

# 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

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 is an Initial or Renewal Registration: Renewal
- 1b. This statement contains the facts and financial information for the fiscal year ending: 12/31/2021

2. Federal ID Number: 223307350

2a. N.J. Charities Registration Number: CH2524500

- 3. Full legal name of the registering organization: FRIENDS OF THE BERNARDSVILLE PUBLIC LIBRARY In care of:
- 4. Mailing Address: 1 ANDERSON HILL RD, BERNARDSVILLE, NJ 07924
- 5. Physical Address: Robert Baker 1 ANDERSON HILL RD

#### BERNARDSVILLE, NJ 07924

Same as Mailing Address: No

6. 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 organization's records, and to whom correspondence should be addressed.

Address: 1 ANDERSON HILL RD, BERNARDSVILLE NJ 07924

7. Organization's contact information:

Telephone:

908-766-0118

Fax:

Email:

robert.baker@verizon.net

Website:

http://WWW.BERNARDSVILLELIBRARY.ORG

	IRS501C: IRS Ruling Y NTEE Code:	501 (c) (3) Year:	Date of Entity Form Charity type:	nation:	Exempt
	State Entity: D.B.A.:	NJ	Type of Entity: Nonp	rofit corpora	tion
	Charity Form	ely Known As:			
	Old Corporat	e Name:			
8.	-	of the organization's for are not compensated f		•	ducted by volunteers, members, officers or
	organized u	nder the provisions of T tion of contributions is	itle 15 of the New Jerse	ey. Revised S	n, historical society or similar organization tatutes or Title 15A of the New Jersey Statutes, ership and performed by members of the
		organization solicit on ned over to this benefici		dividual, and	are all contributions, without any deductions what
	organization	n which issues charters	to the local elements the	roughout New	d element or county unit, of a bona fide veterans' Jersey or to any veterans' organization chartered nized in the organization's by-laws? <b>No</b>
	e) Is the org	ganization a private four	ndation that raised less t	han \$25,000 i	n public contributions?
9.	Is the organi	zation a chapter or local	l unit of a parent organi	zation? No	
	Parent Chari NJ Charity #	ty Name of the Parent Organiza	tion		
10.	If not tax ex	empt, has the organizati	on made application to	the IRS? No	
11.	Has the orga		npt status been revoked	, changed or r	refused by the IRS during the fiscal year end being

12. Was the organization's legal name changed, or were any alternate names added or deleted during the fiscal year end being

reported? No

13.	Have there been changes in of your last reporting? No	the organization's name, addr	ess, Internal Revenue Service (I.R.S.) status, etc. since the date
14. Bern	What is the charitable purpos ardsville NJ	se or purposes for which the or	ganization was formed: to support the public library in
14a.	Does the organization solicit through the sale of merchand		ns from the general public in the State of New Jersey (including
			being raised: to fund the library's newsletter to residents, s and equipment, books and other materials as requested by
14b.	Does the organization solicit	funds under any other name(s	)? No
	If "Yes," please attach to this	registration a list of all other	names used.
15.	Does the organization have	any offices in New Jersey in a	ddition to the ones listed above?
16.	Has the organization used a c	commercial co-venture? No	
16a	. Please describe the purpose	for which the funds are being	raised.
16b	. Please enter the names of all	PFR's and Commercial co-ve	entures.
	PFR OR Conventure	Business Name	
17.	Does the organization regist States:	er or solicit in other states? <b>N</b> o	
	State Name		
18.	Does the organization have No	affiliates which share the con	tributions or other revenue it raised in New Jersey?
	Charity Afi	îliates	
19.	Does the independent paid f	und-raiser or fund-raising cou	nsel have custody, control or access to the organization's funds?

No

#### 19a. Please Describe the Situation

- 20. 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?

  No
- 21. 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? **No**
- 22. 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. No
- 23. 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? No
- 24. 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. No

Enter the name, title, street address, telephone number and salary of each officer, director and trustee.

Name	Business Address	Telephone Number	Title	Salary
Nancy Verduin	1 Anderson Hill Road	9087660118	President	\$0.00
Robert Baker	1 Anderson Hill Road	9087660118	Treasurer	\$0.00
Jay Ambelang	1 Anderson Hill Road	9087660118	Recording Secretary	\$0.00
Lennie Ambelang	1 Anderson Hill Road	9087660118	Recording Secretary	\$0.00
Nancy Goguen	1 Anderson Hill Road	9087660118	Corresponding Secretary	\$0.00
Elizabeth Bray	1 Anderson Hill Road	9087660118	Director	\$0.00
Debbie Heimerl	1 Anderson Hill Road	9087660118	Director	\$0.00
Dan Lincoln	1 Anderson Hill Road	9087660118	Director	\$0.00
Patricia Carroll	1 Anderson Hill Road	9087660118	Director	\$0.00
Gladis Menare	1 Anderson Hill Road	9087660118	Director	\$0.00
Jose Borbolla	1 Anderson Hill Road	9087660118	Director	\$0.00
Lori Pakrul	1 Anderson Hill Road	9087660118	Director	\$0.00
Stephen Autenrieth	1 Anderson Hill Road	9087660118	Director	\$0.00
Jamie Bertoni	1 Anderson Hill Road	9087660118	Director	\$0.00
Jerry Clark	1 Anderson Hill Road	9087660118	Director	\$0.00
Alee Gunderson	1 Anderson Hill Road	9087660118	Director	\$0.00

Victoria Oliveira	1 Anderson Hill Road	9087660118	Director	\$0.00

25. Do you have any compensated employees? No

#### Five most-highly compensated employees in the organization

NT	1 m·41	04 4 4 3 3	AD 1 1	
Name	Title	Street Address	Telephone	Salary
	1	Direct Hadress	reichnone	Saiai y

- 26. 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
  - b) Any officers, agents or employees of any fund-raising counsel or independent paid fund-raiser under contract to the organization? 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? **No**
- 27. 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? **No**

# CRI-300R Long-Form Registration Renewal Financial Statement

#### A. Revenue

Line A1. Contributions & Donations: Includes but is not limited to individual and corporate contributions, donations, legacies, bequests and gross receipts from fundraising:

Alb. Gross Indirect Public Support (including donations from other charities).\$0.00

A1c. Gross Fund Raising and Gaming Income ...... \$0.00

A3a. Program service revenue	\$0.00
A3b. Other Support	\$46,415.00
Line A4. Total Gross Revenue (add lines A1c, A2 and A3)	\$80,533.00
B. Expenses  Line B1. Program Expenses	\$34,020.00
Line B2.Management Expenses	
Line B3. Fund-raising Expenses	•
Line B4. Affiliate Expenses	\$0.00
Line B5. Total Expenses (add lines B1, B2, B3 and B4)	\$42,292.00
C. Net Assets	•
Line C1. Net Assets	\$576,944.00

Did you use a Professional Fund Raiser? No

Have Bylaws changed since last registration? No

Has IRS filing status changed since last reg? No

Has Charity Have Articles of inc. changed since last reg? No

Has Charity changed their name since last reg? No

NJ DCA Charities Portal Home (/)

/ Charity Landing Page (/charity-landing-page/?id=effbd35b-9fa8-e411-80d1-005056903f20&cid=d0cd2b41-4700-4014-b3d1-082d56996ddb)

# FRIENDS OF THE BERNARDSVILLE PUBLIC LIBRARY: Edit Charity Registration

## Fees Due

Description	Price	Quantity	Total
Charity Registration Renewal Fee	\$60.00	1	\$60.00 /
Registration Adjustment From Prior Payment	(\$30.00)	1	(\$30.00)

Total: \$30.00

Previous	Next

### Division

Division Home (www.njconsumeraffairs.gov/Pages/default.aspx)

Consumer Protection

Licensing Boards

File a Complaint

Adoptions & Rule

Proposals

### Department

OAG Home

Contact OAG

FAQ OAG

OAG News

Services A to Z

NJ DCA Charities Portal Home (/)

/ Charity Landing Page (/charity-landing-page/?id=effbd35b-9fa8-e411-80d1-005056903f20&cid=d0cd2b41-4700-4014-b3d1-082d56996ddb)

# FRIENDS OF THE BERNARDSVILLE PUBLIC LIBRARY: Edit Charity Registration

Congratulations, Your payment was successful!

Please print a copy of this page for your charity registration records. We suggest you keep the printed copy of the payment information with all other documents relating to your Charity Registration for the Fiscal Year End you just filed.

Order #: 170543202

NJ Reference ID: FOTBPL-400388

Please save this information for your records

# **Billing Details**

Janet Keating

117 SOUTH MAPLE AVE BASKING RIDGE, NJ 07920 US 908-953-0919 jkeating@wnkcpa.com

### Payment Details

Payment Method VISA Name on Card Janet W Keating Card # \*\*\*\*\*\*\*\*\*\*2629 Expiration Date 08/2026

**Total Paid** 

# Certification

Form CRI-150I, CRI-300R, CRI-200

This Registration Form **must** be authorized by two (2) officers of the organization, one being the Chief Financial Officer or Treasurer.

#### First Authorization:

I understand that this registration is being issued at the discretion of the New Jersey 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. I also understand that I may be required to provide additional information if requested.

I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.

Signature Sol Name Robert J. Baker Title Treasure Date 6/17/2022

#### Second Authorization:

I understand that this registration is being issued at the discretion of the New Jersey 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. I also understand that I may be required to provide additional information if requested.

I hereby certify that the information contained in this registration and the attached financial schedule(s) and statement(s) are true. I am aware that if any of the above statements are willfully false, I am subject to punishment.

Signature Wester Name Elizabeth Bray Title VP Finance Date 6/17/2022