

**1. General Information**

a. For the fiscal year beginning (mm/dd/yyyy) _____ / <b>2010</b> and ending (mm/dd/yyyy) _____						
b. Check if applicable for NYS: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial filing <input type="checkbox"/> Final filing <input type="checkbox"/> Amended filing <input type="checkbox"/> NY registration pending	c. Name of organization  <div style="border: 1px solid black; padding: 2px;">           CO POTTER CAIRN RESCUE NETWORK         </div> <table style="width:100%; border: none;"> <tr> <td style="width:60%; border: none;">           Number and street (or P.O. box if mail not delivered to street address)  <div style="border: 1px solid black; padding: 2px;">PO BOX 1354</div> </td> <td style="width:40%; border: none;">           Room/suite  <div style="border: 1px solid black; padding: 2px;"></div> </td> </tr> <tr> <td colspan="2" style="border: none;">           City or town, state or country and zip + 4  <div style="border: 1px solid black; padding: 2px;">ROMOLAND, CA 92585-1354</div> </td> </tr> </table>	Number and street (or P.O. box if mail not delivered to street address) <div style="border: 1px solid black; padding: 2px;">PO BOX 1354</div>	Room/suite <div style="border: 1px solid black; padding: 2px;"></div>	City or town, state or country and zip + 4 <div style="border: 1px solid black; padding: 2px;">ROMOLAND, CA 92585-1354</div>		d. Fed. employer ID no. (EIN) (##-####-####) <div style="border: 1px solid black; padding: 2px;">33-0954902</div> e. NY State registration no. (##-##-##) <div style="border: 1px solid black; padding: 2px;">06-89-02</div> f. Telephone number <div style="border: 1px solid black; padding: 2px;">803-446-6628</div> g. Email <div style="border: 1px solid black; padding: 2px;"></div>
Number and street (or P.O. box if mail not delivered to street address) <div style="border: 1px solid black; padding: 2px;">PO BOX 1354</div>	Room/suite <div style="border: 1px solid black; padding: 2px;"></div>					
City or town, state or country and zip + 4 <div style="border: 1px solid black; padding: 2px;">ROMOLAND, CA 92585-1354</div>						

**2. Certification - Two Signatures Required**

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

a. President or Authorized Officer	Signature	DANIELLE RACKSTRAW	Printed Name	PRESIDENT	Title	11-15-11	Date
b. Chief Financial Officer or Treas.	Signature	MONIKA REST	Printed Name	CFO	Title	11-15-11	Date

**3. Annual Report Exemption Information**

a. **Article 7-A** annual report exemption (Article 7-A registrants and dual registrants)  
 Check  if total contributions from NY State (including residents, foundations, corporations, government agencies, etc.) did not exceed \$25,000 **and** the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during this fiscal year.  
**NOTE:** An organization may claim this exemption if no PFR or FRC was used **and** either: 1) it received an allocation from a federated fund, United Way or incorporated community appeal **and** contributions from other sources did not exceed \$25,000 **or** 2) it received all or substantially all of its contributions from one government agency to which it submitted an annual report similar to that required by Article 7-A).

b. **EPTL** annual report exemption (EPTL registrants and dual registrants)  
 Check  if gross receipts did not exceed \$25,000 **and** assets (market value) did not exceed \$25,000 at any time during this fiscal year.

For EPTL or Article-7A registrants claiming the annual report exemption under the one law under which they are registered and for dual registrants claiming the annual report exemptions under both laws, simply complete part 1 (General Information), part 2 (Certification) and part 3 (Annual Report Exemption Information) above.  
*Do not submit a fee, do not complete the following schedules and do not submit any attachments to this form.*

**4. Article 7-A Schedules**

If you did **not** check the Article 7-A annual report exemption above, complete the following for this fiscal year:

a. Did the organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? . . .  Yes\*  No  
 \* If "Yes", complete Schedule 4a.

b. Did the organization receive government contributions (grants)? . . . . .  Yes\*  No  
 \* If "Yes", complete Schedule 4b.

**5. Fee Submitted:** See last page for **summary of fee requirements.**

Indicate the filing fee(s) you are submitting along with this form:		<b>Submit only one check or money order for the total fee, payable to "NYS Department of Law"</b>
a. Article 7-A filing fee . . . . .	\$ _____	
b. EPTL filing fee . . . . .	\$ 100	
c. <b>Total fee</b> . . . . .	\$ 100	

**6. Attachments:** For organizations that are not claiming annual report exemptions under both laws, see last page for **required attachments.**

**Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsels (FRC), Commercial Co-Venturers (CCV)**

If you checked the box in question 4.a. on page 1, complete the following schedule for **each** PFR, FRC or CCV that the organization engaged for fund raising activity in NY State:

1. Type of fund raising professional (FRP):
- Professional fund raiser .....
- Fund raising counsel .....
- Commercial co-venturer .....

2. Name of FRP:

\_\_\_\_\_

Number and street (or P.O. box if mail is not delivered to street address):

\_\_\_\_\_

City or town, state or country and zip + 4:

\_\_\_\_\_

3. FRP telephone number:

4. Services provided by FRP (provide description):

5. Compensation arrangement with FRP (provide description):

6. Dates of contract ..... \_\_\_\_\_ through \_\_\_\_\_  
(mm/dd/yyyy) (mm/dd/yyyy)

7. Amount paid to FRP ..... \$ \_\_\_\_\_

8. If services were provided by a CCV, did the CCV provide the charitable organization with the interim report(s) required by §§ 173-a. 3 of the Executive Law?



## 5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type	Fee Instructions
----------------------------------	------------------

- |                      |  |
|----------------------|--|
| • <b>Article 7-A</b> | Calculate the Article 7-A filing fee using the table in <b>part a</b> below. The EPTL filing fee is \$0.   |
| • <b>EPTL</b>        | Calculate the EPTL filing fee using the table in <b>part b</b> below. The Article 7-A filing fee is \$0.   |
| • <b>Dual</b>        | Calculate both the Article 7-A and EPTL filing fees using the tables in <b>parts a and b</b> below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a <b>single</b> check or money order for the total fee. |

a) **Article 7-A filing fee**

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

\* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) **EPTL filing fee**

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

## 6. Attachments – Document Attachment Check-List

Check the boxes for the documents you are attaching.

**For All Filers**

Filing Fee

- Single check or money order payable to "NYS Department of Law"

Copies of Internal Revenue Service Forms

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>IRS Form 990</b>                           | <input type="checkbox"/> <b>IRS Form 990-EZ</b>                        | <input type="checkbox"/> <b>IRS Form 990-PF</b>                        |
| <input type="checkbox"/> All required schedules (including Schedule B) | <input type="checkbox"/> All required schedules (including Schedule B) | <input type="checkbox"/> All required schedules (including Schedule B) |
| <input type="checkbox"/> IRS Form 990-T                                | <input type="checkbox"/> IRS Form 990-T                                | <input type="checkbox"/> IRS Form 990-T                                |

**Additional Article 7-A Document Attachment Requirement**

Independent Accountant's Report

- Audit Report (total support & revenue more than \$250,000)
- Review Report (total support & revenue \$100,001 to \$250,000)
- No Accountant's Report Required (total support & revenue not more than \$100,000)