

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

**2002**Open to Public  
InspectionA For the 2002 calendar year, or tax year beginning 1-1-02, and ending 12-31-02

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 ☒ NoH(b) If "Yes," enter no. of affiliates ☐ Yes ☐ NoH(c) Are all affiliates included? ☐ Yes ☐ No

(If "No," attach list. See instr.)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ NoI Enter 4-digit GEN ☐ Yes ☐ NoM 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 ) ☐ 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 **2,966,508****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions)**

1 Contributions, gifts, grants, and similar amounts received

a Direct public support

1a **60,268**

b Indirect public support

1b **65,524**

c Government contributions (grants)

1c

d Total (add lines 1a through 1c) (cash \$ **125,792** noncash \$ )1d **125,792**

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 **2,749,159**

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4 **5,047**

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 **700**

b Less cost or other basis and sales expenses

8b **9,338**

c Gain or (loss) (attach schedule)

8c **-8,638**

d Net gain or (loss) (combine line 8c, columns (A) and (B))

**SEE STMT 1**8d **-8,638**

9 Special events and activities (attach schedule)

a Gross revenue (not including \$ of contributions reported on line 1a)

9a **73,930**

b Less direct expenses other than fundraising expenses

9b **79,678**

c Net income or (loss) from special events (subtract line 9b from line 9a)

9c **-5,748**

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 **11,880**

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12 **2,877,492**

E Expenses 13 Program services (from line 44, column (B))

**RECEIVED**

14 Management and general (from line 44, column (C))

**MAR 26 2003**

15 Fundraising (from line 44, column (D))

182

IRS-OSC

16 Payments to affiliates (attach schedule)

16 **584**

17 Total expenses (add lines 13 and 14, column (A))

17 **2,760,925**

A Net assets 18 Excess or (deficit) for the year (subtract line 17 from line 12)

**OGDEN, UT**18 **116,567**

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 **663,477**

20 Other changes in net assets or fund balances (attach explanation)

**SEE STMT 2**20 **40,000**

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21 **820,044**

For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2002)

DAA

**Part II Statement of Functional Expenses**

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 page 21 of the instructions.)

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	1,539,371	1,068,253	471,118	
27 Pension plan contributions	27				
28 Other employee benefits	28	62,313	43,242	19,071	
29 Payroll taxes	29	144,451	100,242	44,209	
30 Professional fundraising fees	30				
31 Accounting fees	31	21,882		21,882	
32 Legal fees	32	1,500		1,500	
33 Supplies	33	390,693	367,360	23,333	
34 Telephone	34	50,533	6,971	43,562	
35 Postage and shipping	35	12,286		12,286	
36 Occupancy	36	94,776		94,776	
37 Equipment rental and maintenance	37	40,895		40,895	
38 Printing and publications	38	55			55
39 Travel	39	89,562	85,153	4,409	
40 Conferences, conventions, and meetings	40				
41 Interest	41	48		48	
42 Depreciation, depletion, etc (attach schedule)	42	32,561		32,162	399
43 Other expenses not covered above (itemize) a	43a				
b SEE STATEMENT 3	43b	279,999	164,499	115,370	130
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	2,760,925	1,835,720	924,621	584

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 page 24 of the instructions)**

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) & (4) orgs & 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 \$ \_\_\_\_\_) **1,835,720**

b

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

c

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

d

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

e Other program services (attach schedule)

(Grants and allocations \$ \_\_\_\_\_) **0**f **Total of Program Service Expenses (should equal line 44, column (B), Program services)**▶ **1,835,720**

**Part IV Balance Sheets** (See page 24 of the instructions)

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		45
46	Savings and temporary cash investments	378,041	46 525,706
47a	Accounts receivable	47a 387,700	
b	Less allowance for doubtful accounts	47b 24,000	47c 343,173 363,700
48a	Pledges receivable	48a	
b	Less allowance for doubtful accounts	48b	48c
49	Grants receivable	20,772	49 12,956
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	18,170	53 51,253
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 168,470	
b	Less accumulated depreciation (attach schedule) <b>SEE STMT 4</b>	57b 77,245	57c 115,959 91,225
58	Other assets (describe <b>SEE STMT 5</b> )		58 34,281
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	876,115	59 1,079,121
60	Accounts payable and accrued expenses	212,638	60 259,077
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)	212,638	66 259,077
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>			
67	Unrestricted	663,477	67 820,044
68	Temporarily restricted		68
69	Permanently restricted		69
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74</b>			
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)	663,477	73 820,044
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	876,115	74 1,079,121

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 V. List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 26 of the instructions )

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? ☐ Yes ☒ No

If "Yes," attach schedule-see page 26 of the instructions

Part VI Other Information (See page 27 of the instructions)		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77	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	77	X
78a	Did the organization have unrelated business gross inc. of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80a	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?	80a	X
b	If "Yes," enter the name of the organization <input type="checkbox"/> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a	Enter direct or indirect political expenditures. See line 81 instr	81a	
b	Did the organization file Form 1120-POL for this year?	81b	X
82a	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?	82a	X
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.)	82b	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	N/A 83b	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A 84b	
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?	N/A 85a	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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	N/A 85b	
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	
g	Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	N/A 85g	
h	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?	N/A 85h	
86	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	86a	
b	Gross receipts, included on line 12, for public use of club facilities	86b	
87	501(c)(12) orgs Enter a Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	
88	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	88	X
89a	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	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	89b	X
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
d	Enter Amount of tax on line 89c, above, reimbursed by the organization		0
90a	List the states with which a copy of this return is filed <b>NONE</b>		
b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions.)	90b	
91	The books are in care of <b>TAXPAYER</b> Located at <b>99 SPARTA AVE., NEWTON, NJ</b>	Telephone no <b>973-383-0115</b> ZIP + 4 <b>07860</b>	
92	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	92	

**Part VII Analysis of Income-Producing Activities (See page 31 of the instructions)**

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>2,749,159</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>5,047</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					<b>-8,638</b>
101	Net income or (loss) from special events					<b>-5,748</b>
102	Gross profit or (loss) from sales of inventory					
103	Other revenue a					
b	<b>OTHER REVENUE - EXCLUDED</b>					<b>11,880</b>
c						
d						
e						
104	Subtotal (add columns (B), (D), and (E))		<b>0</b>		<b>0</b>	<b>2,751,700</b>
105	Total (add line 104, columns (B), (D), and (E))					<b>2,751,700</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 page 32 of the instructions)**

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</b>
	<b>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 page 32 of the instructions)**

(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
<b>N/A</b>	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions)**

(a)	Did the organization, during the year, receive any funds directly or indirectly to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(b)	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> 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.

Date **3/21/03**

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

OMB No 1545-0047

**2002**Department of the Treasury  
Internal Revenue Service(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 )**▶ **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
<b>CECELIA CLAYTON</b> <b>270FAIRVIEW AVE., NEWTON, NJ 07860</b>	<b>EXEC. DIR.</b>	<b>68,991</b>	<b>0</b>	<b>0</b>
<b>VICKIE RODDA</b> <b>PO BOX 395, HAMBURG, NJ 07419</b>	<b>FINANCE DIR.</b>	<b>55,984</b>	<b>0</b>	<b>0</b>
<b>PAMELA PRATHER</b> <b>77 SHADY LANE, HAMBURG, NJ 07419</b>		<b>55,009</b>	<b>0</b>	<b>0</b>
<b>JOAN POLLNER</b> <b>675STRYKER RD PHILLIPSBURG NJ 08865</b>		<b>51,577</b>	<b>0</b>	<b>0</b>
Total number of other employees paid over \$50,000 ▶	<b>0</b>			

**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
<b>NONE</b>		
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) 2002

**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 <b>\$</b> _____ (Must equal amount on line 38, Part VI-A, or line I of Part VI-B) 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	1	X
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	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of exp if more than \$1 000)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below )	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
<b>Note</b> 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 5 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 5 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	104,089	165,953	117,371	182,975	570,388
<b>16</b> Membership fees received					
<b>17</b> 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					
<b>18</b> 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	4,429	3,684	14,460	13,874	36,447
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revn. levied for the organization's ben. & either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of cap. assets.					
<b>23</b> Total of lines 15 through 22	108,518	169,637	131,831	196,849	606,835
<b>24</b> Line 23 minus line 17	108,518	169,637	131,831	196,849	606,835
<b>25</b> Enter 1% of line 23	1,085	1,696	1,318	1,968	

<b>26</b> Organizations described on lines 10 or 11	a	Enter 2% of amount in column (e), line 24	▶	26a	12,137
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 1998 through 2001 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	606,835
d	Add: Amounts from column (e) for lines 18 <u>36,447</u> 19 _____ 22 _____ 26b _____		▶	26d	36,447
e	Public support (line 26c minus line 26d total)		▶	26e	570,388
f	Public support percentage (line 26e (numerator) divided by line 26c (denominator))		▶	26f	93.9939%

**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

(2001) (2000) (1999) (1998)

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

(2001)	(2000)	(1999)	(1998)
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 1998 through 2001, 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
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 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	41	
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		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44		

**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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 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 11 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 )
- If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount

**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**

**(ii) Other assets**

**b Other transactions**

**(II) 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]

**Federal Statements****Form 990, Part I, Line 1a - Direct Public Support**

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
DIRECT CONTRIB ETC RCVD-NOT F	\$ 60,268	\$	\$ 60,268
TOTAL	\$ 60,268	\$ 0	\$ 60,268

**Form 990, Part I, Line 1b - Indirect Public Support**

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
INDIRECT CONTR ETC RCVD-NOT F	\$ 65,524	\$	\$ 65,524
TOTAL	\$ 65,524	\$ 0	\$ 65,524

	(A)	(B)	(C)	Others	Total
<b>Gross receipts</b>	<b>73,930</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>73,930</b>
<b>Less contributions</b>	<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>
<b>Gross revenue</b>	<b>73,930</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>73,930</b>
<b>Less direct expenses</b>	<u><b>79,678</b></u>	<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>	<u><b>79,678</b></u>
<b>Net income (loss)</b>	<u><b>-5,748</b></u>	<u><b>0</b></u>	<u><b>0</b></u>	<u><b>0</b></u>	<u><b>-5,748</b></u>

[illegible]

Form **4562**Department of the Treasury  
Internal Revenue Service**Depreciation and Amortization**

(Including Information on Listed Property)

OMB No 1545-0172

**2002**Attachment  
Sequence No **67**

Name(s) shown on return

**KAREN ANN QUINLAN MEMORIAL FOUNDATI**

▶ See separate instructions ▶ Attach to your tax return

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	<b>24,000</b>
2	Total cost of section 179 property placed in service (see page 2 of the instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	<b>200,000</b>
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. 2 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 2001 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 2003. 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 qualified prop. (other than listed prop.) placed in service during the tax year (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	<b>32,561</b>

**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 2002	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 2002 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			39 yrs	MM	S/L	

**Section C-Assets Placed in Service During 2002 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	<b>32,561</b>
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** (2002)

DAA

**THERE ARE NO AMOUNTS FOR PAGE 2**

## Federal Statements

## Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc	How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
FOH-TRAILER	PURCHASE		1/01/00	10/04/02	\$ 700	\$ 1,295	\$ 297	\$ -298
OFFICE EQUIPMENT	PURCHASE		11/16/94	12/31/02		614	614	
2 COMPUTERS W/CD ROM	PURCHASE		5/15/96	1/01/02		4,431	4,431	
COMPUTER UPGRADE	PURCHASE		3/27/97	12/31/02		8,919	8,919	
2 COMPUTERS	PURCHASE		4/30/97	12/31/02		5,234	5,234	
2 PRINTERS	PURCHASE		4/30/97	12/31/02		1,060	1,060	
COMPUTER PHONE SUPPORT	PURCHASE		10/05/98	12/31/02		886	691	-195
HEALTHCARE DATABANK	PURCHASE		12/23/98	12/31/02		2,500	2,000	-500
COMPUTER	PURCHASE		12/15/98	12/31/02		2,099	1,714	-385
MODULE PRIVATE PAY	PURCHASE		6/04/98	12/31/02		4,700	4,308	-392
COMPUTER-350 MHZ	PURCHASE		4/06/99	12/31/02		1,673	1,255	-418
COMPUTER-300 MHZ	PURCHASE		4/06/99	12/31/02		3,184	2,388	-796
COMPUTER-300 MHZ	PURCHASE		6/26/99	12/31/02		3,128	2,190	-938
SERVER INSTALLATION	PURCHASE		6/27/99	12/31/02		900	630	-270
COMPUTER SYSTEM	PURCHASE		8/06/99	12/31/02		1,851	1,265	-586
SERVER INSTALLATION	PURCHASE		11/08/99	12/31/02		2,232	1,413	-819
COMPUTER-350 MHZ	PURCHASE		5/14/99	12/31/02		1,939	1,422	-517
COMPUTER INSTALLATION	PURCHASE		11/08/99	12/31/02		808	512	-296



Federal Statements

Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

(continued)

Desc		Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
How Rec'd	Whom Sold						
SOFTWARE UPGRADE		8/27/99	12/31/02	\$	2,454	\$ 1,636	\$ -818
PURCHASE							
HOT WATER HEATER		11/27/95	12/31/02		525	387	-138
PURCHASE							
WIRING FOR THE SERVER		4/06/98	12/31/02		2,096	824	-1,272
PURCHASE							
TOTAL				\$ 700	\$ 52,528	\$ 43,190	\$ -8,638

**Federal Statements****Statement 2 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

<u>Description</u>	<u>Amount</u>
OTHER CHANGES IN NET ASSTS/FU	\$ 40,000
TRANSFER OF BUILDING AND ITS MORTGAGE TO THE CHARITABLE FOUNDATION	
TOTAL	<u>\$ 40,000</u>

**Federal Statements****Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
OTHER EXPENSES -MGMT & GEN	11,779		11,779	
DUES & SUBSCRIPTIONS - MGMT &	26,984		26,984	
INSURANCE - MGMT & GEN	12,576		12,576	
OFFICE EXPENSE - MGMT & GEN	2,224		2,224	
PROFESSIONAL FEES - PAYROLL E	26,229		26,229	
PUBLIC RELATIONS - MGMT & GEN	35,563		35,563	
OTHER EXPENSES -FUNDRAISING	130			130
INSURANCE - PROGRAM SERVICE	18,583	18,583		
PATENT CARE - PROGRAM SERVICE	44,897	44,897		
PHYSICIAN/NURSING FEE - PROGR	38,540	38,540		
RECRUITMENT/ADVERT - PROGRAM	2,209	2,209		
VOLUNTEER EXPENSE - PROGRAM S	69,395	69,395		
BAD DEBT EXPENSE	-9,125	-9,125		
MISCELLANEOUS	15		15	
TOTAL	\$ 279,999	\$ 164,499	\$ 115,370	\$ 130

22-2191055

**Federal Statements**

FYE 12/31/2002

**Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
LAND, BUILDINGS & EQUIPMENT				
	\$ 203,833	\$	\$ 168,470	\$
ACCUMULATED DEPRECIATION		87,874		77,245
TOTAL	\$ 203,833	\$ 87,874	\$ 168,470	\$ 77,245

**Statement 5 - Form 990, Part IV, Line 58 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DUE FROM KAREN ANN QUINLAN CHARITABL	\$	\$ 34,281
TOTAL	\$ 0	\$ 34,281

Karen Ann Quinlan Hospice  
Batch Listing for selected criteria

Record #	Amt	Name	Date	GI	Sol	Cash	TY #	Plg	Ref
24061	1,000 00	Mr Alvin Hill	01/04/2002	RE	HP02	CK	1	N	3335
24309	1,000 00	Ronetto Supermarkets, Inc	02/07/2002	UN	DO02	CK	1	N	13367
24381	1,000 00	Mr & Mrs Franklyn Branley	02/20/2002	UN	ME02	CK	2	N	0858
24434	1,000 00	Grant Fire Protection Systems,	03/01/2002	RE	BE02	CK	1	N	10758 (T
24479	1,000 00	Friends & Neighbors Fund	03/07/2002	UN	DO02	CK	1	N	1813
24506	1,000 00	North Jersey Media Group	03/12/2002	UN	DO02	CK		N	10071956
24708	1,000 00	Sunnise House Foundation	04/23/2002	UN	BF02	CK		N	36556
24739	1,000 00	Ms Linda Butler	04/25/2002	UN	DO02	CK	1	N	1285
24910	1,000 00	Mrs Eileen Miller	05/21/2002	UN	ME02	CK	2	N	1327
24955	1,000 00	Mr Alvin Hill	05/22/2002	RE	BE02	CK	9	N	3287
24956	1,000 00	Mr Gustavo Andico	05/22/2002	UN	SG02	CK	1	N	2325
25030	1,000 00	Mrs Marion Breitenkam	05/28/2002	UN	ME02	CK	2	N	671
25557	1,000 00	Ms Burma Armstrong	06/26/2002	UN	ME02	CK	2	N	1225
25731	1,000 00	Mr Raymond Hull	07/29/2002	UN	ME02	CK	2	N	105
25884	1,000 00	Ms Jenifer French	08/20/2002	RE	HP02	CK	2	N	1352
26464	1,000 00	Sella Foundation Trust	10/24/2002	RE	HP02	CK	1	N	232
26746	1,000 00	Ms Margaret Post	11/05/2002	UN	TL02	CK	7	N	227
26890	1,000 00	Mrs Lorraine T Parker	11/11/2002	UN	TL02	CK	7	N	3173
27365	1,000 00	Mr Gustavo Andico	11/22/2002	RE	HP02	CK	1	N	2382
27463	1,000 00	Mr George Murphy	11/27/2002	UN	ME02	CK	2	N	119
27637	1,000 00	Chnst Union Chapel	12/11/2002	RE	HP02	CK	1	N	4311
27702	1,000 00	Morris, Downing & Sherred	12/18/2002	UN	DO02	CK	1	N	35491
25247	1,071 78	Karen Ann Quinlan Hospice	06/07/2002	UN	FL02	CK		N	31448
26889	1,403 50	Condit's Ford World	11/11/2002	UN	PO02	CK		N	5609
26295	1,500 00	Roche Vitamins	10/09/2002	UN	DO02	CK	1	N	311
27314	1,751 00	Condit's Ford World	11/21/2002	UN	PO02	CK		N	5809
25807	1,876 08	Mr Kenneth Koneval	08/08/2002	UN	WC02	CK		N	2938
24432	2,000 00	22nd Jazz Ensemble	03/01/2002	RE	BE02	CK	1	N	112
24764	2,000 00	Hackettstown Community	04/30/2002	RE	BE02	CK		N	45774
24671	2,143 56	Senior Quality of Life Foundation	04/17/2002	UN	FL02	CK		N	522
24763	2,500 00	Hackettstown Community	04/30/2002	UN	BF02	CK		N	45774
26027	2,500 00	Smith-McCracken Funeral Home	09/04/2002	UN	BF02	CK		N	29588
24435	3,000 00	Complete Property Management,	03/01/2002	RE	BE02	CK	1	N	7941
26283	4,000 00	NBSC Charities, Inc	10/08/2002	UN	DO02	CK	1	N	0545 Golf
26355	4,000 00	Sparta Chapter Unico National	10/18/2002	RE	HP02	CK	1	N	1001
24352	4,500 00	Blue Knights, Chapter IX	02/15/2002	UN	CC02	CK		N	1467
27656	4,500 00	Life Tournament	12/12/2002	RE	BE02	CK	9	N	157
24179	5,000 00	Friends of Hospice	01/22/2002	RE	BE02	CK		N	1003
24180	5,000 00	Friends of Hospice	01/22/2002	RE	HP02	CK		N	1001
25274	5,000 00	Mr Robert Elwood, Esq	06/10/2002	UN	HL02	CK	1	N	116
25951	5,000 00	Karen Ann Quinlan Hospice	08/26/2002	RE	BE02	CK		N	1038
26275	5,000 00	Rotary Club of Hampton	10/07/2002	UN	DO02	CK	1	N	1291
25682	5,820 00	Sussex Area Charities	07/19/2002	UN	DO02	CK		N	1012 (Golf
24280	10,000 00	The New Jersey Foundation for	02/04/2002	RE	TR02	CK	1	N	1669
24142	15,000 00	Mr & Mrs Ronald Fluke	01/15/2002	UN	ME02	CK	2	N	3559
27809	15,000 00	Mr & Mrs Ronald Fluke	12/31/2002	UN	ME02	CK	2	N	4474

Total 131,565 92

Count 46