

STATE OF NEVADA

BARBARA K. CEGAVSKE

Secretary of State

JEFFERY LANDERFELT

*Deputy Secretary
for Commercial Recordings*



Commercial Recordings Division

*202 N. Carson Street
Carson City, NV 89701-4201
Telephone (775) 684-5708
Fax (775) 684-7138*

OFFICE OF THE
SECRETARY OF STATE

Ted Levatter
Homer J's Senior Dog Sanctuary
420 Reno Ave.
Reno, NV 89509

Job: C20150519-1663
May 19, 2015

Special Handling Instructions:

Charges

Description	Document Number	Filing Date/Time	Qty	Price	Amount
Amended List	20150226809-85	5/19/2015 1:21:24 PM	1	\$25.00	\$25.00
Charitable-Solicitation Registration Statement	20150226810-17	5/19/2015 1:21:24 PM	1	\$0.00	\$0.00
Total					\$25.00

Payments

Type	Description	Amount
Credit	659004 15051973945700	\$25.00
Total		\$25.00

Credit Balance: \$0.00

Job Contents:

File Stamped Copy(s): 2

Ted Levatter
Homer J's Senior Dog Sanctuary
420 Reno Ave.
Reno, NV 89509

(NONPROFIT) INITIAL/ANNUAL LIST OF OFFICERS AND DIRECTORS OF:

ENTITY NUMBER

HOMER J'S SENIOR DOG SANCTUARY

E0348852013-9

NAME OF CORPORATION

FOR THE FILING PERIOD OF JUL, 2015 TO JUL, 2016



100204

USE BLACK INK ONLY - DO NOT HIGHLIGHT

YOU MAY NOW FILE THIS LIST ONLINE AT www.nvsilverflume.gov

Return one file stamped copy. (If filing not accompanied by order instructions, file stamped copy will be sent to registered agent.)

IMPORTANT: Read instructions before completing and returning this form.

- 1. Print or type names and addresses, either residence or business, for all officers and directors. A President, Secretary, Treasurer, or equivalent of and all Directors must be named. There must be at least one director. If there are additional officers, attach a list of them to this form. An Officer or other authorized signer must sign the form. FORM WILL BE RETURNED IF UNSIGNED.
2. Return the completed form with the \$25.00 filing fee, if no capitalization. A \$50.00 penalty must be added for failure to file this form by the deadline. An annual list received more than 90 days before its due date shall be deemed an amended list for the previous year.
3. Make your check payable to the Secretary of State. Return the completed form to: Secretary of State, 202 North Carson Street, Carson City, Nevada 89701-4201, (775) 684-5708.
4. Form must be in the possession of the Secretary of State on or before the last day of the month in which it is due. (Postmark date is not accepted as receipt date.) Forms received after due date will be returned for additional fees and penalties.
5. Ordering Copies: If requested above, one file stamped copy will be returned at no additional charge. To receive a certified copy, enclose an additional \$30.00 per certification. A copy fee of \$2.00 per page is required for each additional copy generated when ordering 2 or more file stamped or certified copies. Appropriate instructions must accompany your order.

Filed in the office of Barbara K. Cegavske, Secretary of State, State of Nevada. Document Number: 20150226809-85. Filing Date and Time: 05/19/2015 1:21 PM. Entity Number: E0348852013-9.

(This document was filed electronically.) ABOVE SPACE IS FOR OFFICE USE ONLY

FILING FEE: \$25.00 (IF NO CAPITALIZATION) LATE PENALTY: \$50.00 (if filing late)

Charitable Solicitation - For nonprofit entities formed under NRS Chapters 80 and 82

- If the nonprofit corporation intends to solicit charitable/tax deductible contributions a "Charitable Solicitation Registration Statement" form is required to be attached. If the answer is no, there is no additional form required.
- If the nonprofit corporation intends to solicit charitable/tax deductible contributions but meets the exemption requirements, an "Exemption From Charitable Solicitation Registration Statement" form is required to be attached.
- Failure to include the required statement form will result in rejection of the filing and could result in late fees.

Does Corporation intend to solicit charitable/tax deductible contributions? [X] Yes* [] No

*If yes, registration statement is required as of January 1, 2014.

Corporation claims exemption pursuant to NRS 82.392(7)(b) or is recognized as a church under Internal Revenue Code 501(c)(3).

[] Exempt from filing - If checked, Exemption from Charitable Solicitation Registration Statement form is required as of January, 1, 2014.

For nonprofit entities formed under NRS Chapters 80 and 81: entities without 501(c) nonprofit designation are required to maintain a state business license, the fee is \$200.00. Those claiming an exemption under 501(c) designation must indicate by checking box below and submit Declaration of Eligibility form. Failure to attach the required notarized Declaration of Eligibility will result in a rejection, which could result in late fees.

[] Pursuant to NRS Chapter 76, this entity is a 501(c) nonprofit entity and is exempt from the business license fee. Exemption code 002

Table with 4 rows of officer information. Each row includes Name, Address, Title, City, State, and Zip Code. Officers listed: Roxanna I Brooks (President), Christine Salvo (Secretary), Benjamin Castro (Treasurer), and Joe Taglieber (Director).

None of the officers or directors identified in the list of officers has been identified with the fraudulent intent of concealing the identity of any person or persons exercising the power or authority of an officer or director in furtherance of any unlawful conduct.

I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State.

X TED LEVATTER

Title: EXECUTIVE DIRECTOR Date: 5/19/2015 1:21:11 PM

Signature of Officer or Other Authorized Signature

(NONPROFIT) INITIAL/ANNUAL LIST OF OFFICERS AND DIRECTORS OF:

ENTITY NUMBER

HOMER J'S SENIOR DOG SANCTUARY

E0348852013-9

NAME TED LEVATTER		TITLE(S) DIRECTOR	
ADDRESS 420 RENO AVE , USA	CITY RENO	STATE NV	ZIP CODE 89509
NAME		TITLE(S)	
ADDRESS	CITY	STATE	ZIP CODE
NAME		TITLE(S)	
ADDRESS	CITY	STATE	ZIP CODE
NAME		TITLE(S)	
ADDRESS	CITY	STATE	ZIP CODE
NAME		TITLE(S)	
ADDRESS	CITY	STATE	ZIP CODE
NAME		TITLE(S)	
ADDRESS	CITY	STATE	ZIP CODE
NAME		TITLE(S)	
ADDRESS	CITY	STATE	ZIP CODE
NAME		TITLE(S)	
ADDRESS	CITY	STATE	ZIP CODE
NAME		TITLE(S)	
ADDRESS	CITY	STATE	ZIP CODE
NAME		TITLE(S)	
ADDRESS	CITY	STATE	ZIP CODE
NAME		TITLE(S)	
ADDRESS	CITY	STATE	ZIP CODE
NAME		TITLE(S)	
ADDRESS	CITY	STATE	ZIP CODE



BARBARA K. CEGAVSKE
 Secretary of State
 202 North Carson Street
 Carson City, Nevada 89701-4201
 (775) 684-5708
 Website: www.nvsos.gov
www.nvsilverflume.gov



280101

Charitable Solicitation Registration Statement

(PURSUANT TO NRS CHAPTER 82)

Required for any corporation that intends to solicit charitable/tax deductible contributions. To be filed with Initial/Annual List Forms.

Filed in the office of <i>Barbara K. Cegavske</i> Barbara K. Cegavske Secretary of State State of Nevada	Document Number 20150226810-17 Filing Date and Time 05/19/2015 1:21 PM Entity Number E0348852013-9
----------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------

USE BLACK INK ONLY - DO NOT HIGHLIGHT

ABOVE SPACE IS FOR OFFICE USE ONLY

1. Names of Nonprofit Corporation: (please complete items a thru c; attach additional page(s) if necessary)	a) Name of nonprofit entity as filed with the Secretary of State's office: HOMER J'S SENIOR DOG SANCTUARY b) Exact name of nonprofit corporation as registered with the Internal Revenue Service, if different from that registered with the Secretary of State: c) Name or names under which nonprofit corporation may or intends to solicit charitable contributions:												
2. Web Address: (optional *)	WWW.SENIORDOGSANCTUARY.ORG *will be listed on public entity search												
3. USA PATRIOT ACT certification: (optional)	<input checked="" type="checkbox"/> Check here to accept the following certification. <small>In compliance with the Uniting and Strengthening America by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism (USA PATRIOT) Act of 2001 and other counterterrorism laws, I hereby certify on behalf of the herein named entity that all funds and donations will be used in compliance with all United States of America anti-terrorist financing and asset control laws, statutes and executive orders.</small>												
4. Places of Business: (please complete items a and b; attach additional page(s) if necessary)	a) Address and telephone number of the principal place of business of the nonprofit corporation: 5132597587 Telephone Number 420 RENO AVE. RENO NV 89509 USA Address City State Zip Code Country b) Address and telephone number of any office in this state OR if none, name, address and telephone number of custodian of its financial records: 420 RENO AVE. RENO NV 89509 USA Address City State Zip Code Country Name of Custodian: THEODORE LEVATTER (513) 259-7587 Telephone Number												
5. Exempt Status and Federal Tax ID:	Federal tax exempt status: 501(C)3 EIN - Federal Tax ID: 46 3771176												
6. Names and Addresses of Executive Personnel: (attach additional page(s) if necessary)	TED J LEVATTER EXECUTIVE DIRECTOR Name Title 420 RENO AVE. RENO NV 89509 USA Address City State Zip Code Country												
7. Fiscal Year:	Day and month of end of fiscal year of the nonprofit corporation: Day: 15 Month: JULY												
8. Financial Information from IRS Form 990, 990EZ or if no Form 990, a good faith estimate for most recent fiscal year:	<input checked="" type="checkbox"/> Check here if you file Form 990N or have not filed a Form 990 or 990EZ. If checked, please provide a good faith estimate for its current fiscal year. All others please provide the information from Form 990 or 990EZ for the most recent fiscal year. <table style="width: 100%; border-collapse: collapse;"> <tr> <td>Total Revenue (line 12, Form 990; line 9, Form 990EZ)</td> <td style="text-align: right;">\$150.00</td> </tr> <tr> <td>Total Expenses (line 18, Form 990; line 17, Form 990EZ)</td> <td style="text-align: right;">\$150.00</td> </tr> <tr> <td>Revenue less Expenses (line 19, Form 990; line 18, Form 990EZ)</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Total Assets (line 20, Form 990; line 25, Form 990EZ)</td> <td style="text-align: right;">\$150.00</td> </tr> <tr> <td>Total Liabilities (line 21, Form 990; line 26, Form 990EZ)</td> <td style="text-align: right;">\$0.00</td> </tr> <tr> <td>Net Assets or Fund Balances (line 22, Form 990; line 27, Form 990EZ)</td> <td style="text-align: right;">\$150.00</td> </tr> </table>	Total Revenue (line 12, Form 990; line 9, Form 990EZ)	\$150.00	Total Expenses (line 18, Form 990; line 17, Form 990EZ)	\$150.00	Revenue less Expenses (line 19, Form 990; line 18, Form 990EZ)	\$0.00	Total Assets (line 20, Form 990; line 25, Form 990EZ)	\$150.00	Total Liabilities (line 21, Form 990; line 26, Form 990EZ)	\$0.00	Net Assets or Fund Balances (line 22, Form 990; line 27, Form 990EZ)	\$150.00
Total Revenue (line 12, Form 990; line 9, Form 990EZ)	\$150.00												
Total Expenses (line 18, Form 990; line 17, Form 990EZ)	\$150.00												
Revenue less Expenses (line 19, Form 990; line 18, Form 990EZ)	\$0.00												
Total Assets (line 20, Form 990; line 25, Form 990EZ)	\$150.00												
Total Liabilities (line 21, Form 990; line 26, Form 990EZ)	\$0.00												
Net Assets or Fund Balances (line 22, Form 990; line 27, Form 990EZ)	\$150.00												
9. Signature: (must be signed by an officer of the nonprofit corporation)	I declare, to the best of my knowledge under penalty of perjury, that the information contained herein is correct and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. <input checked="" type="checkbox"/> TED LEVATTER EXECUTIVE DIRECTOR 5/19/2015 Officer Signature Title Date												