



New Jersey Office of the Attorney General

Division of Consumer Affairs
Office of Consumer Protection
Charities Registration Section
124 Halsey Street, 7th Floor, P.O. Box 45021
Newark, NJ 07101
(973) 504-6215

Form CRI-300R
Long-Form Renewal Registration/Verification Statement
(Revised April 2008)

All questions must be answered.

Pursuant to the New Jersey Charitable Registration and Investigation Act (also known as "the C.R.I. Act" (N.J.S.A. 45:17A-18 et seq.), and prior to operating or commencing solicitation activity in the State, a charitable organization unless exempted from registration requirements (or qualified to file a Short-Form Registration Statement, CRI-200) shall file a Long-Form Initial Registration Statement, CRI-150-I. Charities submitting their annual long-form renewal registration must use Form CRI-300R. Please see the checklist at the end of this form for a discussion of fees, financial statements, documents to be attached, and other requirements for registration.

1. This statement contains the facts and financial information for the fiscal year ending: 12 / 31 / 2016
month day year

2. Federal ID Number (EIN) 45-4598820 2a. N.J. Charities Registration Number: CH- 3628200

3. Full legal name of the registering organization: FRIENDS OF THE BURLINGTON COUNTY ANIMAL SHELTER
 In care of: (if necessary, otherwise leave this line blank) PO BOX 595

4. Mailing Address: PO BOX 595 MOUNT LAUREL NJ 08054 Change of Address
Street Address City State ZIP Code

NOTE: If "in care of," a postal, private or rural delivery mail box number is used, the street address of the charity must be given below.

5. The principal street address of the registering organization _____
 Same as Mailing Address Street Address City State ZIP Code

6. Does the organization have any offices in New Jersey in addition to the one listed above? Yes No
 If "Yes," attach a list giving the street address and telephone number of each office in New Jersey.

6a. If the street address listed above is not where the organization's official records are kept, or if the organization does not maintain an office in New Jersey, indicate the name, full address, phone and fax number of the person having custody of the of the organization's records, and to whom correspondence should be addressed.

THERESA KOPASZ PO BOX 595 MT Laurel NJ 08054
Contact person Street address City State ZIP Code

856-745-9121 _____
Telephone number (include area code) Fax number (include area code)

7. Organization's contact information:

856-745-9121 _____
Telephone number (include area code) Fax number (include area code)

friendsofbcas@ _____
E-mail address Web site

8. Type of organization (check one):

- Nonprofit corporation Foundation Individual Association Society
 Partnership Trust Other (Specify) _____

9. Where and when was the organization legally established? Date: 2012 State: N-J
As required by the C.R.I. Act (N.J.S.A. 45:17A-24c(1)), attach to this registration a copy of the organization's bylaws and instrument of organization (that is, the organization's charter, articles of incorporation or organization, agreement of association, instrument of trust, or constitution) only if the document has been issued or amended during the fiscal year being reported.

10. Does the organization solicit funds under any name or names other than as indicated on line 3 of this form? Yes No
If "Yes," indicate all of the other names used: _____

11. Does the organization intend to solicit contributions from the general public? Yes No

12. Is the organization authorized by any other state or jurisdiction to solicit contributions? Yes No
If "Yes," please provide a list of those states or jurisdictions, below or on a separate sheet of paper.

13. Does the organization have affiliates which share the contributions or other revenue it raised in New Jersey? Yes No
If "Yes," provide a separate listing of those affiliates indicating the name, street address and telephone number for each one.

14. What is the charitable purpose or purposes for which the organization was formed? If necessary, attach a separate statement to this registration.

Welfare and adoption of animals at Burlington County Animal Shelter
Education of public on adoption, pet health and spay/neuter.
Sponsorship of low cost spay/neuter clinics.

14a. What are the specific programs and charitable purposes for which contributions are used? For each program, state whether it already exists or is planned. Only major program categories need be listed. If necessary, attach a separate statement to this registration.

Medical costs for shelter pets - ongoing; Spay/Neuter Clinics for pets and
Feral cats - ongoing; Adoption - Promotion of Shelter pets

15. Does the organization use an independent paid fund-raiser or fund-raising counsel? Yes No
If "Yes," please attach to this registration a list of paid fund-raiser(s) or fund-raising counsel(s), including their full address, telephone number, fax number, registration number in New Jersey, and a contact person's name.

15a. Does the independent paid fund-raiser or fund-raising counsel have custody, control or access to the organization's funds? Yes No N/A
If "Yes," please describe the situation.

16. Has the organization permitted a charitable sales promotion to be conducted on its behalf by a commercial co-venturer during the fiscal year-end being reported? Yes No
If "Yes," please explain: _____

17. Has the Internal Revenue Service (I.R.S.) determined that the organization is tax exempt under code 501(c)(3)? Yes No

- a. If "No," has an application been filed which is still pending? If so, please attach a copy of the I.R.S. 1023 form filed. Yes No N/A
- b. Has a tax exemption been granted under another I.R.S. code? Yes No
If "Yes," advise which one: _____
- c. Has an I.R.S. tax exemption been refused, changed or revoked? Yes No
If an exemption has been refused, changed or revoked, attach to this registration a copy of the I.R.S. determination letter of notification and provide a detailed explanation of the circumstances on a separate sheet of paper.

18. Has the organization ever had its authority to conduct charitable activities denied, suspended, or revoked in any jurisdiction or has the organization ever entered into any voluntary agreement of discontinuance with any governmental entity? Yes No
 If "Yes," attach to this registration a copy of the denial, suspension, revocation or voluntary agreement of discontinuance. If the document does not explain the reasons for the denial, suspension or revocation, attach to this registration an explanation on a separate sheet of paper.
19. Has the organization voluntarily entered into an assurance of voluntary compliance or similar order or agreement (including, but not limited to, a settlement of an administrative investigation or proceeding, with or without an admission of liability) with any jurisdiction, state or federal agency or officer? Yes No
 If "Yes," please attach to this registration the relevant document.
20. Has the organization or any of its present officers, directors, executive personnel or trustees ever been found to have engaged in unlawful practices in the solicitation of contributions or administration of charitable assets or been enjoined from soliciting contributions, or are such proceedings pending in this or any other jurisdiction? Yes No
 If "Yes," attach to this registration photocopies of any and all written documentation (such as a court order, administrative order, judgment, formal notice, written assurance or other document) which show the final disposition of the matter.
21. Has the organization or any of its present officers, directors, trustees or principal salaried executive staff employees ever been convicted of any criminal offense committed in connection with the performance of activities regulated under this act or any criminal or civil offense involving untruthfulness or dishonesty or any criminal offense relating adversely to the registrant's fitness to perform activities regulated by this Act? A plea of guilty, non vult, nolo contendere or any similar disposition of alleged criminal activity shall be deemed a conviction. Yes No
22. Has the organization or any of its officers, directors, trustees or principal salaried executive staff employees been adjudged liable in any administrative or civil action involving theft, fraud, or deceptive business practices? For purposes of this question a judgment of liability in an administrative or civil action shall include, but is not limited to, any finding or admission that the individual engaged in an unlawful practice in relation to the solicitation of contributions or the administration of charitable assets. Yes No
 If "Yes," identify the individual(s) below and attach to this registration a copy of any order, judgment or other documents indicating the final disposition of the matter.

23. Provide the following information for each officer, director, trustee and the five most-highly compensated executive staff employees:

Name	Business address	Telephone number (include area code)	Title	Salary
THERESA KOPASZ	PO Box 595, Mt Laurel, NJ 08054	856-145-9121	President	\$ 0
Jamie DePolo			Vice Pres.	0
SAMANTHA ADAMS			SECRETARY	0
PEANNY LEGG			TREASURER	0
DONNA CHRISTIANCE			BOARD MEMBER	0
PAM COHEN			"	0
CHRISTOPHER CRISWELL			"	0
MADDIE WEBB			"	0

CRI-300R Long-Form Registration Renewal Financial Statement

*Note: If the financial value of a line item = 0, place a zero in the space provided.
Please report all figures as GROSS, not NET.*

<i>Full legal name and street address of the organization</i>			
Full legal name: <u>FRIENDS OF THE BURLINGTON COUNTY ANIMAL SHELTER</u>			
Fiscal year-end being reported: <u>12 / 31 / 2016</u>		Federal ID Number (EIN) <u>45-4598820</u>	
Mailing address:			
<u>PO Box 595</u> <small>Mailing Address</small>	<u>MOUNT LAUREL</u> <small>PO Box Number or Suite</small>	<u>NJ</u> <small>State</small>	<u>08054</u> <small>ZIP code</small>
Street address of the registering organization: <u>PO Box 595</u> <u>Mount Laurel</u> <u>NJ</u> <u>08054</u>			
		<small>Street Address</small>	<small>City</small>
		<small>State</small>	<small>ZIP Code</small>
New Jersey Charities Registration number: CH <u>3628200</u> -00		Telephone number: <u>856-745-9121</u>	
		<small>(exclude area code)</small>	

Attach to this registration the most recent Internal Revenue Service Form 990 and Schedule A (990), if the organization has filed those forms. Attach a copy if the organization's annual financial report included an audited financial statement, or if the organization received gross revenue in excess of \$500,000. **Note:** If the organization received gross revenue of less than \$500,000, the financial reports must be certified by the organization's president or other authorized officer of the organization's board.

In lieu of completing the CRI-300R Financial Statement pages, attached please find a copy of the I.R.S. 990 filing for the fiscal year-end indicated above.

A. Receipts

Line A1a. Direct Public Support received from the following sources:

- | | | |
|------|---|--|
| (1) | Direct mail | |
| (2) | Telephone solicitation..... | |
| (3) | Commercial co-venture..... | |
| (4) | Gross receipts from fund-raising events..... | |
| (5) | Canisters, counter cards, door to door etc..... | |
| (6) | Corporations and other businesses..... | |
| (7) | Foundations and trusts..... | |
| (8) | Donated land, buildings, property, equipment and materials..... | |
| (9) | Legacies and bequests..... | |
| (10) | Membership dues solely resulting from solicitations..... | |
| (11) | Other support (specify)..... | |

Line A1b. Total Direct Public Support (add lines A1a(1) through A1a(11))

Line A1c. Indirect Public Support received from the following sources:

- | | | |
|-----|---|--|
| (1) | Federated fund-raising organization..... | |
| (2) | From an affiliated organization..... | |
| (3) | From another fund-raising organization..... | |

Line A1d. Total Indirect Public Support (add lines A1c(1) thru A1c(3)).....

Line A1e. Total Gross Contributions (add lines A1b and A1d)

Line A2. Government grants including purchase of service contracts (specify agency)

a.

b.

c.

d.

Line A2e Total Government Grants (add lines 2a thru 2d).....

Line A3. Other Support

a. Bona fide membership

b. Program service revenue.....

c. Professional services rendered by volunteers.....

d. Miscellaneous income (specify).....

Line A3e. Total Other Support (add the total of lines A3a thru A3d).....

Line A4. Total Gross Revenue (add lines A1e, A2e and A3e)

B. Expenses

Line B1. Program expenses.....

Line B2. Management and general expenses.....

Line B3. Fund-raising expenses.....

Line B4. Payments to state/national affiliates (if applicable).....

Line B5. Total Expenses (add the totals of line B1 thru B4).....

C. Excess or Deficit

For the fiscal year-end (subtract line B5 from line A4).....

D. Fund Balance

Line D1. Net assets or fund balances at beginning of year.....

Line D2. Other changes in net assets or fund balances (attach explanation).....

Line D3. Net assets or fund balances at end of year (Combine line C, D1 and D2)

Please Note: The amount of Gross Contributions (line A1e on this form) determines the registration fee which must be paid and the form which should be used. July 2006 revisions to the Charities Registration Act now require all charities to pay a registration fee, including charities whose Gross Contributions are less than \$10,000. Further information for charity registrants may be found on our Web site: <http://www.njconsumeraffairs.gov/ocp/charities.htm>.

Long-Form Renewal Registration Statement
Form CRI-300RC
Confidential Information

Organization's Name: <u>FRIENDS OF THE BURLINGTON COUNTY ANIMAL SHELTER</u>	
N.J. Charities Registration Number: CH- <u>3628200</u> -00	Federal ID Number (EIN) <u>45-4598820</u>
Fiscal Year-End being reported: <u>12</u> / <u>31</u> / <u>16</u>	

24. Are any of the organization's officers, directors, trustees or the five most-highly compensated employees related by blood, marriage or adoption to:
- a. each other? Yes No
 - b. any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? Yes No
 - c. any chief executive, employee, any other employee of the organization with a direct financial interest in the transaction, or any partner, proprietor, director, officer, trustee, or to any shareholder of the organization with more than two (2) percent interest in any supplier or vendor providing goods or services to the organization? Yes No
 - d. If you answered "Yes," to questions 24a, b, or c, please provide a statement explaining these relationships.
25. Do any of the organization's officers, directors, trustees or the five most-highly compensated employees have a financial interest in any activities engaged in by a fund-raising counsel or independent paid fund-raiser under contract to the organization, or any supplier or vendor providing goods or services to the organization? Yes No
If "Yes," please detail these relationships below or on a separate sheet of paper, and provide the name, business address and telephone number of all interested parties.

We understand that this registration is being issued at the discretion of the Division of Consumer Affairs and agree that employees of the Division may inspect the records in the possession of this organization in order to ascertain compliance with the statute and all pertinent regulations. We also understand that we may be required to provide additional information if requested.

We hereby certify that the above information and the attached financial schedule(s) and statement(s) are true. We are aware that if any of the above statements are willfully false, we are subject to punishment.

Signature [Signature] Name Theresa Kopisz Title President Date 6/13/17
Signature [Signature] Name Penny Legg Title Treasurer Date 6/13/17

This form must be signed by two (2) authorized officers of the organization, including the chief financial officer.

Note: Form CRI-300RC must be filed with Form CRI-300R.