

Tennessee Secretary of State  
Tre Hargett



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

July 04, 2023

CHERYL FARRAR  
3743 BEAR CREEK ROAD  
THOMPSONS STATION, TN 37179

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

Organization Name: WHITE FAWN FARM  
CO Number: CO21705  
Renewal Date: 06/30/2024

Dear CHERYL FARRAR :

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**  
**2023118680**

## **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: CO21705  
Filed: 06/21/2023 06:29 AM  
Tre Hargett  
Secretary of State

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## **Organization Information**

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**Legal Name of the Charitable Organization:** WHITE FAWN FARM

**Legal entity type of the Organization:** Corporation

**Business Services Control Number:** 000700955

**FEIN:** 46-1472035

**Initial Registration Date:** 06/25/2014

**Renewal Date:** 06/30/2023

**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:** 11/20/2012

**Country:** USA

**City/State:** NASHVILLE, TN

**County:** Davidson

**Has your Principal Office address changed since your last renewal?**

☐ Yes ☒ No

**Principal Office Address**

3743 BEAR CREEK ROAD  
USA, THOMPSONS STATION, TN 37179

**Has your Mailing address changed since your last renewal?**

☐ Yes ☒ No

**Mailing Office Address**

3743 BEAR CREEK ROAD  
USA, THOMPSONS STATION, TN 37179

### **Contact Information for the Charitable Organization**

**Contact Name:** CHERYL FARRAR

**Telephone Number:** (818) 720-9455

**Email:** cheryl@whitefawnfarm.org

**Website:** https:whitefawnfarm.org

### **Current names used by the charity organization**

TAKE THE REINS AT WHITE FAWN FARM

**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**

Y - Mutual/Membership Benefit

**The charitable purpose of the organization**

The funds will be used to provide scholarships to participants that may not be able to afford the service fees, provide feed and care of the therapeutic animals, acquire equipment for conducting the classes, pay the instructors in the event that the service fees do not cover all costs, etc.

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**Tax & Financial Information**

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**Has your tax exempt status changed since your last renewal?**

☐ Yes ☒ No

**Last Fiscal Year Start:** January 2022

**Last Fiscal Year End:** December 2022

**Type of 990 Tax Form Filed:** 990-EZ

**Gross Revenue**

Direct and Indirect Public Contributions	\$ 35,788.00
Government Grants	\$ 0.00
Program Service Revenue	\$ 17,350.00
Special Events and Activities	\$ 0.00
Gross Sales of Inventory	\$ 0.00
Other Revenue	\$ 280.00
<b>Total Revenue</b>	<b>\$ 53,418.00</b>

**Expenses**

Total Program Expenses	\$ 41,372.00
Direct Expenses from Special Events	\$ 0.00
Cost of Goods Sold	\$ 0.00
Management and General Expenses	\$ 0.00
Fundraising Expenses	\$ 0.00
Other Expenses	\$ 7,377.00
<b>Total Expenses</b>	<b>\$ 48,749.00</b>

<b>Excess/Deficit For the Year (Total Revenue - Total Expenses)</b>	<b>\$ 4,669.00</b>
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**Changes in Net Assets/Fund Balances**

Net Assets/Fund Balances at Beginning of Year	\$ 25,847.00
Other Changes in Net Assets or Fund Balances	\$ 0.00
<b>Net Assets/Fund Balances</b>	<b>\$ 30,516.00</b>
<b>Total Liabilities at End of Year</b>	<b>\$ 0.00</b>
<b>Net Assets/Fund Balances at End of Year</b>	<b>\$ 30,516.00</b>

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## Solicitation Information

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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

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## Officer Information

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Do you need to modify the current officers?

☐ Yes ☒ No

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## Signature

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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:** Cheryl Farrar

**Date:** 06/19/2023

**Title:** President

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:** Betty V Hawkins

**Date:** 06/19/2023

**Title:** Board Member



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

**Date:** 06/21/2023

**Invoice:** 2023-04950

**Customer Information**

CHERYL FARRAR  
WHITE FAWN FARM  
3743 BEAR CREEK ROAD  
THOMPSONS STATION, 37179

Tracking Number	Description	Amount Paid
2023118680	CH Charitable Renewal	\$ 10.00
<b>Payment Details</b>		
Fee Total:		\$ 10.00
Payment Total:		\$ 10.00
Amount Due:		\$ 0.00
<b>Payment Method</b>		
Payment Type: Credit Card		
Check/Confirmation Number: 3853295590		