

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

Department of the Treasury Internal Revenue Service

A For the 2004 calendar year, or tax year beginning 04/01, 2004, and ending 03/31/2005

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: FOREST LAWN HERITAGE FOUNDATION, INC. Address: 1411 DELAWARE AVENUE, BUFFALO, NY 14209

D Employer identification number: 16-1405484 E Telephone number: (716) 885-1600 F Accounting method: Accrual

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? No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? No. H(d) Is this a separate return filed by an organization covered by a group ruling? No. I Group Exemption Number. M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

G Website: N/A

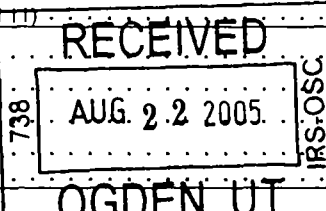
J Organization type (check only one): X 501(c)(3) 4947(a)(1) or 527

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: 289,436.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions)

Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, and Total. Includes Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue: 142,902. Total expenses: 666,942. Net assets at end of year: 279,066.



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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 22 of the instructions.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include: 22 Grants and allocations, 23 Specific assistance to individuals, 24 Benefits paid to or for members, 25 Compensation of officers, directors, etc, 26 Other salaries and wages, 27 Pension plan contributions, 28 Other employee benefits, 29 Payroll taxes, 30 Professional fundraising fees, 31 Accounting fees, 32 Legal fees, 33 Supplies, 34 Telephone, 35 Postage and shipping, 36 Occupancy, 37 Equipment rental and maintenance, 38 Printing and publications, 39 Travel, 40 Conferences, conventions, and meetings, 41 Interest, 42 Depreciation, depletion, etc, 43 Other expenses not covered above, 44 Total functional expenses.

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 [X] 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 25 of the instructions)

Table with 2 columns: Description, Program Service Expenses. Row a: STMT 7 (Grants and allocations \$ 664,026). Row b: (Grants and allocations \$ ). Row c: (Grants and allocations \$ ). Row d: (Grants and allocations \$ ). Row e: Other program services (attach schedule) (Grants and allocations \$ ). Row f: Total of Program Service Expenses (should equal line 44, column (B), Program services) 664,026.

**Part IV Balance Sheets** (See page 25 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	
Assets	45 Cash - non-interest-bearing	10,609	45	76,232	
	46 Savings and temporary cash investments	315,214	46	11,179	
	47a Accounts receivable	47a			
	b Less allowance for doubtful accounts	47b	47c		
	48a Pledges receivable	48a	9,000		
	b Less allowance for doubtful accounts	48b	100,500	48c	9,000
	49 Grants receivable		49		
	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		46,204	52	43,404
	53 Prepaid expenses and deferred charges	STMT. 8	175,427	53	NONE
	54 Investments - securities (attach schedule) STMT. 9 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		170,475	54	48,549
	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 STMT. 10	57a	1,200			
b Less accumulated depreciation (attach schedule)	57b	480			
58 Other assets (describe STMT. 11)		840	57c	720	
		62,400	58	89,982	
59 Total assets (add lines 45 through 58) (must equal line 74)		881,669	59	279,066	
Liabilities	60 Accounts payable and accrued expenses	4,170	60	NONE	
	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)		39,971	65	NONE	
66 Total liabilities (add lines 60 through 65)		44,141	66	NONE	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74				
	67 Unrestricted	270,398	67	269,011	
	68 Temporarily restricted	557,130	68		
	69 Permanently restricted	10,000	69	10,055	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74				
	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 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		837,528	73	279,066	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		881,669	74	279,066	

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 VI Other Information (See page 28 of the instructions.)

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78b If "Yes," has it filed a tax return on Form 990-T for this year?
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year?
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?
80b If "Yes," enter the name of the organization THE BUFFALO CITY CEMETERY and check whether it is [X] exempt or [ ] nonexempt
81a Enter direct and indirect political expenditures See line 81 instructions. 81a NONE
81b 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
82b 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 N/A
83a Did the organization comply with the public inspection requirements for returns and exemption applications? 83a X
83b Did the organization comply with the disclosure requirements relating to quid pro quo contributions? 83b X
84a Did the organization solicit any contributions or gifts that were not tax deductible? 84a X
84b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 84b N/A
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? 85a N/A
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 85b N/A
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
c Dues, assessments, and similar amounts from members 85c N/A
d Section 162(e) lobbying and political expenditures 85d N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 85g N/A
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? 85h N/A
86 501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12 86a N/A
b Gross receipts, included on line 12, for public use of club facilities 86b N/A
87 501(c)(12) orgs Enter a Gross income from members or shareholders 87a N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 87b N/A
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 N/A, section 4912 N/A, section 4955 N/A
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 N/A
d Enter Amount of tax on line 89c, above, reimbursed by the organization N/A
90a List the states with which a copy of this return is filed NEW YORK
b Number of employees employed in the pay period that includes March 12, 2004 (See instructions) 90b 0
91 The books are in care of DONALD DEMEO Telephone no 716-885-1600
Located at 1411 DELAWARE AVENUE BUFFALO NY ZIP +4 14209
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 N/A

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions.)

Note: Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Medicare/Medicaid payments, Membership dues, Interest on savings, Dividends, Net rental income, Gain or loss from sales, and Subtotal.

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 34 of the instructions)

Table with 2 columns: 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.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 of the instructions)

Table with 5 columns: (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.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions)

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

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

Please Sign 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

Signature of officer: [Handwritten Signature] Date: 8-15-05

Date: 8/17/05 Check if self- Preparer's SSN or PTIN (See Gen. Inst. W)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.)**

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

OMB No. 1545-0047

**2004**

Name of the organization

FOREST LAWN HERITAGE FOUNDATION, INC.

Employer identification number

16-1405484

**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 benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$50,000	▶ NONE			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. 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	▶ NONE	

<b>Part III Statements About Activities (See page 2 of the instructions.)</b>		Yes	No
<b>1</b>	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 amounts on line 38, Part VI-A, or line I of Part VI-B.) . . . . .	1	X
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			
<b>2</b>	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.)		
<b>a</b>	Sale, exchange, or leasing of property? . . . . .	2a	X
<b>b</b>	Lending of money or other extension of credit? . . . . .	2b	X
<b>c</b>	Furnishing of goods, services, or facilities? . . . . .	2c	X
<b>d</b>	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? . . . . .	2d	X
<b>e</b>	Transfer of any part of its income or assets? . . . . .	2e	X
<b>3a</b>	Do you make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments) . . . . .	3a	X
<b>b</b>	Do you have a section 403(b) annuity plan for your employees? . . . . .	3b	X
<b>4a</b>	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds? . . . . .	4a	X
<b>b</b>	Do you provide credit counseling, debt management, credit repair, or debt negotiation services? . . . . .	4b	X

**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 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.

Table with 6 columns: Calendar year (or fiscal year beginning in), (a) 2003, (b) 2002, (c) 2001, (d) 2000, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends, amounts received from payments on securities, loans; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23.

Table for lines 26-26f. 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24; b Prepare a list for your records to show the name of and amount contributed by each person; c Total support for section 509(a)(1) test; d Add Amounts from column (e) for lines 18, 19, 22; e Public support (line 26c minus line 26d total); f Public support percentage (line 26e (numerator) divided by line 26c (denominator)).

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

(2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) NOT APPLICABLE (2000) \_\_\_\_\_

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

(2003) \_\_\_\_\_ (2002) \_\_\_\_\_ (2001) \_\_\_\_\_ (2000) \_\_\_\_\_

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

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, 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.) **NOT APPLICABLE**  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

	Yes	No
<b>29</b> 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? . . . . .	<b>29</b>	
<b>30</b> 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? . . . . .	<b>30</b>	
<b>31</b> 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 ) ----- ----- -----	<b>31</b>	
<b>32</b> Does the organization maintain the following		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>	
If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement ) ----- -----		
<b>33</b> Does the organization discriminate by race in any way with respect to		
<b>a</b> Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b> Admissions policies? . . . . .	<b>33b</b>	
<b>c</b> Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b> Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b> Educational policies? . . . . .	<b>33e</b>	
<b>f</b> Use of facilities? . . . . .	<b>33f</b>	
<b>g</b> Athletic programs? . . . . .	<b>33g</b>	
<b>h</b> Other extracurricular activities? . . . . .	<b>33h</b>	
If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement ) ----- ----- -----		
<b>34 a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</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	<b>34b</b>	
<b>35</b> 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 . . . . .	<b>35</b>	

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) NOT APPLICABLE

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 )

Table with columns for line numbers (36-44), descriptions of lobbying expenditures, and columns for affiliated group totals and completion requirements.

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 )

Lobbying Expenditures During 4-Year Averaging Period

Table with columns for calendar year (2004, 2003, 2002, 2001) and Total, and rows for various lobbying amounts and expenditures.

Part VI-B Lobbying Activity by Nonelecting Public Charities

NOT APPLICABLE

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions )

Table for reporting lobbying activity with columns for Yes, No, and Amount, and rows for various activity types (a-i).

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



FORM 990, PART I - GROSS SALES LESS RETURNS AND ALLOWANCES  
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DESCRIPTION  
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AMOUNT  
-----

BOOKS, T SHIRTS, ETC

12,622.  
-----

TOTAL

12,622.  
=====

FORM 990, PART I - COST OF GOODS SOLD

DESCRIPTION	BEGINNING INVENTORY	PURCHASES	SALARIES AND WAGES	OTHER COSTS	MINUS: ENDING INVENTORY	COST OF GOODS SOLD
BOOKS, T-SHIRTS, ETC	46,204			1,951	43,404	4,751
TOTALS	46,204			1,951	43,404	4,751

FORM 990, PART I - OTHER INCREASES IN FUND BALANCES

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DESCRIPTION

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AMOUNT

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CHANGE IN UNREALIZED LOSS ON INVESTMENTS

-34,422.

TOTAL

-----  
-34,422.  
=====

FORM 990, PART II - OTHER EXPENSES

DESCRIPTION	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL
BANK SERVICE CHARGES	186.		186.
MISCELLANEOUS	110.		110.
PROMOTIONAL EXPENSES	380.	380.	
CONSTRUCTION COSTS OF MAUSOLEU TO FOREST LAWN CEMETERY	653,488.	653,488.	
TOTALS	654,164.	653,868.	296.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE  
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SOLICIT CONTRIBUTIONS TO SUPPORT ITS EFFORTS TO PRESERVE THE ARCHITECTURAL, HISTORICAL, AND NATURAL RESOURCES OF THE BUFFALO CITY CEMETERY (COMMONLY KNOWN IN WESTERN NEW YORK AS "FOREST LAWN CEMETERY").

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS (A THROUGH D)

ITEM DESCRIPTION

EXPENSES

A THE FOUNDATION CONTINUED TO SOLICIT CONTRIBUTIONS TO SUPPORT ITS EFFORTS TO PRESERVE THE ARCHITECTURAL, HISTORICAL, AND NATURAL RESOURCES OF THE BUFFALO CITY CEMETERY (COMMONLY KNOWN IN WESTERN NEW YORK AS "FOREST LAWN CEMETERY"). THE BOARD OF TRUSTEES OF THE FOUNDATION MET REGULARLY TO REVIEW PROPOSED CAPITAL PROJECTS ON THE GROUNDS OF FOREST LAWN

B CEMETERY WHICH COULD POSSIBLY RECEIVE FUNDING FROM THE FOUNDATION. THE FOUNDATION ALSO PROVIDED FUNDING FOR UPDATING AND PRINTING MAPS AND BROCHURES FOR VISITORS TO THE CEMETERY, AND WILL CONTINUE PUBLICATION OF THE CEMETERY'S NEWSLETTER, THE GATE, WHICH IS CIRCULATED TO MORE THAN 12,000 FRIENDS AND SUPPORTERS OF FOREST LAWN CEMETERY.

C THE FOUNDATION ALSO SOLD COPIES OF ITS THREE PREVIOUSLY PUBLISHED BOOKS ON THE CEMETERY, THE HISTORY BOOK, THE EDUCATION GUIDE, AND A FIELD GUIDE TO THE CEMETERY. CEMETERY.

D THE FOUNDATION COMPLETED THE CONSTRUCTION OF THE HISTORICALLY SIGNIFICANT BLUE SKY MAUSOLEUM, ORIGINALLY DESIGNED BY FRANK LLOYD WRIGHT, AND TRANSFERRED THE MAUSOLEUM TO THE FOREST LAWN CEMETERY.

664,026.

TOTAL

664,026.

FORM 990, PART IV - PREPAID EXPENSES AND DEFERRED CHARGES

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DESCRIPTION -----	ENDING BOOK VALUE -----
DEFERRED COSTS	NONE -----
TOTALS	NONE =====

FORM 990, PART IV - INVESTMENTS - SECURITIES

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DESCRIPTION	ENDING BOOK VALUE
-----	-----
MONEY MARKET FUNDS	712.
FIRST TRUST TARGET 5	
FIRST TRUST TARGET 10	
AIM DENT DEMOGRAPHICAL TRENDS	47,837.
	-----
TOTALS	48,549.
	=====

LAND, BUILDINGS, EQUIPMENT NOT HELD FOR INVESTMENT

ASSET DESCRIPTION	METHOD/ CLASS	FIXED ASSET DETAIL			ACCUMULATED DEPRECIATION DETAIL		
		BEGINNING BALANCE	ADDITIONS	ENDING BALANCE	BEGINNING BALANCE	ADDITIONS	ENDING BALANCE
PIANO	SL	1,200.		1,200	360	120.	480
TOTALS		1,200.		1,200	360.		480

FORM 990, PART IV - OTHER ASSETS

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DESCRIPTION	ENDING BOOK VALUE
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ARTWORK COLLECTIONS	62,400.
AMOUNTS DUE FROM AFFILIATE	27,582.
TOTALS	----- 89,982. =====

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DEAN HILL JEWETT GURNEY BECKER & BOURNE 237 MAIN STREET BUFFALO NY 14203	TRUSTEE .5	NONE	NONE	NONE
WILLIAM S. BRADLEY BOX 53 GETZVILLE NY 14068	TRUSTEE .5	NONE	NONE	NONE
ROBERT FASHANO ALLIANCE ADVISORY GROUP 350 ESSJAY RD., SUITE 301 WILLIAMSVILLE NY 14221	TRUSTEE .5	NONE	NONE	NONE
HARRY CARDILLO HABASIT 3453 PIERCE DRIVE CHAMBLEE GA 30341	TRUSTEE .5	NONE	NONE	NONE
FRED R. WHALEY, JR. 1411 DELAWARE AVENUE BUFFALO NY 14209	FORMER PRES/TRUSTEE 2.0	NONE	NONE	NONE
JOSEPH P. DISPENZA 321 LOWELL STREET KENMORE NY 14217	PRESIDENT 2.0	NONE	NONE	NONE
JUDY BENJAMIN GOODYEAR 800 W. FERRY, APT. 8A BUFFALO NY 14222	TRUSTEE .5	NONE	NONE	NONE

FORM 990, PART V - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND TIME DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
DONALD A. DEMEO 4728 WINDING WOODS LN. HAMBURG NY 14075	TREASURER 2.0	NONE	NONE	NONE
GRAND TOTALS				
		NONE	NONE	NONE

FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

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LINE NO.	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES
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102	THE INCOME WAS DERIVED FROM THE SALE OF THE FOREST LAWN HISTORY BOOK, EDUCATION GUIDES, AND FIELD GUIDES. THESE BOOKS EDUCATE THE PUBLIC ABOUT THE CULTURAL, ARCHITECTURAL, AND HISTORICALLY SIGNIFICANT FEATURES OF THE FOREST LAWN CEMETERY.
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SCH. A, PART IV - ORGANIZATIONS RECEIVING ANY UNUSUAL GRANTS FOR 2003  
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NAME OF CONTRIBUTOR -----	DATE ----	AMOUNT -----	EXPLANATION -----
OISHEI FOUNDATION	03/31/2004	300,000.	BLUE SKY MAUSOLEUM GRANT
CARLOS HEATH	03/31/2004	50,000.	BLUE SKY MAUSOLEUM GRANT
KNOX FOUNDATION	03/31/2004	35,000.	BLUE SKY MAUSOLEUM GRANT
TOTAL		----- 385,000. =====	