREENEVILLE-GREEN COUNTY HUMANE  
SOCIETY INC  
PO BOX 1360  
GREENEVILLE, TN 37744

Employer Identification Number:  
59-1763258  
DLN:  
17053141715020  
Contact Person:  
DAVID M EVANS ID# 31393  
Contact Telephone Number:  
(877) 829-5500  
Our Letter Dated:  
January 1982  
Addendum Applies:  
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

If we have indicated in the heading of this letter that an addendum applies, the addendum enclosed is an integral part of this letter.

Letter 1050 (DO/CG)



-2-

## GREENEVILLE-GREEN COUNTY HUMANE

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

**Steven T. Miller**

Steven T. Miller  
Director, Exempt Organizations

Letter 1050 (DO/CG)

**Part II** Activities and Operational Information (Continued)

8 What assets does the organization have that are used in the performance of its exempt function? (Do not include property producing investment income.) If any assets are not fully operational, explain their status, what additional steps remain to be completed, and when such final steps will be taken. If none, indicate "N/A."

9 Will the organization be the beneficiary of tax-exempt bond financing within the next 2 years? . . . .  Yes  No

10a Will any of the organization's facilities or operations be managed by another organization or individual under a contractual agreement? . . . .  Yes  No

b Is the organization a party to any leases? . . . .  Yes  No  
If either of these questions is answered "Yes," attach a copy of the contracts and explain the relationship between the applicant and the other parties.

11 Is the organization a membership organization? . . . .  Yes  No

If "Yes," complete the following:

a Describe the organization's membership requirements and attach a schedule of membership fees and dues.

**Membership is open to all persons. See attached schedule**

b Describe the organization's present and proposed efforts to attract members and attach a copy of any descriptive literature or promotional material used for this purpose.

**New members will be recruited through word of mouth and through organization sponsored events and from persons who adopt pets.**

c What benefits do (or will) the members receive in exchange for their payment of dues?

**Members receive a quarterly newsletter containing information about pets who have been rescued, adopted and information on the care of pets. Paid members have voting privileges at general meetings.**

12a If the organization provides benefits, services, or products, are the recipients required, or will they be required, to pay for them? . . . .  N/A  Yes  No

If "Yes," explain how the charges are determined and attach a copy of the current fee schedule.

**Persons who adopt are requested to make a donation of varying amounts to help defray veterinary care, food, and fostering expenses. Expenses often exceed the amount of the donation.**

b Does or will the organization limit its benefits, services, or products to specific individuals or classes of individuals? . . . .  N/A  Yes  No

If "Yes," explain how the recipients or beneficiaries are or will be selected.

13 Does or will the organization attempt to influence legislation? . . . .  Yes  No

If "Yes," explain. Also, give an estimate of the percentage of the organization's time and funds that it devotes or plans to devote to this activity.

14 Does or will the organization intervene in any way in political campaigns, including the publication or distribution of statements? . . . .  Yes  No

If "Yes," explain fully.

**SCHEDULE FOR QUESTION 11, PART II ACTIVITIES AND OPERATIONAL INFORMATION:**

**Membership Dues:** Anyone who donates is a member for a period of one year.

**Part III** Technical Requirements

1 Are you filing Form 1023 within 15 months from the end of the month in which your organization was created or formed? . . . . .  Yes  No  
If you answer "Yes," do not answer questions on lines 2 through 6 below.

2 If one of the exceptions to the 15-month filing requirement shown below applies, check the appropriate box and proceed to question 7.

**Exceptions**—You are not required to file an exemption application within 15 months if the organization:

- a Is a church, interchurch organization of local units of a church, a convention or association of churches, or an integrated auxiliary of a church. See **Specific Instructions**, Line 2a, on page 4;
- b Is not a private foundation and normally has gross receipts of not more than \$5,000 in each tax year; or
- c Is a subordinate organization covered by a group exemption letter, but only if the parent or supervisory organization timely submitted a notice covering the subordinate.

3 If the organization does not meet any of the exceptions on line 2 above, are you filing Form 1023 within 27 months from the end of the month in which the organization was created or formed? . . . . .  Yes  No

If "Yes," your organization qualifies under Regulation section 301.9100-2, for an automatic 12-month extension of the 15-month filing requirement. Do not answer questions 4 through 6.

If "No," answer question 4.

4 If you answer "No" to question 3, does the organization wish to request an extension of time to apply under the "reasonable action and good faith" and the "no prejudice to the interest of the government" requirements of Regulations section 301.9100-3? . . . . .  Yes  No

If "Yes," give the reasons for not filing this application within the 27-month period described in question 3. See **Specific Instructions**, Part III, Line 4, before completing this item. Do not answer questions 5 and 6.

If "No," answer questions 5 and 6.

5 If you answer "No" to question 4, your organization's qualification as a section 501(c)(3) organization can be recognized only from the date this application is filed. Therefore, do you want us to consider the application as a request for recognition of exemption as a section 501(c)(3) organization from the date the application is received and not retroactively to the date the organization was created or formed? . . .  Yes  No

6 If you answer "Yes" to question 5 above and wish to request recognition of section 501(c)(4) status for the period beginning with the date the organization was formed and ending with the date the Form 1023 application was received (the effective date of the organization's section 501(c)(3) status), check here  and attach a completed page 1 of Form 1024 to this application.

**Part III** Technical Requirements (Continued)

- 7 Is the organization a private foundation?  
 **Yes** (Answer question 8.)  
 **No** (Answer question 9 and proceed as instructed.)

- 8 If you answer "Yes" to question 7, does the organization claim to be a private operating foundation?  
 **Yes** (Complete Schedule E.)  
 **No**

After answering question 8 on this line, go to line 14 on page 7.

- 9 If you answer "No" to question 7, indicate the public charity classification the organization is requesting by checking the box below that most appropriately applies:

**THE ORGANIZATION IS NOT A PRIVATE FOUNDATION BECAUSE IT QUALIFIES:**

- |   |  |  |
|---|--|--|
| a | <input type="checkbox"/> As a church or a convention or association of churches (CHURCHES MUST COMPLETE SCHEDULE A.)   | Sections 509(a)(1) and 170(b)(1)(A)(i)                       |
| b | <input type="checkbox"/> As a school (MUST COMPLETE SCHEDULE B.)   | Sections 509(a)(1) and 170(b)(1)(A)(ii)                      |
| c | <input type="checkbox"/> As a hospital or a cooperative hospital service organization, or a medical research organization operated in conjunction with a hospital (These organizations, except for hospital service organizations, MUST COMPLETE SCHEDULE C.)                                      | Sections 509(a)(1) and 170(b)(1)(A)(iii)                     |
| d | <input type="checkbox"/> As a governmental unit described in section 170(c)(1).  | Sections 509(a)(1) and 170(b)(1)(A)(v)                       |
| e | <input type="checkbox"/> As being operated solely for the benefit of, or in connection with, one or more of the organizations described in a through d, g, h, or i (MUST COMPLETE SCHEDULE D.)   | Section 509(a)(3)  |
| f | <input type="checkbox"/> As being organized and operated exclusively for testing for public safety.  | Section 509(a)(4)  |
| g | <input type="checkbox"/> As being operated for the benefit of a college or university that is owned or operated by a governmental unit.  | Sections 509(a)(1) and 170(b)(1)(A)(iv)                      |
| h | <input type="checkbox"/> As receiving a substantial part of its support in the form of contributions from publicly supported organizations, from a governmental unit, or from the general public.  | Sections 509(a)(1) and 170(b)(1)(A)(vi)                      |
| i | <input type="checkbox"/> As normally receiving not more than one-third of its support from gross investment income and more than one-third of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions (subject to certain exceptions). | Section 509(a)(2)  |
| j | <input type="checkbox"/> The organization is a publicly supported organization but is not sure whether it meets the public support test of h or i. The organization would like the IRS to decide the proper classification.  | Sections 509(a)(1) and 170(b)(1)(A)(vi) or Section 509(a)(2) |

**If you checked one of the boxes a through f in question 9, go to question 14. If you checked box g in question 9, go to questions 11 and 12. If you checked box h, i, or j, in question 9, go to question 10.**

**Part III** Technical Requirements (Continued)

- 10** If you checked box **h, i, or j** in question 9, has the organization completed a tax year of at least 8 months?  
 **Yes**—Indicate whether you are requesting:  
 A definitive ruling. (Answer questions 11 through 14.)  
 An advance ruling. (Answer questions 11 and 14 and attach two Forms 872-C completed and signed.)  
 **No—You must request an advance ruling by completing and signing two Forms 872-C and attaching them to the Form 1023.**
- 11** If the organization received any unusual grants during any of the tax years shown in Part IV-A, **Statement of Revenue and Expenses**, attach a list for each year showing the name of the contributor; the date and the amount of the grant; and a brief description of the nature of the grant.  
 N/A

- 12** If you are requesting a definitive ruling under section 170(b)(1)(A)(iv) or (vi), check here  and:  
**a** Enter 2% of line 8, column (e), Total, of Part IV-A . . . . .  
**b** Attach a list showing the name and amount contributed by each person (other than a governmental unit or "publicly supported" organization) whose total gifts, grants, contributions, etc., were more than the amount entered on line **12a** above.

- 13** If you are requesting a definitive ruling under section 509(a)(2), check here  and:  
**a** For each of the years included on lines 1, 2, and 9 of Part IV-A, attach a list showing the name of and amount received from each "disqualified person." (For a definition of "disqualified person," see **Specific Instructions**, Part II, Line 4d, on page 3.)  
**b** For each of the years included on line 9 of Part IV-A, attach a list showing the name of and amount received from each payer (other than a "disqualified person") whose payments to the organization were more than \$5,000. For this purpose, "payer" includes, but is not limited to, any organization described in sections 170(b)(1)(A)(i) through (vi) and any governmental agency or bureau.

14 Indicate if your organization is one of the following. If so, complete the required schedule. (Submit only those schedules that apply to your organization. <b>Do not submit blank schedules.</b> )	Yes	No	If "Yes," complete Schedule:
Is the organization a church? . . . . .		✓	A
Is the organization, or any part of it, a school? . . . . .		✓	B
Is the organization, or any part of it, a hospital or medical research organization? . . . . .		✓	C
Is the organization a section 509(a)(3) supporting organization? . . . . .		✓	D
Is the organization a private operating foundation? . . . . .		✓	E
Is the organization, or any part of it, a home for the aged or handicapped? . . . . .		✓	F
Is the organization, or any part of it, a child care organization? . . . . .		✓	G
Does the organization provide or administer any scholarship benefits, student aid, etc.? . . . .		✓	H
Has the organization taken over, or will it take over, the facilities of a "for profit" institution? . . .		✓	I

**Part IV Financial Data**

Complete the financial statements for the current year and for each of the 3 years immediately before it. If in existence less than 4 years, complete the statements for each year in existence. If in existence less than 1 year, also provide proposed budgets for the 2 years following the current year.

**A. Statement of Revenue and Expenses**

		Current tax year	3 prior tax years or proposed budget for 2 years			
		(a) From ..... to	(b) .....	(c) .....	(d) .....	(e) TOTAL
<b>Revenue</b>	<b>1</b> Gifts, grants, and contributions received (not including unusual grants—see page 6 of the instructions).					
	<b>2</b> Membership fees received					
	<b>3</b> Gross investment income (see instructions for definition)	See Attachment				
	<b>4</b> Net income from organization's unrelated business activities not included on line 3					
	<b>5</b> Tax revenues levied for and either paid to or spent on behalf of the organization					
	<b>6</b> Value of services or facilities furnished by a governmental unit to the organization without charge (not including the value of services or facilities generally furnished the public without charge)					
	<b>7</b> Other income (not including gain or loss from sale of capital assets) (attach schedule)					
	<b>8 Total</b> (add lines 1 through 7)					
	<b>9</b> Gross receipts from admissions, sales of merchandise or services, or furnishing of facilities in any activity that is not an unrelated business within the meaning of section 513. Include related cost of sales on line 22					
	<b>10 Total</b> (add lines 8 and 9)					
	<b>11</b> Gain or loss from sale of capital assets (attach schedule)					
	<b>12</b> Unusual grants					
	<b>13 Total revenue</b> (add lines 10 through 12)					
<b>Expenses</b>	<b>14</b> Fundraising expenses					
	<b>15</b> Contributions, gifts, grants, and similar amounts paid (attach schedule)					
	<b>16</b> Disbursements to or for benefit of members (attach schedule)					
	<b>17</b> Compensation of officers, directors, and trustees (attach schedule)					
	<b>18</b> Other salaries and wages					
	<b>19</b> Interest					
	<b>20</b> Occupancy (rent, utilities, etc.)					
	<b>21</b> Depreciation and depletion					
	<b>22</b> Other (attach schedule)					
	<b>23 Total expenses</b> (add lines 14 through 22)					
	<b>24</b> Excess of revenue over expenses (line 13 minus line 23)					

SCHEDULE FOR QUESTION 9 PART IV FINAANCIAL DATE 1023

	1 <sup>st</sup> YR	2 <sup>nd</sup> YR	3 <sup>rd</sup> YR
Donations by mail	\$1,200.00	\$1,260.00	\$1,300.00
Donations from Fundraisers	\$2,400.00	\$2,700.00	\$2,900.00
	\$3,600.00	\$3,960.00	\$4,200.00



SCHEDULE FOR QUESTION 22 PART IV FINANCIAL DATA

	1 <sup>st</sup> Yr	2 <sup>nd</sup> Yr	3 <sup>rd</sup> YR
Medical Care	\$7,180.00	\$7,990.00	\$9,000.00
Printing, Mailing	\$50.00	\$55.00	\$80.50
Food	\$25.00	\$33.00	\$35.00
Tags, Collars	\$150.00	\$155.00	\$181.50
Insurance	\$50.00	\$50.00	\$50.00
Web Hosting	\$125.00	\$125.00	\$125.00
	\$7,800.00	\$8,660.00	\$9,700.00

**Part IV** Financial Data (Continued)

<b>B. Balance Sheet (at the end of the period shown)</b>		Current tax year Date .....
<b>Assets</b>		
<b>1</b>	Cash . . . . .	<b>1</b>
<b>2</b>	Accounts receivable, net . . . . .	<b>2</b>
<b>3</b>	Inventories . . . . .	<b>3</b>
<b>4</b>	Bonds and notes receivable (attach schedule) . . . . .	<b>4</b>
<b>5</b>	Corporate stocks (attach schedule) . . . . .	<b>5</b>
<b>6</b>	Mortgage loans (attach schedule) . . . . .	<b>6</b>
<b>7</b>	Other investments (attach schedule) . . . . .	<b>7</b>
<b>8</b>	Depreciable and depletable assets (attach schedule) . . . . .	<b>8</b>
<b>9</b>	Land . . . . .	<b>9</b>
<b>10</b>	Other assets (attach schedule) . . . . .	<b>10</b>
<b>11</b>	<b>Total assets</b> (add lines 1 through 10) . . . . .	<b>11</b>
<b>Liabilities</b>		
<b>12</b>	Accounts payable . . . . .	<b>12</b>
<b>13</b>	Contributions, gifts, grants, etc., payable . . . . .	<b>13</b>
<b>14</b>	Mortgages and notes payable (attach schedule) . . . . .	<b>14</b>
<b>15</b>	Other liabilities (attach schedule) . . . . .	<b>15</b>
<b>16</b>	<b>Total liabilities</b> (add lines 12 through 15) . . . . .	<b>16</b>
<b>Fund Balances or Net Assets</b>		
<b>17</b>	Total fund balances or net assets . . . . .	<b>17</b>
<b>18</b>	<b>Total liabilities and fund balances or net assets</b> (add line 16 and line 17) . . . . .	<b>18</b>

If there has been any substantial change in any aspect of the organization's financial activities since the end of the period shown above, check the box and attach a detailed explanation . . . . .

## CHARTER OF GREENEPETS FOSTER NETWORK, INC.

The undersigned natural person, having capacity to contract and acting as the incorporator of a corporation under the Tennessee Nonprofit Corporation Act, and pursuant to Section 48-52-102 of the Tennessee Code Annotated, adopts the following charter for such corporation:

1. *Name.* The name of the corporation is GreenePets Foster Network, Inc.

2. *Public Benefit.* The corporation is a public benefit corporation and is not for profit. It is intended that the corporation shall have a status of a corporation which is exempt from federal income taxation under I.R.C. §501(a) of the Internal Revenue Code, as an organization described in I.R.C. §501(c)(3).

3. *Registered Office.*

(A) The complete address of the corporation's initial registered office in Tennessee is 610 East Allens Bridge Road, Greeneville, Tennessee 37743.

(B) The name of the initial registered agent to be located at that office is Jo Ann Hopson.

4. *Incorporator.* The name and complete address of the incorporator is: Jo Ann Hopson, 610 East Allens Bridge Road, Greeneville, Tennessee 37743.

5. *Principal Office.* The complete address of the corporation's principal office is 610 East Allens Bridge Road, Greeneville, Tennessee 37743.

6. *Nonprofit.* The corporation is not for profit.

7. *Members.* The corporation will have members, and who shall

consist of all persons who have made contributions to the corporation during the previous twelve (12) months.

8. *Liquidation, Dissolution.* In the event of liquidation, dissolution or winding up of the corporation, whether voluntary, involuntary, or by operation of law, the residual assets of the corporation shall be distributed as follows: to the Greene County Humane Society.

9. *Purposes.* The principal purpose for which the corporation is organized is to receive contributions, and to use the income from those contributions and/or the contributions to care for and find homes for domestic pets for which ownership cannot be determined.

10. *Property, Income and Earnings.* No part of the property, income or net earnings of the corporation shall inure to the benefit of any person, except that the corporation shall be authorized and have the power to pay reasonable compensation for services rendered on its behalf and to make payments and distributions in furtherance of the purposes set forth in Paragraph 9 of this charter.

11. *Initial Directors.* The initial directors of the corporation shall be:

	<u>Name</u>	<u>Address</u>
1.	Roger Lewis, DVM	2830 Van Hill Road Greeneville, TN 37745
2.	Jo Ann Hopson	610 East Allens Bridge Road Greeneville, TN 37743
3.	Traci Horner	112 Maple Crest Drive Greeneville, TN 37743
4.	Tracy Sargent	215 Meadowbrook Road Afton, TN 37616
5.	Lunetta Gunter	1709 Long Creek Road Greeneville, TN 37743

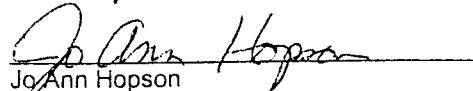
- |    |               |   |
|----|---------------|---|
| 6. | Eddie Hickman | 1860 Old Newport Highway<br>Greeneville, TN 37743 |
| 7. | Ramona Galati | 8825 107 Cut-Off<br>Greeneville, TN 37743         |

The initial term of each of the directors shall expire on May 1, 2006. Directors selected to fill any vacancy before the expiration of the initial term of any such director shall be selected to serve only for the unexpired portion of that initial term. All directors selected to succeed them thereafter shall each be selected to serve a two year term. All persons who are members on February 1 of the year of the election shall be entitled to vote.

Jo Ann Hopson shall serve as president until her successor is duly selected. Traci Horner shall serve as vice-president until her successor is selected. Roberta Taylor shall serve as secretary/treasurer until her successor is selected.

12. *Director's Liability.* To the fullest extent permitted by the Tennessee Non-Profit Corporation Act, as in effect on the date hereof and as hereafter amended from time to time, a director of the corporation shall not be liable to the corporation or its members for monetary damages. If the Tennessee Business Corporation Act or any successor statute is amended after adoption of this provision to authorize corporate action to eliminate or limiting further the personal liability of directors, then the liability of a director or a corporation shall be eliminated or limited to the fullest extent permitted by the Tennessee Business Corporation Act, as so amended from time to time, or such successor statute. Any repeal or modification of this paragraph by the shareholders of the corporation should not adversely affect any right or protection of a director of the corporation existing at the time of such repeal or modification or with respect to events occurring prior to such time.

Dated this the 27 day of April, 2004.

  
Jo Ann Hopson  
610 East Allens Bridge road  
Greeneville, TN 37743

L:\Misc\Laughlin Jerry\Charter GreenePets Foster Network  
L:\Corporate\GreenePets Foster Net Inc. 04-20033\Charter

**Consent Fixing Period of Limitation Upon  
Assessment of Tax Under Section 4940 of the  
Internal Revenue Code**

(Rev. September 1998)

Department of the Treasury  
Internal Revenue Service

(See instructions on reverse side.)

**To be used with  
Form 1023. Submit  
in duplicate.**

Under section 6501(c)(4) of the Internal Revenue Code, and as part of a request filed with Form 1023 that the organization named below be treated as a publicly supported organization under section 170(b)(1)(A)(vi) or section 509(a)(2) during an advance ruling period,

**GreenePets Foster Network, Inc.**

*(Exact legal name of organization as shown in organizing document)*

**610 East Allens Bridge Rd. Greeneville, TN 37743**

*(Number, street, city or town, state, and ZIP code)*

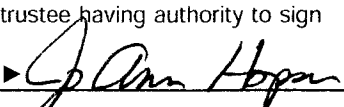
and the

District Director of  
Internal Revenue, or  
Assistant  
Commissioner  
(Employee Plans and  
Exempt Organizations)

consent and agree that the period for assessing tax (imposed under section 4940 of the Code) for any of the 5 tax years in the advance ruling period will extend 8 years, 4 months, and 15 days beyond the end of the first tax year.

However, if a notice of deficiency in tax for any of these years is sent to the organization before the period expires, the time for making an assessment will be further extended by the number of days the assessment is prohibited, plus 60 days.

Ending date of first tax year .....  
*(Month, day, and year)*

Name of organization (as shown in organizing document)	Date
GreenePets Foster Network, Inc.	10/01/2004
Officer or trustee having authority to sign	Type or print name and title
Signature ▶ 	Jo Ann Hopson, President
<b>For IRS use only</b>	
District Director or Assistant Commissioner (Employee Plans and Exempt Organizations)	Date

By ▶