NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx



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

A Fo	r the 2	008 calendar	r yea	r, or tax year beginning 01-01-2008	and ending 12-31-200	8			•
B Ch	eck ıf ap	plicable Pleas	e	C Name of organization Karen Ann Quinlan Memorial Foundation				D Employer ide	ntification number
┌ Add	dress cha		RS	-				22-219105	
┌ Na	me chan	ge print	or	Doing Business As				E Telephone nu	ımber
┌ Init	tıal returi		fic	Number and street (or P O box if mail is	not delivered to street addre	ss) Roon	n/suite	(973) 383-0	
Г те	mınatıor	Instru tions		99 Sparta Ave	not delivered to street dadre	255) 10011	i, saice	G Gross receipt	t s \$ 5,117,756
☐ Am	ended re	eturn		City or town, state or country, and ZIP +	4				
- Apr	plication	pending		Newton, NJ 07860					
,			Nan	Lne and address of Principal Officer		l ,			
		'	Naii	ne and address of Finicipal Officer		H(a)	Is thi affilia	s a group return tes?	for
—— та	x-exemi	pt status 🔽 !	501(c)) (3) ◀ (insert no)		H(b)		affiliates include	,
								o," attach a list p Exemption Nu	See instructions)
J 44	eb site	∷ ► karenann	quini	annospic org		"(c)	0.00	p Exemption Nu	mber F
К Тур	e of orga	anization 🔽 Co	rporat	ion		L Yea	ır of Foi	mation 1977 M	State of legal domicile NJ
		_							
Pa	rt I			e organization's mission or most sigi	nificant activities				
e e	1			was formed for charitable purposes to		are to te	rmınal	lv ill patients ar	nd services to their
ě	1	-		e primarily in Sussex and Warren Co				., рашение а.	
Ĕ									
Governance	2	Check this bo	×Г	if the organization discontinued its o	perations or disposed o	of more t	:han 2		
			_	nembers of the governing body (Part					21
Activities &				ndent voting members of the governing		b) .		_	21
Ě				nployees (Part V, line 2a)				_	115
듗				olunteers (estimate if necessary) .				_	0
~	1			ted business revenue from Part VIII ness taxable income from Form 990		7a _ 7b	0		
		ivet dill'elated	Dusi	mess taxable income nom romin 500	-1, IIIe 54 1 1		Drio	r Year	Current Year
	8	Contribution	s and	d grants (Part VIII, line 1h)	1110	115,115	116,599		
₽	9			revenue (Part VIII, line 2g)			4,523,628	4,782,825	
Revenu	10			me (Part VIII, column (A), lines 3, 4			54,883	31,371	
æ	11			art VIII, column (A), lines 5, 6d, 8c				142,997	151,750
	12		e—a	dd lınes 8 through 11 (must equal Pa	art VIII, column (A), lın	e		4.026.622	5.003.545
	13	12)	umula	ar amounts paid (Part IX, column (A)	lines 1 – 3)			4,836,623	5,082,545
	14			or for members (Part IX, column (A),					
	15	•		ompensation, employee benefits (Par	•	5 -			
88		10)		,		·		2,420,091	2,723,756
Expenses	16a	Professional	fund	raising fees (Part IX, column (A), lin	e 11e)				0
ਡੋ	ь	(Total fundraisi	ng ex	penses, Part IX, column (D), line 25 0)				
	17	Other expen	ses ((Part IX, column (A), lines 11a–11d,	, 11f-24f)			1,874,121	1,931,480
	18			add lines 13–17 (must equal Part I)		<u> </u>		4,294,212	4,655,236
<u>_ m</u>	19	Revenue les	s exp	penses Subtract line 18 from line 12				542,411	427,309
8						В	eginni	ng of Year	End of Year
SS e.	20	Total assets	•	·				2,406,529	2,928,117
Net Assets or Fund Balances	21	Total liabiliti	es (F	Part X, line 26)				316,108	410,387
	22			d balances Subtract line 21 from lin	e 20			2,090,421	2,517,730
Pai	rt II	Signature							
				erjury, I declare that I have examined this re correct, and complete Declaration of prepare					
Plea		*****					2009-	07-20	
Sign		Signature of	office	er			Date		
Here		Louis Ruggie							
		Type or prin	t nam	e and title					
		Preparer's	lame	s J Caristia CPA		Check if self-		Preparer's PTIN	(See Gen Inst)
Paid			Jame			empolyed	·⊢⊏		
	arer's	Firm's name (o		rs Carıstıa Kulsar & Wade LLC	· '			EIN Þ	
Use	Only	address, and Z		336 Sparta Ave					
				Sparta, NJ 07871				Phone no 🕨 (9	73) 729-8968
May	the IRS	discuss this	retu	rn with the preparer shown above? (S	See instructions)				┌ Yes ┌ No

Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organization's missi	on			
	The Organization was formed for charit and Warren Counties, New Jersey	able purposes to provide appropriate	care to terminally ill patients	and services to their families who	reside primarily in Sussex
2	Did the organization undertake		ces during the year whic	h were not listed on	
	the prior Form 990 or 990-EZ?				ſes No
3	If "Yes," describe these new se Did the organization cease con		anges in how it conduct	c any program	
3	services?		ianges in now it conduct.	· · · · · · · ·	Yes 🔽 No
4	Describe the exempt purpose a Section 501(c)(3) and (4) organ others, the total expenses, and	ichievements for each of the o nizations and 4947(a)(1) trus	ts are required to report		
4a	(Code) (Exp The Organization was formed for cha and Warren Counties, New Jersey		cluding grants of \$ ate care to terminally ill patier) (Revenue \$ nts and services to their families w) ho reside primarily in Sussex
4b	(Code) (Exp	enses \$ inc	luding grants of \$) (Revenue \$)
) (G	
4c	(Code) (Exp	enses \$ Inc	luding grants of \$) (Revenue \$)
4d	Other program services (Des	cribe in Schedule O) including grants of \$)	(Revenue \$)
4e	Total program service expens	es \$ 3,109,835	Must equal Part IX, Line	25, column (B).	

art IV	Checklist of	Required	Schedules
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			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[4]{3}$	10		No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If</i> "Yes," complete Schedule F, Part III	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		Νo
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than $$5,000$ on Part IX, column (A), line $2?$ If "Yes," complete Schedule I, Parts I and III	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
		28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV.	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νο
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 14			
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c		No
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax</i> Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		No
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited	30		No
Ī	Tax Shelter Transaction?	5с		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		No
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			N
a	If "Yes," indicate the number of Forms 8282 filed during the year	7c		I NO
u	11 res, indicate the number of forms 5252 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			N -
f	benefit contract?	7e 7f		No No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>1</u>		No
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	'		
а	Did the organization make any taxable distributions under section 4966?	9a		No
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<u> </u> -		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Nο

Νo

Yes

Yes

2

3

4

5

6

7a

7b

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

For each "Yes" response to lines 2-7 below, and for a "No" response	e to lines 8 or 9b below, describe the circumstances,
processes, or changes in Schedule O. See instructions.	

	processes, or changes in Schedule O. See Instructions.	_	_
1a	Enter the number of voting members of the governing body	1a	2
ь	Enter the number of voting members that are independent	1b	2

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with an
other officer, director, trustee, or key employee?
Did the organization delegate control over management duties customarily performed by or under the direct

supervision of officers, directors or trustees, or key employees to a management company or other person?	•
Did the organization make any significant changes to its organizational documents since the prior Form 990	was
filed?	

Did the organization become aware during the year of a material diver	rsion of the organization's assets?
Does the organization have members or stockholders?	

												_	_			_			_	-		_	_	-	-	-	
Does the organiza	tior	n ha	ve	men	nbei	rs, s	toc	kho	ldei	s, c	or ot	her	per	son	s wh	o m	nay	elec	ton	e o	r m	ore	me	mbe	rs	of th	e
governing body?		•																					•				

Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	
	Did the organization contemporaneously document the meetings held or written actions undertaken during the	e

d the	organızatıon	contemporaneously	document the	meetings	held or	written	actions	undertaken	during the	
ar by	the following									

а	the governing body?																		-			
b	each committee with	auth	norii	ty to	ac	t or	n be	half	of t	he (gove	erni	ng b	ody	?							

1	Does the organization have local chapters, branches, or affiliates?													
b	If "Yes," does the organization have written policies and procedures	gov	ern	ıng	the	actı	viti	es c	fsu	ch (cha	pte	rs,	

	amiliates, and branches to ensure their operations are consistent with those of the organization?
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations
	must describe in Schedule O the process of any the organization uses to review the Form 900

	must describe in Schedule of the process, if any, the organization uses to review the Form 990	•	•	•	•	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cann	ot l	be i	reac	hed	at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O					

8a	Yes	
8b		Νo
9a		Νo
9b		No
10	Yes	
11		No
	•	

Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b		Νo
Describe the process in Schedule O			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		No
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 . Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed NJ
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. another's website. upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Organization 99 Sparta Ave Newton, NJ 07860 (973) 383-0115

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- * List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did i	not compens	sate any	offic	er, d	lirec	tor, tru	uste	e or key employee	Т	
		Posit tl	(C tion (hat a	chec)				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
William Hinkes Esq	5 00	Х						0	0	(
Scott Norton	5 00	Х						0	0	(
Richard D Pompelio	5 00	Х						0	0	(
Richard Barrow	5 00	Х						0	0	C
Paul Ferguson	5 00	Х						0	0	(
Patricia Sweeney	5 00	Х						0	0	C
Mary Ellen Quinlan	20 00	Х		Х				0	0	(
Lucian Fletcher Jr MD	5 00	Х						0	0	(
Louis Ruggiero	20 00	Х		Х				0	0	(
Lou Luddecke	20 00	Х		Х				0	0	C
Linda Ries	5 00	Х				i		0	0	C
Kevin Stroyan	5 00	Х						0	0	C
Ken Carter	5 00	Х				1		0	0	C
Julia Quinlan	20 00	Х		Х				0	0	C
Judith Wiegand	5 00	Х						0	0	(
John Quinlan	5 00	Х						0	0	(
Jodi Butler	5 00	Х						0	0	(
Edward Tırpack DDS	5 00	Х						0	0	(
Debra Meister	5 00	Х						0	0	(
Christopher Brown Esq	5 00	Х						0	0	(
Cecelia Clayton	40 00			Х				97,823	0	(
Ardelle Bigos	5 00	Х				1		0	0	(
						İ				
						İ				
						<u> </u>				
	1									
		T				1				

Part VII Continued

		(B)		(i tion that a			all			(E)		(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	or	Estima mount o compens from t ganizati relate organiza	fother ation the on and	
			-		_					+-			
										+			
			1										
			<u> </u>										
										-			
			_		_					_			
			+							+			
							<u> </u>			+			
1b Total			•			•	<u> </u>	97,823					
Total number of individuals (including compensation from the organization)		a) who	recei	ved	mo	re thai	า \$1	00,000 in reportabl	e				
											Yes	No	
3 Did the organization list any former o	fficer, direc	torort	ruste	e, k	ey e	emplo	/ee,	or highest compens	ated employee				
on line 1a? <i>If "Yes," complete Schedule</i>					-	-				3		Νo	

			103	110
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		Νο
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If</i> "Yes," complete Schedule J for such person	5		No

	Section	В.	Inde	pendent	Contract	ors
--	---------	----	------	---------	----------	-----

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

	(A) Name and business address	(B) Description of services	(C) Compensation
_	Total number of independent contractors (including those in 1) who received more than \$	100 000 in compansation	

Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

Part Stat

Statement of	Revenue
--------------	---------

			(A) Total Revenue	(B) Related or Exempt Function	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC
ifts, grants ar amounts	1a b c	Federated campaigns 1a Membership dues		Revenue		512, 513, or 514
Contributions, gifts, grants and other similar amounts	e f g	Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in				
ರಣ 	h	Innes 1a-1f \$	116,599			
Revenue	2a b	Medicare and Insurance	4,782,825	4,782,825		
Program Serwce Revenue	c d e					
rogram	f	All other program service revenue				
<u></u>	д 3	Total. Add lines 2a-2f				
	4	other similar amounts)	31,371			31,371
	5	Royalties	0			
	6a b c d	(I) Real (II) Personal Gross Rents Less rental expenses Rental income or (loss) Net rental income or (loss)	0			
	7a b c d	Gross amount from sales of assets other than inventory Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	0			
Other Revenue	8a b	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000	32,219	32,219		
•	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000				
	b c	Less direct expensesb Net income or (loss) from gaming activities	0			
	10a	Gross sales of inventory, less returns and allowances				
	b c	Less cost of goods sold b Net income or (loss) from sales of inventory • Miscellaneous Revenue Business Code	0			
	11a b	Miscellaneous income	119,531	119,531		
	d e	All other revenue Total. Add lines 11a-11d				
	12	\$ 119,531 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	5,082,545	4,934,575		31,371

Part IX Statement of Functional Expenses

	Section 501(c)(3) and 501(c)(4) orgalised by the section 501(c)(3) and 501(c)(4) orgalised by the section 501(c)(3) and 501(c)(4) organizations must complete column (A) but are not reference.				
	nother organizations must complete column (A) but are not in not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0	expenses	general expenses	ехрепьеь
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	97,823		97,823	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	2,276,356	1,747,935		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9	Other employee benefits	150,681	110,935	39,746	
10	Payroll taxes	198,896	146,433	52,463	
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
c	Accounting	0			
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	0			
f	Investment management fees	0			
g	Other	0			
12	Advertising and promotion	0			
13	Office expenses	44,754		44,754	
14	Information technology	0			
15	Royalties	0			
16	Occupancy	62,740		62,740	
17	Travel	156,231	149,473	6,758	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	43,362		43,362	
23	Insurance	76,856		76,856	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Pharmacy	301,428	301,428		
b	Patient care	110,413	110,413		
c	Nursing Home Room & Board	257,682	257,682		
	Durable equipment	152,819	152,819		
e	DONATIONS	100,000		100,000	
f	All other expenses	625,195	132,717	492,478	
25	Total functional expenses. Add lines 1 through 24f	4,655,236	3,109,835	1,545,401	0
26	Joint Costs. Check Tif following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation		. , -	. , :	

Part X	Balance	Sheet

					(A) Beginning of year			3) fyear
	1	Cash—non-interest-bearing	_		Degining of year	1	Liid 0	0
	2	Savings and temporary cash investments			1,459,023	2		1,861,735
	3	Pledges and grants receivable, net	•		4,285	3		0
	4	Accounts receivable, net	•		635,541	4		662,415
	5	Receivables from current and former officers, directors, trustees,	kav ai	mnlovees or	333,311	_		
	_	other related parties $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		5		0		
	6	Receivables from other disqualified persons (as defined under sepersons described in section $4958(c)(3)(B)$ Complete Part II of S				6		0
	7	Notes and loans receivable, net				7		0
	8	Inventories for sale or use				8		0
\$	9	Prepaid expenses and deferred charges			44,665	9		52,398
Assets	10a	Land, buildings, and equipment cost basis						
⋖			10a	555,815				
	Ь	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>	10b	337,365	84,376	10c		218,450
	11	Investments—publicly traded securities			101,884	11		0
	12	Investments—other securities See Part IV, line 11 Complete Part Schedule D	f		12		0	
	13	Investments—program-related See Part IV, line 11 Complete Part of Schedule D.		13		0		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule		76,755			133,119	
		D				15		
	16	Total assets. Add lines 1 through 15 (must equal line 34)			2,406,529	16		2,928,117
	17	Accounts payable and accrued expenses .			281,373	17		328,304
	18	Grants payable		18				
	19	Deferred revenue	34,735	19		82,083		
ی	20	Tax-exempt bond liabilities		20				
ē.	21	Escrow account liability Complete Part IV of Schedule D			21			
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
Ë		persons Complete Part II of Schedule L		22				
	23	Secured mortgages and notes payable to unrelated third parties				23		
	24	Unsecured notes and loans payable				24		_
	25	Other liabilities Complete Part X of Schedule D				25		
	26	Total liabilities. Add lines 17 through 25			316,108	26		410,387
>		Organizations that follow SFAS 117, check here 🕨 🔽 and comple	ete line	es 27				
9		through 29, and lines 33 and 34.						
Balance	27	Unrestricted net assets			2,090,421	27		2,517,730
Ba	28	Temporarily restricted net assets				28		
ঘ	29	Permanently restricted net assets				29		
r Fund		Organizations that do not follow SFAS 117, check here ► ☐ and lines 30 through 34.	comp	lete				
s or	30	Capital stock or trust principal, or current funds				30		
Į,	31	Paid-in or capital surplus, or land, building or equipment fund .				31		
Assets	32	Retained earnings, endowment, accumulated income, or other fun				32		
Net ,	33	Total net assets or fund balances			2,090,421	33		2,517,730
Ż	34	Total liabilities and net assets/fund balances			2,406,529			2,928,117
Pa	rt XI	Financial Statements and Reporting					Yes	No

Dart YT	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		Νο

efile GRAPHIC print - DO NOT PROCESS

hospital's name, city, and state

Section 170(b)(1)(A)(iv). (Complete Part II)

As Filed Data -

Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

A church, convention of churches, or association of churches described in Section 170(b)(1)(A)(i).

A federal, state, or local government or governmental unit described in Section 170(b)(1)(A)(v).

The organization is not a private foundation because it is (Please check only **one** organization)

A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

DLN: 93493204007009

OMB No 1545-0047

Public Charity Status and Public Support

(Form 990 or 990EZ)

SCHEDULE A

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) A medical research organization operated in conjunction with a hospital described in Section 170(b)(1)(A)(iii). Enter the

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in

An organization that normally receives a substantial part of its support from a governmental unit or from the general public

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Karen Ann Ouinlan Memorial Foundation Employer identification number

22-2191055

	described i	n Sect ion 170((b)(1)(A)(vi) (Complete Par	tII)							
8	A commun	ty trust descri	bed in Section 170(b)(1)(A)	(vi) (Con	nplete Par	tII)					
9 🗆	An organiza	ation that norm	nally receives (1) more than	331/3%	of its supp	ort from c	ontributior	ns, membe	ership fees	, and gro	ss
	receipts fro	m activities re	elated to its exempt functions	—s ubject	t to certair	n exceptio	ns, and (2) no more	than 331/	3% of	
	ıts support	from gross inv	estment income and unrelate	ed busine	ss taxable	income (less sectio	on 511 ta	x) from bu	sınesses	
	acquired by	the organizat	ion after June 30, 1975 See	Section 5	509(a)(2).	(Complet	e Part III)			
· 「	An organiza	atıon organized	d and operated exclusively to	test for p	oublic safe	ty See S e	ection 509	(a)(4). (S	ee instruc	tions)	
	one or more the box tha a T By checkin other than section 50 If the organ check this Since Augu following pe (i) a perso and (iii) a family	e publicly supp t describes the ype I to g this box, I confoundation mai 9(a)(2) nization receive box ist 17, 2006, It ersons? In who directly ow, the govern member of a	ertify that the organization is nagers and other than one or ed a written determination from the street or indirectly controls, either and body of the the supported person described in (i) above	d in section and control of the section and control of the section	on 509(a) complete li complete li complete direct licly support that it is or contrib cogether wi stion?	(1) or sec ines 11e t nally Inter ctly or indr orted orga a Type I, ution from	tion 509(a chrough 11 grated irectly by a inizations Type II o	a)(2) See h d one or mo described rType III	Type re disquali in section supportin 11ge 11ge	III - Ot fied pers 509 (a) (i) Yes	. Check her ons 1) or
ı	` '		tity of a person described in (rmation about the organizatio			supports			11g(<u>) </u>	<u> </u>
Su	Name of upported ganization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions))	organiz col (i) your go	Is the zation in listed in overning ment?	the orga	you notify anization i) of your port?	organiz col (i) d	Is the zation in organized	(vii) An supp	
				Yes	No	Yes	No	Yes	No	1	
	_										
tal											
	work Reduction A	at Nation and the			1	1	ı	ı	1	I	

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

	(Complete only if you chec	ked the box of	1 line 5, 7, or	o of Part I.)				
	ublic Support							
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	119,517	156,879	59,116	115,115		116,599	567,226
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							0
3	The value of services or facilities furnished by a governmental unit to the organization without charge							0
4	Total. Add line 1-3	119,517	156,879	59,116	115,115		116,599	567,226
5	The portion of total contribution by each							
	person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							0
6	Public Support subtract line 5 from line							
U	4							567,226
Т	otal Support			L	L			_
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	119,517	20,356	59,116	115,115	\ - /	116,599	567,226
8	Gross income from interest, dividends,							
	payments received on securities loans, rents, royalties and income from similar sources	3,944	20,356	43,633	54,883		31,371	154,187
9	Net income from unrelated business activities, whether or not the business is regularly carried on							0
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							0
11	Total Support (Add lines 7 through 10)							721,413
12	Gross receipts from related activities, etc	(See instruction	s)	•	•	12		
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc	entage			tax year as a 50	01(c)(▶ □
14	Public Support Percentage for 2008 (line 6	column (f) dıvıd	ed by line 11 co	lumn (f))		14		78 630 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, line 26f			15		87 100 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did	a publicly supp	orted organizati	on	·			▶ ✓
	box and stop here. The organization qualifies 10% Facts and Circumstances Test - 2008. I more, and if the organization meets the "facts and circumst 10% Facts and Circumstances Test - 2007. I	If the organization ts and circumst ances" test The	on did not check ances" test, che e organization qu	a box on line 13 eck this box and ualifies as a pub	stop here. Expl	laın ın organı:	Part IV ho zation	w the
18	more, and if the organization meets the "fact the organization meets the "facts and circu Private Foundation. If the organization did	ts and circumst mstances" test	ances" test, che The organizatio	eck this box and n qualifies as a	stop here. Expl publicly support	laın ın ted org	Part IV ho Janization	

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

OMB No 1545-0047

2008

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Employer identification number Name of the organization Karen Ann Quinlan Memorial Foundation 22-2191055 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised □ No funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year 2a Total number of conservation easements h 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1

following amounts required to be reported under SFAS 116 relating to these items

(ii) Assets included in Form 990, Part X

Assets included in Form 990, Part X

Revenues included in Form 990, Part VIII, line 1

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

► \$

Part	Organizations Maintaining Coll	ections of Art,	His	tori	cal Treasur	res, or Othe	r Similar Asse	ts (co	ntınued)
3	Using the organization's accession and other litems (check all that apply)	ecords, check any	of th	e foll	owing that are	a significant u	se of its collectior	ı	
а	Public exhibition		d	Γ	Loan or exch	ange programs			
b	Scholarly research		e	Γ	Other				
c	Preservation for future generations								
4	Provide a description of the organization's coll Part XIV	ections and explain	n how	they	further the or	rganızatıon's ex	empt purpose in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to						ılar	Yes	┌ No
Par	Trust, Escrow and Custodial And Part IV, line 9, or reported an amo					nization answ	ered "Yes" to Fo	rm 99	90,
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?	n or other intermed	diary	for c	ontributions oi	r other assets r		Yes	┌ No
b	If "Yes," explain why in Part XIV and complete	e the following table	9						
							A mou	nt	
с	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on For	m 990, Part X, line	21?				Γ.	Yes	┌ No
	If "Yes," explain the arrangement in Part XIV								
Pai	t V Endowment Funds. Complete if								
_		(a)Current Year	(b)	Prior Y	rear (c)Two	Years Back (d)	Three Years Back (e)	Four Ye	ears Back
1a	Beginning of year balance								
b	Contributions								
С.	Investment earnings or losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
q	End of year balance								
2	Provide the estimated percentage of the year	and halance held as	=						
		ena barance nera as	•						
а	Board designated or quasi-endowment								
b	Permanent endowment 🕨								
C _	Term endowment ►	6.1							
3a	Are there endowment funds not in the possess organization by	ion of the organizat	tion t	nat a	re held and ac	iministered for	tne	Yes	No
	(i) unrelated organizations						3a(i)		
	(ii) related organizations						3a(ii)		
b	If "Yes" to 3a(II), are the related organizations		on S	ched	ule R?		Зь		
		ilisted as required	011 0	•					
4	Describe in Part XIV the intended uses of the $% \left\{ 1,2,\ldots ,n\right\}$								
	Describe in Part XIV the intended uses of the VI Investments—Land, Buildings,	organization's endo	owme	nt fu	nds	rt X, line 10.			
		organization's endo	owme	nt fu ee Fo	nds	rt X, line 10. (b)Cost or other basis (other)	(c) Depreciation	(d) Bo	ok value
Par	t VI Investments—Land, Buildings,	organization's endo	owme	nt fu ee Fo	nds orm 990, Pa) Cost or other	(b)Cost or other		(d) Bo	ok value
Par	Description of investment	organization's endo	owme	nt fu ee Fo	nds orm 990, Pa) Cost or other	(b)Cost or other		(d) Bo	ok value
Par 1a l	Description of investment	organization's endo	owme	nt fu ee Fo	nds orm 990, Pa) Cost or other	(b)Cost or other		(d) Bo	ook value
1a l	Description of investment and	organization's endo	owme	nt fu ee Fo	nds orm 990, Pa) Cost or other	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	
1a l b l c l d l	Description of investment and	and Equipmen	owme	nt fu ee Fo	nds orm 990, Pa) Cost or other	(b)Cost or other basis (other)	(c) Depreciation	(d) Bo	3,082

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13)			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
]	
]	
]	
			1	
			1	
			1	
·			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25) 🕨		1	
	· · · · · · · · · · · · · · · · · · ·	1		

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	5,082,545
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,655,236
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	427,309
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	427,309
Par	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	5,117,756
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	35,211
3	Subtract line 2e from line 1	3	5,082,545
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Ь	Other (Describe in Part XIV)		
_ C	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	5,082,545
1	Reconciliation of Expenses per Audited Financial Statements With Expenses Total expenses and losses per audited financial statements	1 1	4,690,447
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		4,030,147
- а	Donated services and use of facilities		
ь	Prior year adjustments		
c	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV) 2d 35,211		
e	Add lines 2a through 2d	2e	35,211
3	Subtract line 2e from line 1	3	4,655,236
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	4,655,236
Pai	t XIV Supplemental Information		
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pot t V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	art XIV	, lines 1b and 2b,

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Ident if ier	Return Reference	Explanation
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	Fundraising expense \$35211
Part XII, Line 2d	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	Fundraising expense \$35211

Part XIV Supplemental I	plemental Information(continued)			
Ident if ier	Return Reference	Explanation		
Part XIII, Line 2d	Part XIII, Line 2d Other expenses and losses per audited F/S	Fundraising expense \$35211		
Part XII, Line 2d	Part XII, Line 2d Other revenue amounts included in F/S but not included on form 990	Fundraising expense \$35211		

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OMB No 1545-0047

Supplemental Information Regarding Fundraising or Gaming Activities

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public

Name of the organization									
3					Employer ider	ntification number			
Karen Ann Quinlan Memorial Fo	undation								
					22-2191055				
Part I Fundraising Ac	tivities. Complet	e if the oi	rganızat	ion answered "Yes"	to Form 990, Part IV	, line 17.			
1 Indicate whether the orga	nızatıon raısed funds	through ar	nv of the	following activities Ch	eck all that apply				
a Mail solicitations	e Solicitation of non-gov								
b Email solicitations	·				•				
c Phone solicitations	<u></u>				,	5			
d In-person solicitation:	5			g , openia lanara	og crob				
•									
Did the organization have or key employees listed inIf "Yes," list the ten highe	n Form 990, Part VII) or entity	ın connec	ction with professional f	undraising activities?	└ Yes 			
to be compensated at leas									
		(iii) Dıd							
(2) Norman of an day days I		fundrais	erhave	(5-2)	(v) A mount paid to	(vi) A mount paid to			
(i) Name of individual	(ii) Activity	fundrais custo	er have dy or	(iv) Gross receipts	(or retained by)	(vi) A mount paid to (or retained by)			
(i) Name of individual or entity (fundraiser)	(ii) Activity	fundrais custo contr	er have dy or ol of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	1			
	(ii) Activity	fundrais custo	er have dy or ol of	` '	(or retained by)	(or retained by)			
	(ii) Activity	fundrais custo contr contribu	er have dy or ol of utions?	` '	(or retained by) fundraiser listed in	(or retained by)			
	(ii) Activity	fundrais custo contr contribu	er have dy or ol of utions?	` '	(or retained by) fundraiser listed in	(or retained by)			
	(ii) Activity	fundrais custo contr contribu	er have dy or ol of utions?	` '	(or retained by) fundraiser listed in	(or retained by)			
	(ii) Activity	fundrais custo contr contribu	er have dy or ol of utions?	` '	(or retained by) fundraiser listed in	(or retained by)			
	(ii) Activity	fundrais custo contr contribu	er have dy or ol of utions?	` '	(or retained by) fundraiser listed in	(or retained by)			
	(ii) Activity	fundrais custo contr contribu	er have dy or ol of utions?	` '	(or retained by) fundraiser listed in	(or retained by)			
	(ii) Activity	fundrais custo contr contribu	er have dy or ol of utions?	` '	(or retained by) fundraiser listed in	(or retained by)			
• •	(ii) Activity	fundrais custo contr contribu	er have dy or ol of utions?	` '	(or retained by) fundraiser listed in	(or retained by)			
• •	(ii) Activity	fundrais custo contr contribu	er have dy or ol of utions?	` '	(or retained by) fundraiser listed in	(or retained by)			

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form					r repor	rted
			(a) Event #1 Harley Event (event type)	(b) Event #2 Wine & Cheese Event (event type)	(c) O ther Events (total number)	(Add c	Total Evo ol (a) tl col (c))	hrough
Revenue	1 2	Gross receipts Less Charitable contributions	35,115)		6	51,584
<u>~</u>	3	Gross revenue (line 1 minus line 2)	35,115	26,469	9			51,584
	4	Cash Prizes						
Ses	5	Non-cash Prizes						
Expenses	6	Rent/Facility costs						
ភិ ស	7	Other direct expenses	21,845	11,822	2			33,667
Drea	8	Direct expense summary Add line	es 4 through 7 ın column	(d)	•	33,667		
	9	Net income summary Combine lir						27,917
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		"Yes" to Form 990, Pa	art IV, line 19, or repo	orted m	ore tha	n
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming		tal gamını through c	
	1	Gross revenue						
မှ	2	Cash prizes						
Expenses	3	Non-cash prizes						
ញ ស្គ	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes		┌ Yes%_ ┌ No			
	7	Direct expense summary Add lines	s 2 through 5 ın column (d)				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)				T
9 a b	Is t	er the state(s) in which the organiza the organization licensed to operate No," Explain				. 9	Yes a	No
10a b		re any of the organization's gaming l Yes," Explain	ıcenses revoked, suspen	ded or terminated during	g the tax year?	10)a	<u> </u>
11 12	Is t	es the organization operate gaming a	ry or trustee of a trust or	a member of a partnersh	np or other entity		1	<u> </u>
	form	ned to administer charitable gaming	?			. .	,	

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •	-	
	Address •	-	
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name Name		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public

Inspection

Name of the organization
Karen Ann Quinlan Memorial Foundation

Employer identification number

22-2191055

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Board approves Executive Directors salary
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Annually, individuals involved with the Organization fill out and sign a conflict of interest form
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10 Form 990 Review Process	Executive Director and outside accountants review Form 990 prior to filing

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

Cat No 51056K

Schedule O (Form 990) 2008