HRB TAX GROUP INC THE ROTHMAN BLDG 999 RTE 73 N MARLTON NJ 08053 8569835610

45-4598820 FRIENDS OF BURLINGTON CO ANIMAL SHELTER

INSTRUCTIONS FOR FILING 2015 FEDERAL FORM 990 .YOU HAVE ELECTED TO E-FILE FEDERAL FORM 990

CLIENT COPY

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

. 2015. & ending	. 20

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning ▶ Do not send to the IRS. Keep for your records.

2015

nternal Revenue Service	▶ Information about Form 8879-EO and its instructions is at www	v.irs.gov/form8879eo.
Name of exempt organiza	ıtion	Employer identification number
FRIENDS OF BU	JRLINGTON CO ANIMAL SHELTER	45-4598820
Name and title of officer		
TRACEY HAWTHORN		
	f Return and Return Information (Whole Dollars Only)	
	urn for which you are using this Form 8879-EO and enter the applicable	
	a, 4a, or 5a, below, and the amount on that line for the return being filed t	
	, whichever is applicable, blank (do not enter -0-). But, if you entered -0	- on the return, then enter -0- on the
applicable line below. Do	not complete more than 1 line in Part I.	100 101
la Form 990 check here		
2a Form 990-EZ check l		
3a Form 1120-POL ched		
1a Form 990-PF check I		
5a Form 8868 check her	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b
	ation and Signature Authorization of Officer y, I declare that I am an officer of the above organization and that I have	in decided and the supplication of the supplic
I further declare that the a intermediate service prov IRS (a) an acknowledgm and (c) the date of any rewithdrawal (direct debit) at taxes owed on this return Agent at 1-888-353-453 the processing of the elepayment. I have selected organization's consent to Officer's PIN: check on IX I authorize HR	ompanying schedules and statements and to the best of my knowledge amount in Part I above is the amount shown on the copy of the organizatider, transmitter, or electronic return originator (ERO) to send the organization of receipt or reason for rejection of the transmission, (b) the reason fund. If applicable, I authorize the U.S. Treasury and its designated Financentry to the financial institution account indicated in the tax preparation so, and financial institution to debit the entry to this account. To revoke a portion of the payment of taxes to receive confidential information necessary to a personal identification number (PIN) as my signature for the organization electronic funds withdrawal. Be the box only BETAX GROUP INC ERO firm name On's tax year 2015 electronically filed return. If I have indicated within this account screen.	ion's electronic return. I consent to allow my sation's return to the IRS and to receive from the for any delay in processing the return or refund, incial Agent to initiate an electronic funds oftware for payment of the organization's federal ayment, I must contact the U.S. Treasury Financial also authorize the financial institutions involved in answer includes and resolve issues related to the on's electronic return and, if applicable, the to enter my PIN 98820 as my signature Enter five numbers, but do not enter all zeros
indicated within	the organization, I will enter my PIN as my signature on the organizations this return that a copy of the return is being filed with a state agency(ies) nter my PIN on the return's disclosure consent screen.	tax year 2015 electronically filed return. If I have regulating charities as part of the IRS Fed/State
Officer's signature 🕨	Date	>
Part III Certifi	cation and Authentication	
	our six-digit electronic filing identification	226085 30691
number (EFIN) followed	by your five-digit self-selected PIN.	do not enter all zeros
I certify that the above no	umeric entry is my PIN, which is my signature on the 2015 electronically fi itting this return in accordance with the requirements of Pub. 4163, Mod	iled return for the organization indicated above. Iernized e-File (MeF) Information for Authorized
IRS e-file Providers for E		
EBO's signature	Date	. •
ERO's signature	Date	
	ERO Must Retain This Form See Inst	tructions

Do Not Submit This Form To the IRS Unless Requested To Do So

Form 990

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2015

> Open to Public Inspection

20 2015, and ending For the 2015 calendar year, or tax year beginning C Name of organization FRIENDS OF BURLINGTON CO ANIM D Employer identification number Check if applicable: 45-4598820 Address change Doing business as Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Room/suite Name change (609) 828-6585 CARAMEL DRIVE Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ G Gross 129,181 receipts \$ LUMBERTON NJ 08048 terminated H(a) is this a group return for subordinates? Yes Name and address of principal officer: Amended return Yes SEE ATTACHMENT #1 H(b) Are all subordinates included? Application pending 4947(a)(1) or 527 If "No." attach a list, (see instructions) Tax-exempt status: |X| 501(c)(3) | 501(c)() (insert no.) H(c) Group exemption number Website: ▶ FRIENDSOFBCAS.ORG L Year of formation: 2012 M State of legal domicile: NJ K Form of organization: X Corporation Trust Part I Summary Briefly describe the organization's mission or most significant activities: SPONSER ADOPTION OF HOMELESS PETS PREVENTION OF CRUELTY TO ANIMALS Governance EDUCATION ON SUCH MATTERS Check this box ▶ I if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 3 Activities & Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 **Current Year Prior Year** 96,896 Contributions and grants (Part VIII, line 1h) 21,689 Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 10,596 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 129,181 Total revenue -- add lines 8 through 11 (must equal Part VIII, column (A), line 12) ... 12 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 77,427 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 43,409 17 77,427 43,409 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 51,754 32,103 Revenue less expenses. Subtract line 18 from line 12 **End of Year** Beginning of Current Year 46,544 98,298 Total assets (Part X, line 16)..... 20 21 46,544 Net assets or fund balances. Subtract line 21 from line 20 98,298 22 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Sign Signature of officer TREASURER TRACEY HAWTHORNE Here Type or print name and title PTIN Date Check if Preparer's signature Print/Type preparer's name self-employed P00037286 Paid MARYANN SZTENDEROWI Firm's EIN ▶ 431871840 Preparer Firm's name ► HRB TAX GROUP INC Phone no. Use Only Firm's address ▶ THE ROTHMAN BLDG 999 8569835610 MARLTON NJ 08053 May the IRS discuss this return with the preparer shown above? (see instructions) Yes X

4d Other program services (Describe in Schedule O.)

Form 990 (2015) FRIENDS OF BURLI

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			* *
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments,	_		
	or similar amounts as defined in Revenue Procedure 98–19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the			
	right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete			7.7
	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	1	v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		Х
	complete Schedule D, Part III	-		Λ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	9		Х
	debt negotiation services? If "Yes," complete Schedule D, Part IV			- 21
10	permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
4.4	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX,			
11	or X as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule	Mil-mainder.	Printer in printer	
u	D. Part VI	11a		Х
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule De Hart VII	11b		X
c	Did the organization report an amount for investments program related in Part X line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	405		7.
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	ļ	X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	<u> </u>	Δ.
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,00 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		125
15	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance			
16	to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
"	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	<u>L</u> .	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,		I	
	lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	1	X
FDA	15 9903 BWF 990 Form Software Copyright 1996 – 2016 HRB Tax Group, Inc.	Form	990	(2015)

Part	Checklist of Required Schedules (communed)		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	Did the organization operate one or more nospital facilities? If Yes, complete 3chedule if Yes and the organization attach a copy of its audited financial statements to this return?	20b		X
b	If "Yes" to line 20a, did the organization attach a copy of its addited line little statements to this total the Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic			
21	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals			
22	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
	on Part IX, column (A), line 27 if Yes, complete scriedule i, raids raid in TYPE and in TY			
23	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"			
	complete Schedule J	23		Х
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of			
24a	the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? $\dots N / A$	24b		
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
C	any tax-exempt bonds?	24c		
.1	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\dots N / A$	24d		
d	Section 501(c)(3), 501(c)(4), and 501(C)(29) organizations. Did the organization engage in an excess			Γ
258	benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year,			
b	and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes,"			
	Cataloguia Dord	25b		X
26	But the second and amount on Bort Viling 5, 6, or 22 for receivables from or payables to any cuffent of former			
	officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			1
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of			
	any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L.			
	Part IV instructions for applicable filling thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an			
_	officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	1		,,
	conservation contributions? If "Yes," complete Schedule M	30	<u> </u>	<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	١.,		,,
	Part 1	31		X
32	Did the organization sell, exchange, dispose of or transfer more than 25% of its net assets? If "Yes," complete			1,,
	Schedule N. Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			1 37
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	 	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule H, Part II, III,			1 37
	or IV and Part V line 1	34	+	$\frac{1}{\sqrt{X}}$
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35ε	-	X
b	. If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35k	'	+
36	Castion 501(c)(2) organizations. Did the organization make any transfers to an exempt non-charitable related			,,
	organization? If "Yes." complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			٠,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	+	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197		1	1
	Note. All Form 990 filers are required to complete Schedule O	38		X

O15) FRIENDS OF BURLINGTON CO A 45-4598820

Statements Regarding Other IRS Filings and Tax Compliance Part V

art	Statements Regarding Other IRS Filings and Tax Compliance			П
	Check if Schedule O contains a response or note to any line in this Part V	····	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
1a	Enter the number of Forms W–2G included in line 1a. Enter –0– if not applicable			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
C	gaming (gambling) winnings to prize winners?	1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
4 4	Statements, filed for the calendar year ending with or within the year covered by this return 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? N/A	2b		
~	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>
b	If "Yes." has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
- 4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	1		
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes." enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			17
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u> </u>
C	If "Yes" to line 5a or 5b, did the organization file Form 8886–T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization	C.		Х
	solicit any contributions that were not tax deductible as charitable contributions?	6а		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	6b		
	gifts were not tax deductible?		10000000	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a	Probability	X
	and services provided to the payor?	7b		1
b	If "Yes," did the organization notify the donor of the value of the goods of services provided.			
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
	If "Yes," Indicate the number of Forms 8282 filed during the year			
d	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	C CESSALERIA	Х
e	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
f	If the organization, received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
g h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098–C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	. Pakedadia	X
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			16.70
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	12a		X
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12.0		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		X
а	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	The state of the second property for indeer tanning services during the tax year?	14a		Х
14a	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O $\dots N A$	14b		
b	If "Yes," has it filed a Form 720 to report triese payments! If "No, provide all explanation in some state of the second state	Form	990	(2015)

Part: VI

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section	on A. Governing Body and Management			· · · · · ·	
		Ī		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	4		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar		0.712.98		
	committee, explain in Schedule O.		8.5		
b	Enter the number of voting members included in line 1a, above, who are independent	10	0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relation	nship with any other			
	officer, director, trustee, or key employee?		2		<u>X</u>
3	Did the organization delegate control over management duties customarily performed by or under	er the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	**************	3		X
4	Did the organization make any significant changes to its governing documents since the prior Fo	rm 990 was filed? · · · · ·	4		<u>X</u>
5	Did the organization become aware during the year of a significant diversion of the organization	s assets? · · · · · · · · · · · · · · · · · · ·	5		X
6	Did the organization have members or stockholders?		6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect	or appoint one or			
	more members of the governing body?		7a		<u>X</u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	ers, stockholders,	!		**
	or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions underta	ken during the year			
	by the following:				7.7
а	The governing body?		8a		X
b	Each committee with authority to act on behalf of the governing body?		8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Interna-	al Revenue Code.)		3/	l Nin
-		william Vota end		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	(~) (3 V · · · · · · ·	10a	-	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such	th chapters,	1.01		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt	purposes? · · · · · N./·A	10b		X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing	g the form?	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		40-		v
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	-	X_
þ	Were officers, directors, or trustees, and key employees required to disclose annually interests to	nat could give	40%		
	rise to conflicts?		12b	ļ	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy?	IT "Yes,"	400		
	describe in Schedule O how this was done	N./·A	12c	-	X
13	Did the organization have a written whistleblower policy?	• • • • • • • • • • • • • • • • • • • •	13		X
14	Did the organization have a written document retention and destruction policy?		. 14		
15	Did the process for determining compensation of the following persons include a review and ap	proval by		Service Services	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	on and decision?	150		X
а	The organization's CEO, Executive Director, or top management official		15a 15b		X
b	Other officers or key employees of the organization		. 130		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	ngement		100	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	mgomorn	. 16a		Х
_	with a taxable entity during the year?	valuata	· ioa		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to e	valuale n esferiliserd			
	its participation in joint venture arrangements under applicable federal tax law, and take steps to	אז / א אז / א	. 16b	4 HE VILLE	
	the organization's exempt status with respect to such arrangements?		. 100	<u></u>	í
	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section 501/c)(3)s	onlvì	····	
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and		V.1137		
	available for public inspection. Indicate how you made these available. Check all that apply. Own website	hedule (O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documer	no, commer or microse			
	policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization	's hooks and records'			
20		to poole and tooordo.			
	SEE ATTACHMENT #3		Form	990	(2015)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Part VII **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if neither the or		r any re	lated o			ompens	ated a	nny current officer, di	rector, or trustee.	(F)
(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					,	Reportable compensation from	Reportable compensation	Estimated amount of other
	(list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Former Highest compensated employee Key employee		the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
THERESA KOPASZ	24.00			Х						
PRESIDENT JAMIE DEPOLO VICE PRESIDENT	30.00			x			F2	TCO	PY	
TRACEY HAWTHORNE TREASURER	10.00			х						
SAMANTHA ADAMS SECRETARY	1.00		e E	х					-	
DONNA CHRISTIANCE BOARDMEMBER	10.00	×								
DENISE MORAN BOARDMEMBER	20.00	x								
MADELINE WEBB BOARDMEMBER	5.00	×								
PAMELA COHEN BOARDMEMBER	10.00	x								
JENNIFER FURMAN BOARDMEMBER	10.00	X								

Form 990 (2015)

Part	VII Section A. Officers	, Directors	s, Truste	ees, K	ey En	ploye	es, and	Highe	est Compensated E	mployees (contir	nued)
	(A)	(B)		(do not	iess pe	rson is	noth an		(D) Reportable	(E) Reportable	(F) Estimated amount of
	Name and title	Average hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	officer Institutional trustee	and a d	key employee	Highest compensated	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MIS	other compensation from the
						None and the second sec					
1b c	Sub-total	neets to Pa	art VII. S	Section	 n A	<u> </u>		>			
d	Total (add lines 1b and 1c))						▶			
2	Total number of individuals from the organization ▶	(including	but not l	imited	to tho	se liste	ed above	e) who	received more than	\$100,000 of repo	rtable compensation
3	Did the organization list any on line 1a? If "Yes," complete	te Schedul	e J for s	uch in	dividu	al					3 X
4	For any individual listed on longanization and related org										4 X
5	Did any person listed on line services rendered to the org	anization?	e or acc	rue co	mpen	sation	from any	unrel	ated organization or	individual for	
Sectio 1	n B. Independent Contracto Complete this table for your	five highe	st comp	ensate	đ inde	pende	ent contr	actors	that received more t	han \$100,000 of	
	compensation from the orga	nization. F	Report co	ompen	sation	for the	e calend	ar yea	r ending with or with	in the organizatio	
	Name and	(A) d business	address	§					(B) Description of s	ervices	(C) Compensation
						. 19	-1.4		3 F		
2	Total number of independer \$100,000 of compensation f				out no	t IIMite	a to tho:	se liste	ed above) who recell	eu more man	

Form 990 (2015) Statement of Revenue

		Check if Schedule O			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
\$ \$	1a	Federated campaigns	1a					
Contributions, Giffs, Grants and Other Similar Amounts		Membership dues						
E.S.	С	Fundraising events	1c	14,448				
##	d	Related organizations	1d			2.6.5		
꺐蔰	e	Government grants (contrib	utions) · · 1e					
<u> Eig</u>	f.	All other contributions, gifts,	, grants, &		5 6 C 19 12 5 5 6 7			
물로		similar amounts not include		82,448				
들의	g	Noncash contributions included	in lines ta-1f: \$\$					
និទី	h	Total. Add lines 1a-1f			96,896			
$\neg \dagger$				Business Code				
a	2a	COMMUNITY EVEN	NTS		4,993	4,993		
Program Service Revenue		HOSTED EVENTS			9,645	9,645		
le Se		FOSTERS			7,051	7,051		
Ke iii	ď							
Pg g	е							
£	f	All other program service re	evenue					
- 1	g	Total. Add lines 2a-2f			21,689			
	3	Investment income (includia	ng dividends, intere	st, and				
		other similar amounts)						
	4	Income from investment of	tax-exempt bond p	roceeds				
		Royalties						
	_		(i) Real	(ii) Personal				
	6a	Gross rents						
	b	Less: rental expenses		6° 1 1				
	1	Rental income or (loss)						
		Net rental income or (loss)						
			(i) Securities	(ii) Other				
	7a	Gross amount from sales						50 E ST 60 ST 60 S
		of assets other than inventory						45 505 000 000
	ь	Less: cost or other basis						
	_	and sales expenses						
	c	Gain or (loss)						
		Net gain or (loss)						
		Gross income from fundral			0.0000000000000000000000000000000000000	100000		
6)		(not including \$	14,448					
ž		of contributions reported o	n line 1c).					
Other Revenue		See Part IV, line 18			178 25 25			
Œ.	b	Less: direct expenses						
‡	c	Net income or (loss) from f	fundraising events .					
0	9a	Gross income from gaming				10000		
		Part IV, line 19	, a					
	b	Less: direct expenses						
	C							
	1	Gross sales of inventory, le				0.26000000		
		returns and allowances		10,59	6			
	b	Less: cost of goods sold .			ne na pose de Sage de			
		Net income or (loss) from			10,596	5		
	Ť	Miscellaneous Re		Business Code				
	11a				The state of the s			
	b							
	~							
	ų, C							
	d							

Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must complete all co	lumns. All other orga	anizations must com	piete column (A).	
	Check if Schedule O contains a response or note	to any line in this Pa	(B)	(C)	(D) Fundraising
	t include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and general expenses	Fundraísing expenses
	o, 9b, and 10b of Part VIII.		expenses	general expenses	ОХРОПООО
	Grants and other assistance to domestic organizations			100000000000000000000000000000000000000	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations,				
	foreign governments, and foreign individuals.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits		-		
10	Payroll taxes		-	<u> </u>	
11	Fees for services (non-employees): Management				
а	Legal				
þ	Accounting				
C	Lobbying				
d	Professional fundraising services. See Part IV, line 17				
e	Investment management fees				
1	Other. (If line 11g amount exceeds 10% of line 25, column				
g	(A) amount, list line 11g expenses on Schedule O.)	ARRIGIA, AMMERICAN FIRE RENOVATION	277		
40	Advertising and promotion	3,42	4	3,424	
12 13	Office expenses	7,56	0	7,560	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any				
	federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,97	'5	1,975	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization			309	<u> </u>
23	Insurance	30)9	30:	7
24	Other expenses. Itemize expenses not covered above				
	(List miscellaneous expenses in line 24e. If line 24e				
	amount exceeds 10% of line 25, column (A) amount,				
	list line 24e expenses on Schedule O.)	10.00	38 18,9	38	
а	ADOPTION PROMOS	18,93			
b	HOSTED EVENTS	6,60		65	
c	COMMUNITY EVENTS	5,03		_ 1	
d	FUNDRAISING	33,2		<u> </u>	
e	All other expenses	77,42	1		8
25	Total functional expenses. Add lines 1 through 24e	,,,42	03/1		
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here ▶ if following SOP 98-2 (ASC 958-720)	2016 HPP Tay Group I			Form 990 (2015)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X End of year Beginning of year 1 Cash -- non-interest-bearing 1 98,298 46,544 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 3 4 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958 (f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501 (c)(9) voluntary employees' beneficiary 6 organizations (see instructions). Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 10 a Land, buildings, and equipment: cost or other 10a basis, Complete Part VI of Schedule D 10c 10b 11 Investments -- publicly traded securities 11 Investments -- other securities. See Part IV, line 11 12 12 13 Investments -- program-related. See Part IV, line 11 13 Intangible assets 14 14 15 15 98,298 46,544 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D 0 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ | | and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🏻 and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 98,298 46,544 32 Retained earnings, endowment, accumulated income, or other funds 32 98,298 46,544 33 Total net assets or fund balances 98,298 46,544 34 34

Part	XI Reconciliation of Net Assets				П
	Check if Schedule O contains a response or note to any line in this Part XI			29,	181
1	Total revenue (must equal Part VIII, column (A), line 12)	1		77,	
2	Total expenses (must equal Part IX, column (A), line 25)	2		51,	
3	Revenue less expenses. Subtract line 2 from line 1	3			544
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		40,	J44
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
Я	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			0.0	200
	column (B))	10		90,	298
Part	XII Financial Statements and Reporting				П
	Check if Schedule O contains a response or note to any line in this Part XII			.	_لل_
			Editaria	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	and the second	X
-	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis		And the second	3645W	
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
·	of the audit, review, or compilation of its financial statements and selection of an independent accountant?	M./.N./.A.	2c	***************************************	3339000
	If the organization changed either its oversight process or selection process during the tax year explain in				
	Schedule O.				
38	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				1
	the Single Audit Act and OMB Circular A-133?		За	<u> </u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
.,	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	N./A	3b	<u> </u>	1
FDA	15 99012 BWF 990 Form Software Copyright 1996 - 2016 HRB Tax Group, Inc.		Form	990	(2015)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

	e of the organization					' '	ntification number
	IENDS OF B	JRLINGTON CO	O ANIMAL SHELTE	SR	-11-1	45-45988	20
₽a	rt I Reason	for Public Charit	y Status (All organizations	must comple	ete this part.) See instructions.	
	organization is not a	private toundation bec	ause it is: (For lines 1 through ssociation of churches descri	ihed in sec i	tion 170(h)(· <i>)</i> 1)(A)(i).	
1	A church, conve	engon of churches, of a	1)(A)(ii). (Attach Schedule E	(Form 990 o	r 990-EZ).)	.76.477-	
2	A school describ	ocenerative beenital ser	vice organization described i	n section 1	70(b)(1)(A)(iii).	
3 4	A modical reces	rch organization onera	ted in conjunction with a hos	pital describe	ed in section	on 170(b)(1)(A)(iii). Ent	er the hospital's name,
4	city, and state:	ICH Organization opera	iod in conjunction min a many	,			
5	An organization	operated for the benef . (Complete Part II.)	it of a college or university ov	vned or oper	ated by a go	overnmental unit descri	oed in section
6			governmental unit described	in section	170(b)(1)(A	ı)(v).	
7	An organization	that normally receives (1)(A)(vi). (Complete Page 1)	a substantial part of its suppo	ort from a go	vernmental I	unit or from the general	public described in
8	A community tru	ust described in section	n 170(b)(1)(A)(vi). (Complete	e Part II.)			
9	X An organization	that normally receives:	(1) more than 33 1/3% of its	support from	n contributio	ns, membership fees, a	ind gross
	receipts from ac	ctivities related to its ex	empt functionssubject to co	ertain except	ions, and (2)) no more than 33 1/3%	01 IIS
	support from gr	oss investment income organization after June	and unrelated business taxa 30, 1975. See section 509	(a)(2). (Com	plete Part III.	.)	00
10	An organization	organized and operate	ed exclusively to test for publi ed exclusively for the benefit of	of to perform	s secuon a	ne of or to carry out the	ż
11	purposes of an	e or more publicly supp	ed exclusively for the benefit ported organizations describe d that describes the type of s	id in sectio	n 509(a)(1) (or section 509(a)(2) . S	ee section 509(a)(3).
	Trung I A gur	norting organization of	perated, supervised, or contro	olled by its s	upported org	ganization(s), typically b	y giving the
	supported or	ganization(s) the power mplete Part IV, Section	to regularly appoint or elect	a majority of	the director	s or trustees of the supp	porting organization.
	management	pporting organization s of the supporting orga implete Part IV, Section	supervised or controlled in co nization vested in the same p ons A and C.	nnection with persons that	n its support control or m	ed organization(s), by h anage the supported or	aving control or ganization(s).
	c Type III fund	ctionally integrated. A ganization(s) (see instr	supporting organization oper actions). You must complet	rated in cont e Part IV, S	nection with, e ctions A , C	and functionally integra and E.	ated with, its
	not functiona	lly integrated. The orga	ed. A supporting organization inization generally must satisf lete Part IV, Sections A and	y a distributi	on requireme	with its supported orga ent and an attentivenes	nization(s) that is s requirement
	Charata ship i		eceived a written determinati			a Type I, Type II, Type	III functionally
	integrated,	or Type III non-function	nally integrated supporting or	ganization.			
	_		ations				
			t the supported organization(
	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the c	rganization	(V) Amount of monetary	(vi) Amount of other support (see instructions)
	organization		(described on lines 1-9 above (see instructions))	governing	in your document?	support (see instructions)	support (see instructions)
				Yes	No		
					L		
_		0.000		50 Sept. 2			
		■日本のは、日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日			PSYLVESUSES SEEDING	8	İ

Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

<u>Sect</u>	ion A. Public Support				(-1) 004.4	(-)	001E	(f) Total
Calen	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2	2015	(i) rotai
•	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")				66,720		96,896	163,616
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	- 100						4-14-1
3	Gross receipts from activities that are not an unrelated trade or business under section 513····					1 \(\frac{1}{2}\)		
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge				66,720		96,896	163,616
6	Total. Add lines 1 through 5	'			- 00,120			
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
С	Add lines 7a and 7b						AV(\$C) / (\$ PA2233)	163,616
8	Public support (Subtract line 7c from line 6.) •		E STATE OF STATE OF	3 00. 00 502005000				203,020
Sec	tion B. Total Support				(d) 2014		2015	(f) Total
Cale	ildai year for moder your moderness my	(a) 2011	(b) 2012	(c) 2013	66,720	3 (C)	96,896	163,616
9	Amounts from line 6	·			•			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							<u></u>
c	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	-						
12	Other income, Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				66,720		96,896	163,616
13	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>	Samuel Control of		<u> </u>	1	· · · · · · · · · · · · · · · · · · ·
14	First five years. If the Form 990 is for the organization, check this box and stop her	re		ourth, or tifth tax	year as a section	501(0,		▶ 🛚
Sec	ction C. Computation of Public S	upport Perce	entage	(0)		15		<u></u> %
15	Public support percentage for 2015 (line 8	, column (f) divid	ed by line 13, col	ımn (t)) · · · · ·	*****	15 16		
16	Public support percentage from 2014 Sch	edule A, Part III, I	ine 15			1 10		
Sec	ction D. Computation of Investme	ent Income F	ercentage	10. column (f\)		17		%
17	Investment income percentage for 2015 (line 10c, column	(1) divided by line	(3) COIUITIII (1))		18		%
18	Investment income percentage from 2014	Schedule A, Par	Till, line 17	line 14 and line	a 15 is more than		%. and line	17 is
19a	not more than 33 1/3%, check this box an	d stop here. Th	e organization qu	aintes as a publi	ciy supported orga	annzanc		[
b	an 4/00/ summert toote 2014 If the ord	anization did not	check a box on I	ine 14 or line 19	a, and line 16 is m	ore tha	an 33 1/3%	, and ⊾⊓
	line 18 is not more than 33 1/3%, check the Private foundation. If the organization di	nis box and stop	here. The organ	zation qualities	as a publiciy supp	ortea c	ırganızanoı	۱ · · · · · · ۲
20	Private foundation. If the organization di	- Consider 1006	2016 HAR Tay Group	Inc.	Schedu	le A (F	orm 990 o	r 990-EZ) 2015

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2015

> Open to Public Inspection

Name of the organization

FRIENDS OF BURLINGTON CO ANIMAL SHELTER

Employer identification number 45-4598820

SECTION C LINE 19 - INFORMATION IS AVAILABLE UPON REQUEST

CLENT COPY

2015 FORM 990 PRINCIPAL OFFICER NAME AND ADDRESS15

ATTACHMENT 1: FORM 990 PAGE 1, LINE F	
OPEN TO PUBLIC	
INSPECTION For calendar year 2015, or tax period beginning , and ending	
Name of Organization	Employer Identification Number
FRIENDS OF BURLINGTON CO ANIMAL SHELTER	45-4598820
990, Page 1, Line F	A CONTRACT C
Principal officer name	JE
Street Address	IE .
U.S. Address:	
Zip code 08046 City WILLINGBORO Sta	ate <u>NJ</u>
Foreign Address	
City	
Province or State	AD
Country	 DV
Postal code	····

2015 FORM 990 PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENT

ATTACHME	NT 2: FORM 99	U PAGE 2	, PART	L'					
OPEN TO PU	BLI¢								
INSPECTION	For calendar year 201	15, or tax period	beginning		, and ending				
Name of Organiz	zation					Emp	oloyer Identification	n Number	
FRIENDS	OF BURLINGTON	CO ANIM	MAL SHE	ELTER		45-	-4598820		
Part III - State	ment of Program Service	Accomplishm	ents						
Code:	Expenses:			including Grants of:	51,7	54	Revenue:	21,	689
			Exemp	ot Purpose Achievement	s				
SPONSER	ADOPTION OF H	OMELESS	PETS						

CLIENT COPY

2015 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 3: FORM 990 PAGE 6, PART VI, SECTION C, LINE 20
OPEN TO PUBLIC
INSPECTION For calendar year 2015, or tax period beginning , and ending .
Name of Organization Employer Identification Number
FRIENDS OF BURLINGTON CO ANIMAL SHELTER 45-4598820
Part VI - Line 20
Individual Name
Street Address
U.S. Address:
Zip code 08088 City SOUTHAMPTON State NJ or Foreign Address
City
Province or State
Country
Postal code
Phone Number
Fax Number
······································

2015 FORM 990 PAGE 10, All OTHER EXPENSES

ATTACHMENT 4: FORM 990 PAGE 10, LINE 24 - OTHER EXPENSES

OPEN TO PUBLIC

INSPECTION

For calendar year 2015 or tax period beginning

and ending

Name of Organization Employer Identification Number 45-4598820 FRIENDS OF BURLINGTON CO ANIMAL SHELTER (C) Management (B) Program (D) Fundraising Other Expenses (A) Total and General Services 6,334 6,334 CAT FOSTERS 18,321 18,321 MEDICAL EXPENSES 100 100 CAT RESCUE 4,134 4,134 KENNEL ENRICHMENT 3,474 3,474 SUPPLIES 848 848 MICROCHIPS CLIENT COPY

Total:

33,211

33,211