

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 black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2001**Open to Public  
Inspection**A** For the 2001 calendar year, or tax year beginning , and ending**B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

Please use IRS label or print or type See Specific Instructions.

**C** Name of organization**KAREN ANN QUINLAN MEMORIAL FOUNDATI**

Number and street (or P O box if mail is not delivered to street address) Room/suite

**99 SPARTA AVE**

City or town, state or country, and ZIP + 4

**NEWTON****NJ 07860****D** Employer ID number**22-2191055****E** Telephone number**973-383-0115****F** Accounting method ☐ Cash☒ Accrual ☐ Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and I are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes" enter no. of affiliates ☒ N/A**H(c)** Are all affiliates included? ☒ N/A ☐ Yes ☐ No

(If "No" att a list See Instr)

**H(d)** Is this a separate return filed by an ☒ N/Aorganization covered by a group ruling? ☐ Yes ☐ No**I** Enter 4-digit GEN ☐**M** Check ☒ if the organization is not required to attach Sch B (Form 990 990-EZ, or 990-PF)**G** Web site ☐**J** Organization type(check only one) ☒ 501(c) ( **3** ) < (insert no) ☐ 4947(a)(1) or ☐ 527

**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data.

Some states require a complete return

**L** Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **2,750,264****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)****1** Contributions, gifts, grants, and similar amounts received**a** Direct public support**1a** **50,732****b** Indirect public support**1b** **53,357****c** Government contributions (grants)**1c****d** Total (add lines 1a through 1c) (cash \$ **104,089** noncash \$ )**1d** **104,089****2** Program service revenue including government fees and contracts (from Part VII, line 93)**2** **2,586,474****3** Membership dues and assessments**3****4** Interest on savings and temporary cash investments**4** **4,429****5** Dividends and interest from securities**5****6a** Gross rents**6a****b** Less rental expenses**6b****c** Net rental income or (loss) (subtract line 6b from line 6a)**6c****7** Other investment income (describe )**7****8a** Gross amount from sales of assets other than inventory**(A) Securities****(B) Other****8a****b** Less cost or other basis and sales expenses**8b****c** Gain or (loss) (attach schedule)**8c****d** Net gain or (loss) (combine line 8c, columns (A) and (B))**8d****9** Special events and activities (attach schedule)**a** Gross revenue (not including \$ of contributions reported on line 1a)**9a** **54,867****b** Less direct expenses other than fundraising expenses**9b** **19,843****c** Net income or (loss) from special events (subtract line 9b from line 9a)**9c** **35,024****10a** Gross sales of inventory, less returns and allowances**10a****b** Less cost of goods sold**10b****c** Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)**10c****11** Other revenue (from Part VII, line 103)**11** **405****12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**12** **2,730,421****13** Program service (from line 44, column (B))**13** **2,066,780****14** Fundraising and general (from line 44, column (C))**14** **652,485****15** Fundraising (from line 44, column (D))**15** **1,107****16** Payments to affiliates (attach schedule)**16****17** Total expenses (add lines 16 and 44, column (A))**17** **2,720,372****18** Excess or (deficit) for the year (subtract line 17 from line 12)**18** **10,049****19** Net assets or fund balances at beginning of year (from line 73, column (A))**19** **448,911****20** Other changes in net assets or fund balances (attach explanation)**SEE STMT 1****20** **204,517****21** Net assets or fund balances at end of year (combine lines 18, 19, and 20)**21** **663,477**

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**Part II Statement of**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

**Functional Expenses**

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____ )	22				
23 Specific assistance to individuals	23				
24 Benefits paid to or for members	24				
25 Compensation of officers, directors, etc	25				
26 Other salaries and wages	26	1,530,009	1,257,213	272,796	
27 Pension plan contributions	27				
28 Other employee benefits	28	40,904	33,611	7,293	
29 Payroll taxes	29	153,273	125,945	27,328	
30 Professional fundraising fees	30				
31 Accounting fees	31	11,058		11,058	
32 Legal fees	32				
33 Supplies	33	373,192	352,328	20,864	
34 Telephone	34	53,822	10,905	42,917	
35 Postage and shipping	35	12,654		12,654	
36 Occupancy	36	100,095		100,095	
37 Equipment rental and maintenance	37	30,588		30,588	
38 Printing and publications	38	498		125	373
39 Travel	39	94,176	91,750	2,426	
40 Conferences, conventions, and meetings	40				
41 Interest	41	243		243	
42 Depreciation, depletion, etc (att sch )	42	29,883		29,775	108
43 Other expenses not covered above (itemize) a	43a				
b SEE STATEMENT 2	43b	289,977	195,028	94,323	626
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	2,720,372	2,066,780	652,485	1,107

Joint Costs Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_ (ii) the amount allocated to Program services \$ \_\_\_\_\_

(iii) the amount allocated to Management and general \$ \_\_\_\_\_ and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments (See Specific Instructions on page 24)**

What is the organization's primary exempt purpose?

► **CARE FOR THE TERMINALLY ILL PERSONS AND THEIR FAMILIES**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses  
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)a **ALL RESOURCES ARE DEVOTED TO AND EXPENDED FOR THE CARE OF TERMINALLY ILL PERSONS AND THEIR FAMILIES THROUGH THE FOUNDATION HOSPICE PROGRAM.**

(Grants and allocations \$ \_\_\_\_\_ ) 2,066,780

b

(Grants and allocations \$ \_\_\_\_\_ )

c

(Grants and allocations \$ \_\_\_\_\_ )

d

(Grants and allocations \$ \_\_\_\_\_ )

e Other program services (attach schedule)

(Grants and allocations \$ \_\_\_\_\_ )

f Total of Program Service Expenses (should equal line 44, column (B), Program services)

► 2,066,780

**Part IV Balance Sheets** (See Specific Instructions on page 24 )

Note	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only	(A) Beginning of year	(B) End of year
45	Cash-non-interest-bearing	231,706	45
46	Savings and temporary cash investments		46
			378,041
47a	Accounts receivable	47a 439,981	
b	Less allowance for doubtful accounts	47b 96,808	47c
		368,853	343,173
48a	Pledges receivable	48a	
b	Less allowance for doubtful accounts	48b	48c
49	Grants receivable	763	49
			20,772
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50
51a	Other notes and loans receivable (attach schedule)	51a	
b	Less allowance for doubtful accounts	51b	51c
52	Inventories for sale or use		52
53	Prepaid expenses and deferred charges	27,323	53
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54
55a	Investments-land, buildings, and equipment basis	55a	
b	Less accumulated depreciation (attach schedule)	55b	55c
56	Investments-other (attach schedule)		56
57a	Land, buildings, and equipment basis	57a 203,833	
b	Less accumulated depreciation (attach schedule) SEE STMT 3	57b 87,874	57c
		67,380	115,959
58	Other assets (describe )		58
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	696,025	59
		247,114	60
60	Accounts payable and accrued expenses		212,638
61	Grants payable		61
62	Deferred revenue		62
63	Loans from officers, directors, trustees, and key employees (attach schedule)		63
64a	Tax-exempt bond liabilities (attach schedule)		64a
b	Mortgages and other notes payable (attach schedule)		64b
65	Other liabilities (describe )		65
66	<b>Total liabilities</b> (add lines 60 through 65)	247,114	66
			212,638
67	Unrestricted	448,911	67
68	Temporarily restricted		68
69	Permanently restricted		69
70	Capital stock, trust principal, or current funds		70
71	Paid-in or capital surplus, or land, building, and equipment fund		71
72	Retained earnings, endowment, accumulated income, or other funds		72
73	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	448,911	73
			663,477
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	696,025	74
			876,115

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

#### Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

Part I		Part II	
<b>a</b>	Total revenue, gains, and other support per audited financial statements ▶	<b>a</b>	2,730,421
<b>b</b>	Amounts included on line a but not on line 12, Form 990	<b>b</b>	
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify) \$		
	Add amounts on lines (1) through (4) ▶	<b>b</b>	
<b>c</b>	Line a minus line b ▶	<b>c</b>	2,730,421
<b>d</b>	Amounts included on line 12, Form 990 but not on line a	<b>d</b>	
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2) ▶	<b>d</b>	
<b>e</b>	Total revenue per line 12, Form 990 (line c plus line d) ▶	<b>e</b>	2,730,421
<b>a</b>	Total expenses and losses per audited financial statements ▶	<b>a</b>	2,720,372
<b>b</b>	Amounts included on line a but not on line 17, Form 990	<b>b</b>	
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify) \$		
	Add amounts on lines (1) through (4) ▶	<b>b</b>	
<b>c</b>	Line a minus line b ▶	<b>c</b>	2,720,372
<b>d</b>	Amounts included on line 17, Form 990 but not on line a	<b>d</b>	
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify) \$		
	Add amounts on lines (1) and (2) ▶	<b>d</b>	
<b>e</b>	Total expenses per line 17, Form 990 (line c plus line d) ▶	<b>e</b>	2,720,372

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see Specific Instructions on page 26 )

[illegible]

▶ ☐ Yes ☒ No

**Part VI Other Information (See Specific Instructions on page 27)**

	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>76</b>	<b>X</b>
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	<b>77</b>	<b>X</b>
<b>78a</b> Did the organization have unrelated business gross inc of \$1,000 or more during the year covered by this return?	<b>78a</b>	<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	<b>78b</b>	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>	<b>X</b>
<b>80a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	<b>80a</b>	<b>X</b>
<b>b</b> If "Yes," enter the name of the organization <span style="float: right;">and check whether it is <input type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt</span>		
<b>81a</b> Enter direct or indirect political expenditures See line 81 instr	<b>81a</b>	
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>81b</b>	<b>X</b>
<b>82a</b> Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	<b>82a</b>	<b>X</b>
<b>b</b> If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	<b>82b</b>	
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b>	<b>X</b>
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b>	
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>	<b>X</b>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b>	
<b>85</b> 501(c)(4), (5), or (6) organizations <b>a</b> Were substantially all dues nondeductible by members?	<b>85a</b>	
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>85b</b>	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
<b>c</b> Dues, assessments, and similar amounts from members	<b>85c</b>	
<b>d</b> Section 162(e) lobbying and political expenditures	<b>85d</b>	
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	<b>85g</b>	
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	<b>85h</b>	
<b>86</b> 501(c)(7) orgs Enter <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>	
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>	
<b>87</b> 501(c)(12) orgs Enter <b>a</b> Gross income from members or shareholders	<b>87a</b>	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>87b</b>	
<b>88</b> At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	<b>88</b>	<b>X</b>
<b>89a</b> 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> , section 4912 <u>0</u> , section 4955 <u>0</u>		
<b>b</b> 501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	<b>89b</b>	<b>X</b>
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		<b>0</b>
<b>d</b> Enter Amount of tax on line 89c, above, reimbursed by the organization		<b>0</b>
<b>90a</b> List the states with which a copy of this return is filed <b>NONE</b>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2001 (See instructions)	<b>90b</b>	
<b>91</b> The books are in care of <b>TAXPAYER</b> Located at <b>99 SPARTA AVE., NEWTON, NJ</b>		
<b>92</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here and enter the amount of tax-exempt interest received or accrued during the tax year	<b>92</b>	

Telephone no **973-383-0115**  
ZIP + 4 **07860**

**Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32)**

Note	Enter gross amounts unless otherwise indicated	Unrelated business income		Excluded by sec. 512, 513, or 514		(E) Related or exempt function income
		(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93	Program service revenue					
a	<b>PROGRAM SERVICE REV - EXCLUDE</b>					<b>2,586,474</b>
b						
c						
d						
e						
f	Medicare/Medicaid payments					
g	Fees and contracts from government agencies					
94	Membership dues and assessments					
95	Interest on savings and temporary cash investments					<b>4,429</b>
96	Dividends and interest from securities					
97	Net rental income or (loss) from real estate					
a	debt-financed property					
b	not debt-financed property					
98	Net rental income or (loss) from personal property					
99	Other investment income					
100	Gain or (loss) from sales of assets other than inventory					
101	Net income or (loss) from special events					<b>35,024</b>
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a					
b	<b>OTHER REVENUE - EXCLUDED</b>					<b>405</b>
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))		<b>0</b>		<b>0</b>	<b>2,626,332</b>
105	Total (add line 104, columns (B), (D), and (E))					<b>2,626,332</b>

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 32)**

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93A	<b>THE FOUNDATION'S ONLY ACTIVITY IS PROVIDING HOSPICE TO TERMINALLY ILL PATIENTS AND THEIR FAMILIES.</b>
101	<b>FUNDRAISERS OF THE PURPOSE OF HOSPICE</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33)**

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on page 33)**

- (a) Did the organization, during the year, receive any funds directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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.

Secretary

Date  
11/8/02

**SCHEDULE A**  
(Form 990 or 990-EZ)**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),

501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

**Supplementary Information-(See separate Instructions.)**

OMB No 1545-0047

**2001**Department of the Treasury  
Internal Revenue Service▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

**KAREN ANN QUINLAN MEMORIAL FOUNDATI****22-2191055****Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**

(See page 1 of the instructions List each one If there are none, enter "None ")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee ben plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000 ▶				

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**

(See page 2 of the instr List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$ 50 000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

For Paperwork Reduction Act Notice, see the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2001

**Part III Statements About Activities** (See page 2 of the instructions)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities **\$** \_\_\_\_\_ (Must equal amount on line 38, Part VI-A, or line I of Part VI-B)

1 Yes No

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

2a Yes No

b Lending of money or other extension of credit?

2b Yes No

c Furnishing of goods, services, or facilities?

2c Yes No

d Payment of compensation (or payment or reimbursement of exp. if more than \$1,000)?

2d Yes No

e Transfer of any part of its income or assets?

2e Yes No

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)

3 Yes No

- 4 Do you have a section 403(b) annuity plan for your employees?

4 Yes No

**Note** Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i)
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶**
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 6 of the instructions.)



**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting**Note** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	165,953	117,371	182,975	165,706	632,005
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross inc from int dividends amounts received from pymt on securities loans (section 512(a)(5)), rents, royalties, & unrelated busn taxable inc (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975	3,684	14,460	13,874	31,423	63,441
19 Net income from unrelated business activities not included in line 18					
20 Tax revn levied for the organization's ben & either paid to it or expended on its behalf					
21 The value of serv or fac furnished to the org by a governmental unit without charge. Do not incl the value of serv or fac generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of cap assets.					
23 Total of lines 15 through 22	169,637	131,831	196,849	197,129	695,446
24 Line 23 minus line 17	169,637	131,831	196,849	197,129	695,446
25 Enter 1% of line 23	1,696	1,318	1,968	1,971	

26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	13,909
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		26b	
c Total support for section 509(a)(1) test. Enter line 24, column (e).		26c	695,446
d Add Amounts from column (e) for lines 18 <u>63,441</u> 19 _____ 22 _____ 26b _____		26d	63,441
e Public support (line 26c minus line 26d total)		26e	632,005
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))		26f	90.8777%

27 Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.

N/A

(2000) (1999) (1998) (1997)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.

N/A

(2000) (1999) (1998) (1997)

c Add Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____		27c	
d Add Line 27a total _____ and line 27b total _____		27d	
e Public support (line 27c total minus line 27d total)		27e	
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)		27f	
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h	%

28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 7 of the instructions)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	N/A	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)	31		
32 Does the organization maintain the following			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)			
33 Does the organization discriminate by race in any way with respect to			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)			
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement	34b		
35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 9 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>	
<b>39</b> Other exempt purpose expenditures	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>	
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table-		
If the amount on line 40 is-	The lobbying nontaxable amount is-	
Not over \$500,000	20% of the amount on line 40	
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	<b>41</b>
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	
Over \$17,000,000	\$1,000,000	
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>	

**Caution** If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> Grassroots lobbying expenditures					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 12 of the instr.)

**N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (include compensation in expenses reported on lines c through h.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines c through h.)

Yes	No	Amount

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

## Part VII

**Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions )**

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

**a Transfers from the reporting organization to a noncharitable exempt organization of**

(i) **Cash**

(11) Other assets

**b Other transactions**

(l) Sales or exchanges of assets with a noncharitable exempt organization

**(ii) Purchases of assets from a noncharitable exempt organization**

(III) Rental of facilities, equipment, or other assets

**(iv) Reimbursement arrangements**

**(v) Loans or loan guarantees**

**(vi) Performance of services or membership or fundraising solicitations**

**c Sharing of facilities, equipment, mailing lists, other assets, or paid employees**

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

**52a** Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

▶ ☐ Yes ☒ No

**b If "Yes," complete the following schedule**

[illegible]

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Supplementary Information for  
line 1 of Form 990, 990-EZ and 990-PF (see instructions)

OMB No. 1545-0047

**2001**

Name of organization

Employer identification number

**KAREN ANN QUINLAN MEMORIAL FOUNDATI****22-2191055**

Organization type (check one).

Filers of.

Section.

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the General rule or a Special rule. (Note: Only a section 501(c)(7), (8) or (10) organization can check box(es) for both the General rule and a Special rule-see instructions.)

**General Rule-**

- ☒
- For organizations filing Form 990, 990-EZ, or 990-PF that received during the year \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules-**

- ☐ For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(v) and received from any one contributor during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General rule and/or the Special rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 1 of their Form 990-PF to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2001)

Name of organization

KAREN ANN QUINLAN MEMORIAL FOUNDATI

Employer identification number

22-2191055

**Part I Contributors (See Specific Instructions)**

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ 23,130	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—	SEE ATTACHED LIST FOR ADDITIONAL CONTRIBUTORS	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
—		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

## Special Events Schedule

Form **990**

## 2001

For calendar year 2001, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name

Employer Identification Number

KAREN ANN QUINLAN MEMORIAL FOUNDATI

**22-2191055**

	(A)	(B)	(C)	Others	Total
Gross receipts	54,867	0	0	0	54,867
Less contributions	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Gross revenue	54,867	0	0	0	54,867
Less direct expenses	<u>19,843</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>19,843</u>
Net income (loss)	<u>35,024</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>35,024</u>

## Descriptions

**A) FUNDRAISERS**

**B)** \_\_\_\_\_

**c)**

**Others**

**Depreciation and Amortization**

OMB No 1545-0172

Form **4562**  
(Rev. March 2002)  
Department of the Treasury  
Internal Revenue Service

(Including Information on Listed Property)

**2001**Attachment  
Sequence No **67**

▶ See separate instructions

▶ Attach to your tax return

Name(s) shown on return

**KAREN ANN QUINLAN MEMORIAL FOUNDATI**Identifying number  
**22-2191055**

Business or activity to which this form relates

**INDIRECT DEPRECIATION****Part I Election To Expense Certain Tangible Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I

1	Maximum amount See page 2 of the instructions for a higher limit for certain businesses	1	\$24,000
2	Total cost of section 179 property placed in service (see page 3 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	\$200,000
4	Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see pg 3 of the instr	5	
(a) Description of property		(b) Cost (business use only)	(c) Elected cost
6			
7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2000 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2002 Add lines 9 and 10, less line 12 ▶	13	

**Note:** Do not use Part II or Part III below for listed property. Instead, use Part V**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14	Special depreciation allowance for certain property (other than listed property) acquired after Sept 10, 2001 (see pg 3 of the instr)	14	
15	Property subject to section 168(f)(1) election (see page 4 of the instructions)	15	
16	Other depreciation (including ACRS) (see page 4 of the instructions)	16	30,188

**Part III MACRS Depreciation (Do not include listed property) (See page 4 of the instructions)****Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2001	17	
18	If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ <input type="checkbox"/>		

**Section B-Assets Placed in Service During 2001 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

**Section C-Assets Placed in Service During 2001 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

**Part IV Summary (See page 6 of the instructions)**

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations-see instr	22	30,188
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions

Form **4562** (2001) (Rev. 3-2002)

DAA

**THERE ARE NO AMOUNTS FOR PAGE 2**



22-2191055

**Federal Statements**

FYE 12/31/2001

**Statement 1 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

Description	Amount
OTHER CHANGES IN NET ASSTS/FU	\$ 204,517
TRANSFER OF BUILDING AND ITS MORTGAGE TO THE CHARITABLE FOUNDATION	
TOTAL	\$ 204,517

**Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	\$	\$	\$	\$
EXPENSES				
OTHER EXPENSES -MGMT & GEN	-1,048		-1,048	
DUES & SUBSCRIPTIONS - MGMT &	22,089		22,089	
INSURANCE - MGMT & GEN	11,090		11,090	
OFFICE EXPENSE - MGMT & GEN	1,211		1,211	
PROFESSIONAL FEES - PAYROLL E	34,787		34,787	
PUBLIC RELATIONS - MGMT & GEN	26,194		26,194	
OTHER EXPENSES -FUNDRAISING	126			126
INSURANCE - FUNDRAISING	500			500
OTHER EXPENSES -PROGRAM SERVI	11,800	11,800		
EDUCATION/TRANING - PROGRAM S	7,119	7,119		
INSURANCE - PROGRAM SERVICE	26,739	26,739		
PATENT CARE - PROGRAM SERVICE	13,101	13,101		
PHYSICIAN/NURSING FEE - PROGR	20,772	20,772		
RECRUITMENT/ADVERT. - PROGRAM	2,371	2,371		
VOLUNTEER EXPENSE - PROGRAM S	67,318	67,318		
BAD DEBT EXPENSE	45,808	45,808		
TOTAL	\$ 289,977	\$ 195,028	\$ 94,323	\$ 626

**Statement 3 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
	\$	\$	\$	\$
LAND, BUILDINGS & EQUIPMENT	125,371	57,991		
ACCUMULATED DEPRECIATION			203,833	
TOTAL	\$ 125,371	\$ 57,991	\$ 203,833	\$ 87,874

22-2191055

**Federal Statements**

FYE: 12/31/2001

**Direct Public Support**

<u>Contributor</u>	<u>Cash Contribution</u>	<u>Noncash Contribution</u>
DIRECT CONTRIB ETC RCVD-NOT F	\$ 50,732	\$
TOTAL	\$ 50,732	\$ 0

**Indirect Public Support**

<u>Contributor</u>	<u>Cash Contribution</u>	<u>Noncash Contribution</u>
INDIRECT CONTR ETC RCVD-NOT F	\$ 53,357	\$
TOTAL	\$ 53,357	\$ 0

**KAREN ANN QUINLAN MEMORIAL FOUNDATION  
GOVERNING BOARD MEMBERSHIP**

<b>RICHARD BARROW</b> 46 Millbrook-Stillwater Road Hardwick, NJ 07825 908-362-6043 (home) 908-362-5575 (business) 908-362-6042 (fax) rbarrow3@juno.com (email)	<b>KEN CARTER</b> 327 Maxim Drive Hopatcong, NJ 07843 973-770-4663 (home/business) sold@kencarter.com (email)	<b>CECELIA T. CLAYTON</b> (Exec Dir) Karen Ann Quinlan Memorial Found 99 Sparta Avenue Newton, NJ 07860 973-383-0115 (business) 973-383-6889 (fax) cclayton@karenannquinlanhospice.org (email)
<b>LUCIAN FLETCHER, JR., MD</b> 366 Ridge Road Newton, NJ 07860-5363 973-383-2015 (home) 973-300-1787 (fax) 973-534-8522 (cell) lu2flyer@aol.com (email)	<b>BOHDAN E. HALIBEY, MD</b> 123 Newton-Sparta Road Newton, NJ 07860 973-579-6300 (business) 973-579-1524 (fax)	<b>ARLENE JORGENSEN, PhD</b> 374 Ridge Road Newton, NJ 07860 973-383-7236 (home)
<b>LOUIS E. LUDDECKE</b> (Treasurer) 5 Mountain Terrace Sparta, NJ 07871 973-729-9985 (home) 973-697-2000/x209 (business) 973-697-8385 (fax) lluddecke@lakelandbank.com (email)	<b>TERRY MAHAL</b> 120 Louis Lane Hackettstown, NJ 07840 908-852-5660 (home/fax – call first) mahal@goes.com (email)	<b>PAMELA A. MILONE</b> 38 Condit Street Newton, NJ 07860 973-383-5412 (home) 973-383-2833 (business) 973-383-1479 (fax) pamilone@earthlink.com (email)
<b>RICHARD D. POMPELIO</b> 15 Camelot Road Sparta, NJ 07871 973-877-1436 (business)	<b>JOHN QUINLAN</b> 74 Arrowhead Road Wantage, NJ 07461 973-875-4486 (home) 973-670-6324 (business) 973-875-2774 (fax)	<b>JULIA QUINLAN</b> (Chairman) 42 Newman Road Wantage, NJ 07461 973-875-2077 (home) 973-875-3014 (business) 973-875-2774 (fax) julia@warwick.net (email)
<b>MARY ELLEN QUINLAN</b> (Sectry) 46 Newman Road Wantage, NJ 07461 973-702-4039 or 7382 (home) 973-948-5400/x51 (business) 973-702-7382 (fax) meq@warwick.net (email)	<b>LOUIS R. RUGGIERO</b> 156 Main Street Newton, NJ 07860 973-875-1354 (home) 973-383-5200 (business) 973-383-3034 (fax) lrr@nac.net (email)	<b>CYNTHIA STARR, MD</b> 7 Lakeview Lane Hampton, NJ 08827 908-454-0370 (business) 908-454-9858 (fax)
<b>KEVIN T. STROYAN</b> Stroyan Funeral Home, Inc 405 W Harford Street Milford, PA 18337 570-296-6871 (home) 570-296-6811 (business)	<b>PATRICIA A. SWEENEY</b> PO Box 720 Branchville, NJ 07826 973-948-2155 (home) 908-453-4121 (business) 908-453-3706 (fax) patricia@skylands.net (email)	<b>EDWARD M. TIRPACK, DDS</b> 16 Brady Court Sparta, NJ 07871 973-729-8221 (home) 973-729-3785 (business) 973-729-4720 (fax) dentaed247@mindspring.com (email)
<b>MARION VITALE</b> 929 Walnut Drive Newton, NJ 07860 973-383-5565 (home)	<b>JUDITH H. WIEGAND</b> (Vice-Chair) Hackettstown Community Hospital 651 Willow Grove Street Hackettstown, NJ 07840 570-223-7010 (home) 908-850-6878 (business) 908-979-8800 (fax) jwiegand@hch.org (email)	

KAREN ANN QUINLAN MEMORIAL FOUNDATION  
99 Sparta Avenue  
Newton, NJ 07860

DEPARTMENT DIRECTORS

NAME	TITLE	ADDRESS	PHONE
Cecelia T Clayton, MPH	Executive Director	270 Fairview Avenue Newton, NJ 07860	973-948-2472
Marlina Schetting, MSW	Director of Social Services	970 Old Schoolhouse Road Blairstown, NJ 07825	(unlisted)
Vickie Rodda	Director of Finance	PO Box 395 Hamburg, NJ 07419	973-827-3947
Joan Pollner, BSN	Director of Nursing	675 Stryker Road Phillipsburg, NJ 08865	908-859-5243
Pamela Prather	Director of Development	77 Shady Lane Hamburg, NJ 07419	973-209-4072
Michael Driscoll-Kelly, MSW	Director of Bereavement	104 Hope Road Blairstown, NJ 07825	908-362-8164

## Batch Listing for selected criteria

Record #	Amt	Name	Date	GI	Sol	Cash	TY #	Plg	Ref
23372	1,104 50	Condit Ford	11/16/2001	UN	PO01	CA		N	cash
23730	1,145 64	Condit Ford	12/06/2001	UN	PO01	CK		N	1585
23251	1,149 50	Condit Ford	11/12/2001	UN	PO01	CA		N	cash
20491	1,315 00	St Luke's Episcopal Church	01/03/2001	UN	ME01	CK	2	N	9665
20679	1,500 00	Ronetto Supermarkets, Inc	02/01/2001	UN	DO01	CK		N	6869
21764	1,500 00	Sella Foundation Trust	06/15/2001	UN	SG01	CK	1	N	211
22922	1,500 00	Honey Invitational	10/30/2001	UN	DO01	CK	1	N	1181
22280	1,565 61	Mr & Mrs Glenn C Kienz	08/10/2001	RE	WC01	CK		N	2279
21123	1,800 00	Mrs Nancy Cleary	04/18/2001	UN	SG01	CK		N	1019
20485	2,000 00	Joseph Liro Family	01/03/2001	UN	ME01	CK	2	N	3193
20533	2,000 00	Automatic Switch Co	01/05/2001	UN	SG01	CK	1	N	3065857
20755	2,000 00	Blue Knights, Chapter IX	02/16/2001	UN	CC01	CK		N	1338
21569	2,000 00	Adventist Healthcare	05/31/2001	RE	BE01	CK		N	32282
23778	2,000 00	Morris, Downing & Sherred	12/07/2001	UN	DO01	CK	1	N	5310
24021	2,000 00	Joseph Liro Family	12/31/2001	UN	ME01	CK	2	N	3987
20682	2,418 00	NJ Foundation for Aging	02/01/2001	RE	DO01	CK		N	1349
21909	2,500 00	Smith-McCracken Funeral Home	06/26/2001	UN	BF01	CK	6	N	27677
22300	2,500 00	Sovereign Bank	08/15/2001	RE	TR01	CK		N	87158189
23994	2,500 00	Gertrude L Hirsch Charitable	12/27/2001	RE	HP01	CK	1	N	47186478
22762	3,500 00	NBSC Charities, Inc	10/24/2001	UN	DO01	CK	1	N	0510
23390	3,933 02	Condit Ford	11/19/2001	UN	PO01	CK		N	1580
23215	4,500 00	Life Tournament	11/08/2001	UN	DO01	CK	1	N	145
21271	5,000 00	Mr & Mrs Robert DeVilbiss	05/04/2001	UN	DO01	CK		N	1156
22633	5,000 00	Mr & Mrs Robert DeVilbiss	10/03/2001	UN	DO01	CK	1	N	1451
23333	5,000 00	Rotary Club of Hampton	11/16/2001	UN	DO01	CK		N	1209
22923	6,000 00	George A Ohi, Jr Trust	10/30/2001	RE	TR01	CK	1	N	47106633
23707	8,763 33	Mr Daniel Rivara	12/05/2001	UN	HL01	CK	1	N	136
22548	10,000 00	Post Foundation	09/21/2001	RE	EN01	CK		N	47058850
20631	13,372 89	Mr Daniel Rivara	01/26/2001	UN	HL01	CK		N	103

Total 99,567 49

Count 29

Adventist Healthcare  
651 Willow Grove Street  
Hackettstown, NJ 07840

Automatic Switch Co  
Attn Christopher G Walsh  
Hanover Road  
Florham Park, NJ 07932

Blue Knights, Chapter IX  
Mr William Szekula  
16 South Cherry Road  
Lake Hopatcong, NJ 07849

Mrs Nancy Cleary  
17 Cedar Avenue  
Sussex, NJ 07461

Condit Ford  
Mr John Mathews  
66 Route 206 North  
Newton, NJ 07860

Mr & Mrs Robert DeVilbiss  
PO Box 427  
Blairstown, NJ 07825

George A Ohi, Jr Trust  
Assistant Vice President  
First Union National Bank NJ3132  
Capital Mgmt Gp, Charit Funds Svcs -190  
Summit, NJ 07901

Gertrude L Hirsch Charitable Trust  
First Union Nat'l Bank/Char Funds  
190 River Road  
Summit, NJ 07901

Honey Invitational  
PO Box 912  
Newton, NJ 07860

Mr & Mrs Glenn C Kienz  
34 Linwood Ave  
Newton, NJ 07860

Life Tournament  
Sussex County State Bank  
399 Highway 23  
Franklin, NJ 07416

Joseph Liro Family  
Joanne M Hill  
10 Quenby Mt Road  
Great Meadows, NJ 07838

Morris, Downing & Sherred  
Mr Jim Van Leir  
One Main Street - PO Box 67  
Newton, NJ 07880

Mr Raymond Cordts  
NBSC Charities, Inc  
48 Sparta Avenue  
Sparta, NJ 07871

Grace Egan, Executive Director  
NJ Foundation for Aging  
176 West State Street  
Trenton, NJ 08608

Post Foundation  
190 River Road  
Summit, NJ 07901

Mr Daniel Rivara  
79 Sunset Lake Road  
Blairstown, NJ 07825

Dominick J Romano  
Ronetco Supermarkets, Inc  
1070 US Hwy 46, Morris Canal Plaza  
Ledgewood, NJ 07852

Rotary Club of Hampton Township  
Mr Chris Dexter, President  
156 Main Street  
Newton, NJ 07860

Sella Foundation Trust  
PO Box 397  
Newton, NJ 07860

Mr Robert McCracken  
Smith-McCracken Funeral Home  
63 High Street  
Newton, NJ 07860

Sovereign Bank  
1130 Berkshire Blvd,  
Wyomissing, PA 19610

St Luke's Episcopal Church  
Vito DiCristina, Treasurer  
PO Box 292, High St  
Hope, NJ 07844

Form **8868**  
(December 2000)  
Department of the Treasury  
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Note** Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

## Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)

**Note** Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only  
All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns Partnerships REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065 1066 or 1041

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	<b>KAREN ANN QUINLAN MEMORIAL FOUNDATI</b>	<b>22-2191055</b>
	Number, street, and room or suite no. If a P O box see instructions	
	<b>99 SPARTA AVE</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	<b>NEWTON NJ 07860</b>	

Check type of return to be filed (file a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the **whole group**, check this box ☐ If it is for **part of the group**, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-month, for 990-T corporation) extension of time until 8/15/02 to file the exempt organization return for the organization named above The extension is for the organization's return for  
▶ ☒ calendar year 2001 or  
▶ ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit \$ \_\_\_\_\_

c **Balance Due** Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ \_\_\_\_\_

## Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ *Michael D. [Signature]* Title ▶ **CPA**  
For Paperwork Reduction Act Notice, see instruction

Date ▶ **5/13/02**Form **8868** (12 2000)

SEP 23 2002

FD-900 (12-2000)

Page 2

☒ If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

☐ If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

# **Part II Additional (not automatic) 3-Month Extension of Time-Must File Original and One Copy**

Type or print	Name of Exempt Organization	Employer Identification number
File by the extended due date for filing the return See instructions	<b>KAREN ANN QUINLAN MEMORIAL FOUNDATI</b>	<b>22-2191055</b>
	Number, street, and room or suite no. If a P O box, see instructions	For IRS use only
	<b>99 SPARTA AVE</b>	
	City, town or post office state, and ZIP code For a foreign address, see instr	
	<b>NEWTON NJ 07860</b>	

Check type of return to be filed (File a separate application for each return)

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

**STOP** Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

☒ If the organization does not have an office or place of business in the United States, check this box

☒ If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 11/15/02

5 For calendar year 2001, or other tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

7 State in detail why you need the extension  
See attached.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$ \_\_\_\_\_

c Balance Due Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions \$ \_\_\_\_\_

## Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature [Signature] Title CPA Date 8/13/02

## Notice to Applicant-To Be Completed by the IRS

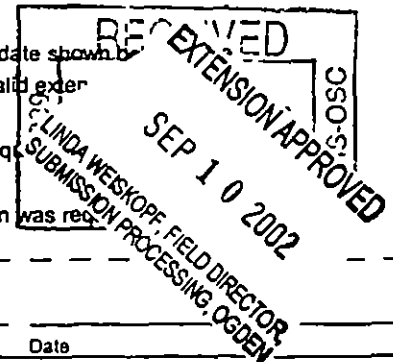
☒ We have approved this application Please attach this form to the organization's return

☐ We have not approved this application However, we have granted a 10-day grace period from the later of the date shown on due date of the organization's return (including any prior extensions) This grace period is considered to be a valid extension elections otherwise required to be made on a timely return Please attach this form to the organization's return

☐ We have not approved this application After considering the reasons stated in item 7, we cannot grant your request to file We are not granting a 10-day grace period

☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested

☐ Other \_\_\_\_\_



By \_\_\_\_\_ Date \_\_\_\_\_

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above

Type or print	Name	Box number
	<b>Murphy &amp; Company, LLC</b>	
	Number	
	<b>Certified Public Accountants</b>	
	City or town	State and ZIP code
	<b>94 Main Street</b>	
	<b>Newton, NJ 07860</b>	

DAA

Form 8868 (12-2000)