

Return of Organization Exempt From Income Tax

2010

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

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

A For the 2010 calendar year, or tax year beginning **APR 1, 2010** and ending **MAR 31, 2011**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FRIENDS OF KAREN, INC.		D Employer identification number 14-1612290
	Doing Business As		E Telephone number 914-277-4547
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 3,445,420.
	118 TITICUS ROAD, PO BOX 190		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City or town, state or country, and ZIP + 4 PURDYS, NY 10578-0190		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "No," attach a list. (see instructions)
F Name and address of principal officer: JUDITH FACTOR SAME AS C ABOVE		H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.FRIENDSOFKAREN.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1978 M State of legal domicile: NY	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	13
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	25
	6 Total number of volunteers (estimate if necessary)	6	150
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,558,727.	2,964,275.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-146,213.	186,568.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,499,082.	3,091,212.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	178,060.	154,636.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,171,243.	1,283,006.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 267,707.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,339,707.	1,569,275.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,689,010.	3,006,917.	
19 Revenue less expenses. Subtract line 18 from line 12	-189,928.	84,295.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	5,268,921.	5,641,742.
	22 Net assets or fund balances. Subtract line 21 from line 20	140,161.	140,461.
		5,128,760.	5,501,281.

Part II Signature Block

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.

Sign Here	Signature of officer		Date		
	JUDITH FACTOR, EXECUTIVE DIRECTOR				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶ LOEB & TROPER LLP	Firm's EIN ▶			
	Firm's address ▶ 655 THIRD AVENUE, 12TH FLOOR NEW YORK, NY 10017	Phone no. 212-867-4000			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part IV Checklist of Required Schedules

Table with columns for question number, question text, Yes, and No. Rows include questions 1 through 20b regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 21 through 38 regarding grants, compensation, bond issues, and organizational structure.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	1a		13
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b		13
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
8a			
b	Each committee with authority to act on behalf of the governing body?	X	
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
10b			
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12b			
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
12c			
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	X	
15	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?		
a	The organization's CEO, Executive Director, or top management official	X	
15a			
b	Other officers or key employees of the organization		X
15b			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	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			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NY, NJ, CT**
- 18** Section 6104 requires an organization to make its Forms 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.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **TERRI SORRENTINO - 914-277-4547**
118 TITICUS ROAD, PO BOX 190, PURDYS, NY 10578-0190

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

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, and 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
BETH LEVENTHAL PRESIDENT	1.00	X		X			0.	0.	0.	
PAM HERVEY VICE PRESIDENT	1.00	X		X			0.	0.	0.	
SHARON WEINER SECRETARY	1.00	X		X			0.	0.	0.	
J DURST ASSISTANT SECRETARY	1.00	X		X			0.	0.	0.	
ROBERT GOLDBERG TREASURER	1.00	X		X			0.	0.	0.	
AYO HART BOARD MEMBER	1.00	X					0.	0.	0.	
BRADD J. GOLD BOARD MEMBER	1.00	X					0.	0.	0.	
DUNCAN HUYLER BOARD MEMBER	1.00	X					0.	0.	0.	
ERICA HUYLER BOARD MEMBER	1.00	X					0.	0.	0.	
DAVID ROSENBERG BOARD MEMBER	1.00	X					0.	0.	0.	
PAUL SMADBECK BOARD MEMBER	1.00	X					0.	0.	0.	
STEVEN M. SWIRSKY BOARD MEMBER	1.00	X					0.	0.	0.	
PALMA PATTI CACACE BOARD MEMBER	1.00	X					0.	0.	0.	
JUDITH FACTOR EXECUTIVE DIRECTOR	60.00			X			173,654.	0.	0.	
LYNN BAHNKEN DIRECTOR OF FINANCE & ADMI	45.00			X			69,744.	0.	0.	

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events	990,373.				
	d	Related organizations					
	e	Government grants (contributions)	139,173.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1834729.				
	g	Noncash contributions included in lines 1a-1f: \$	361,942.				
	h	Total. Add lines 1a-1f	2964275.				
	Program Service Revenue	Business Code					
2 a							
b							
c							
d							
e							
g		Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	151,390.			151,390.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	(i) Real					
		(ii) Personal					
		b	Gross Rents				
		c	Less: rental expenses				
	d	Net rental income or (loss)					
	7 a	(i) Securities					
		(ii) Other					
		b	Gross amount from sales of assets other than inventory	91,198.			
		c	Less: cost or other basis and sales expenses	56,020.			
	d	Net gain or (loss)	35,178.				
	8 a	Gross income from fundraising events (not including \$ 990,373. of contributions reported on line 1c). See Part IV, line 18	238557.				
	b	Less: direct expenses	298188.				
c	Net income or (loss) from fundraising events	-59,631.			-59,631.		
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.		3091212.	0.	0.	126,937.	

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	10,188.	1	6,473.	
	2 Savings and temporary cash investments	567,527.	2	566,944.	
	3 Pledges and grants receivable, net	10,000.	3	25,000.	
	4 Accounts receivable, net		4		
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	7,176.	9	11,207.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 904,963.			
	b Less: accumulated depreciation	10b 457,706.	457,633.	10c 447,257.	
	11 Investments - publicly traded securities	4,210,597.	11	4,579,301.	
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	5,800.	15	5,560.	
16 Total assets. Add lines 1 through 15 (must equal line 34) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5,268,921.	16	5,641,742.		
Liabilities	17 Accounts payable and accrued expenses	39,364.	17	57,766.	
	18 Grants payable		18		
	19 Deferred revenue	100,797.	19	82,695.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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 to unrelated third parties		24		
	25 Other liabilities. Complete Part X of Schedule D		25		
	26 Total liabilities. Add lines 17 through 25 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	140,161.	26	140,461.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	4,656,952.	27	5,127,028.	
	28 Temporarily restricted net assets	453,808.	28	356,253.	
	29 Permanently restricted net assets	18,000.	29	18,000.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	5,128,760.	33	5,501,281.	
34 Total liabilities and net assets/fund balances <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5,268,921.	34	5,641,742.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization: **FRIENDS OF KAREN, INC.** Employer identification number: **14-1612290**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 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 exempt 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).** (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III - Functionally integrated
 - d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii) A family member of a person described in (i) above?		
(iii) A 35% controlled entity of a person described in (i) or (ii) above?		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1,542,689.	1,876,773.	2,636,428.	2,558,727.	2,964,275.	11,578,892.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,542,689.	1,876,773.	2,636,428.	2,558,727.	2,964,275.	11,578,892.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						863,613.
6 Public support. Subtract line 5 from line 4.						10,715,279.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	1,542,689.	1,876,773.	2,636,428.	2,558,727.	2,964,275.	11,578,892.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	132,003.	156,388.	157,358.	132,141.	151,390.	729,280.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,309,136.	1,222,874.	292,715.	249,996.	238,557.	3,313,278.
11 Total support. Add lines 7 through 10						15,621,450.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	68.59 %
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	61.96 %
16a 33 1/3% support test - 2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2009. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		<input type="checkbox"/>

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

REVENUE FROM SPECIAL EVENTS

OTHER REVENUE

Multiple horizontal lines for providing supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

FRIENDS OF KAREN, INC.

Employer identification number

14-1612290

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, grants, value, and questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions about purpose of easements, total number, acreage, and monitoring requirements.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	18,000.	18,000.			
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	18,000.	18,000.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 100.00 %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		56,362.		56,362.
b Buildings		634,904.	318,214.	316,690.
c Leasehold improvements				
d Equipment		182,997.	126,743.	56,254.
e Other		30,700.	12,749.	17,951.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				447,257.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,091,212.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,006,917.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	84,295.
4	Net unrealized gains (losses) on investments	4	288,226.
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 through 8	9	288,226.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	372,521.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	3,459,110.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	288,226.
b	Donated services and use of facilities	2b	88,415.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	376,641.
3	Subtract line 2e from line 1	3	3,082,469.
4	Amounts 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	8,743.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	8,743.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,091,212.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	3,086,589.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	88,415.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	88,415.
3	Subtract line 2e from line 1	3	2,998,174.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	8,743.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	8,743.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,006,917.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: INCOME TO BE USED FOR THE SUPPORT OF CHILDREN WITH

LIFE-THREATENING ILLNESS.

PART X, LINE 2: THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. PERIODS ENDING MARCH 31, 2008 AND SUBSEQUENT REMAIN SUBJECT TO EXAMINATION BY APPLICABLE TAXING AUTHORITIES.

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
CLOTHING AND HOUSEHOLD GOODS	1291	0.	154,636.	RETAIL COST	CLOTHING AND HOUSEHOLD GOODS.

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: AS DONATIONS COME IN, FRIENDS OF KAREN, INC.

RECORDS THEM AS A GIFT IN KIND IN THE RAISER'S EDGE DATABASE EITHER AT THE

VALUE SUGGESTED BY THE DONOR OR RETAIL COST. A WRITTEN REQUEST IS

PROCESSED BY ONE OF THE SOCIAL WORKERS IDENTIFYING A FAMILY IN NEED, THE

ITEMS ARE DISTRIBUTED ACCORDINGLY AND THEN RECORDED IN KIDBOOKS (CHILD

DATABASE) AND THEN MAILED TO THE APPROPRIATE FAMILY.

SCHEDULE J (Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2010

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990. See separate instructions.

Name of the organization

FRIENDS OF KAREN, INC.

Employer identification number

14-1612290

Part I Questions Regarding Compensation

Table with 3 columns: Question, Yes, No. Rows include questions 1a through 9 regarding compensation policies and contingencies.

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

Schedule J (Form 990) 2010

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JUDITH FACTOR	(i)	173,654.	0.	0.	0.	0.	173,654.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

Name of the organization: **FRIENDS OF KAREN, INC.** Employer identification number: **14-1612290**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		283,186.	RETAIL COST
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	4	43,694.	SELLING PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (GRAVE SITES)	X	4	30,062.	RETAIL COST
26 Other ▶ (OFFICE EQUIPM)	X	1	5,000.	RETAIL COST
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE M, PART I, COLUMN (B): THE ORGANIZATION IS REPORTING THE
NUMBER OF CONTRIBUTORS.

Multiple horizontal lines for data entry.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public
Inspection

Name of the organization

FRIENDS OF KAREN, INC.

Employer identification number

14-1612290

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FRIENDS OF KAREN, INC. WAS ORGANIZED FOR THE PURPOSE OF PROVIDING
EMOTIONAL, FINANCIAL AND ADVOCACY SUPPORT FOR FAMILIES OF CHILDREN WITH
CATASTROPHIC AND LIFE-THREATENING ILLNESSES.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE MISSION OF FRIENDS OF KAREN IS TO PROVIDE EMOTIONAL, FINANCIAL AND
ADVOCACY SUPPORT TO CHILDREN WITH CANCER AND OTHER LIFE-THREATENING
ILLNESSES AND THEIR FAMILIES. FRIENDS OF KAREN ACHIEVES THIS MISSION
BY: PROVIDING EMOTIONAL SUPPORT FOR FAMILIES OVERWHELMED BY THEIR
CHILD'S ILLNESS AND DIRECT FINANCIAL ASSISTANCE WITH MEDICAL CARE,
ILLNESS-RELATED EXPENSES AND HOUSEHOLD COSTS THAT FAMILIES CANNOT
AFFORD DUE TO LOSS OF INCOME AS A RESULT OF THE CHILD'S ILLNESS;
ADVOCATING FOR CHILDREN AND THEIR FAMILIES BEFORE GOVERNMENT AND
PRIVATE AGENCIES; INVESTIGATING AND OBTAINING RESOURCES AVAILABLE TO
CHILDREN AND THEIR FAMILIES; OFFERING BEREAVEMENT SUPPORT AND PROVIDING
ASSISTANCE TO SIBLINGS OF OUR CRITICALLY-ILL CHILDREN.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

FAMILY SUPPORT PROGRAM - IN 2010, FRIENDS OF KAREN SUPPORTED 1,291
CHILDREN WITH LIFE-THREATENING ILLNESSES AND THEIR SIBLINGS, PROVIDING
COMPREHENSIVE AND INDIVIDUALIZED CASE MANAGEMENT. CASES WERE REFERRED
TO FRIENDS OF KAREN FROM 25 MAJOR NEW YORK AREA HOSPITALS, A TESTIMONY
TO THE ORGANIZATION'S OUTSTANDING REPUTATION AND UNIQUE RANGE OF
SERVICES.

Name of the organization FRIENDS OF KAREN, INC.	Employer identification number 14-1612290
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GIFT PROGRAM - FRIENDS OF KAREN'S GIFT PROGRAM PROVIDES BIRTHDAY AND HOLIDAY GIFTS TO ILL CHILDREN AND THEIR SIBLINGS, AS WELL AS SCHOOL SUPPLIES AND OTHER ITEMS YEAR-ROUND. IN 2010, FRIENDS OF KAREN PROVIDED HOLIDAY GIFTS TO 727 CHILDREN AND BACK-TO-SCHOOL BACKPACKS AND SUPPLIES TO 559 CHILDREN. WE ALSO PROVIDED 111 NEEDY FAMILIES WITH THANKSGIVING FOOD BASKETS AND DISTRIBUTED OVER \$35,000 IN SUPERMARKET GIFT CARD TO FAMILIES IN NEED OF HELP.

SIBLING SUPPORT PROGRAM - THIS PROGRAM OFFERS EARLY INTERVENTIONS FOR CHILDREN COPING WITH EXTREMELY DIFFICULT SITUATIONS RESULTING FROM THEIR BROTHER'S OR SISTER'S LIFE-THREATENING ILLNESS. SIBLING SUPPORT COUNSELORS WORK INDIVIDUALLY OR IN GROUPS WITH SIBLINGS MOST "AT RISK". THROUGH THE ART FORM OF THE CHILD'S CHOICE, THE COUNSELORS WORK WITH THE CHILD AND HELP HIM OR HER IDENTIFY FEELINGS AND FEARS, AND FIND EFFECTIVE WAYS TO COPE.

FORM 990, PART VI, SECTION A, LINE 2: DUNCAN HUYLER AND ERICA HUYLER HAVE A FAMILY RELATIONSHIP.

ROBERT GOLDBERG AND DAVID ROSENBERG HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11: THE FINAL FORM 990 WAS REVIEWED AND DISCUSSED THOROUGHLY WITH THE FINANCE COMMITTEE MEMBERS AND PRESENTED TO ALL BOARD MEMBERS ELECTRONICALLY.

FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS AND DIRECTORS ARE REQUIRED TO SIGN A CONFLICT OF INTEREST DISCLOSURE FORM ANNUALLY. THE EXECUTIVE DIRECTOR REVIEWS THESE FORMS (WHICH ARE MAINTAINED IN INDIVIDUAL BOARD MEMBER AND PERSONNEL FILES) AND REPORTS BACK TO THE BOARD TO ASSURE COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY. EXECUTIVE DIRECTOR ALSO

Name of the organization FRIENDS OF KAREN, INC.	Employer identification number 14-1612290
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SIGNS THE FORM AND PRESENTS IT TO THE BOARD. AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, THE PERSON NEEDS TO LEAVE THE GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. AFTER EXERCISING DUE DILIGENCE, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE ORGANIZATION CAN OBTAIN WITH REASONABLE EFFORTS A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTION OR ARRANGEMENT IS NOT REASONABLY POSSIBLE UNDER CIRCUMSTANCES NOT PRODUCING A CONFLICT OF INTEREST, THE GOVERNING BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE ORGANIZATION'S BEST INTEREST, FOR ITS OWN BENEFIT, AND WHETHER IT IS FAIR AND REASONABLE. IN CONFORMITY WITH THE ABOVE DETERMINATION IT SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGEMENT.

FORM 990, PART VI, SECTION B, LINE 15A: THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS HAS SERVED AS THE PERSONNEL AND COMPENSATION COMMITTEE. IN DETERMINING COMPENSATION FOR THE CEO, THE COMMITTEE REVIEWED SALARIES OF SIMILAR ORGANIZATIONS (SIZE, BUDGET, MISSION), AS WELL AS THE SCOPE OF RESPONSIBILITIES AND RANGE OF THE DIRECTOR'S EXPERIENCE. THIS PROCESS LAST TOOK PLACE IN MAY 2010.

FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST ARE AVAILABLE UPON REQUEST. AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION WEBSITE AND DISTRIBUTED AS AN

Name of the organization FRIENDS OF KAREN, INC.	Employer identification number 14-1612290
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ANNUAL REPORT THROUGH OUR NEWSLETTER.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 288,226.

FORM 990, PART XII, LINE 2C

OVERSIGHT AND SELECTION PROCESS HAVE NOT BEEN CHANGED FROM THE PRIOR YEAR.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDINGS											
1	BUILDING	VARIABLE	SSL	.000	16	386,197.			386,197.	158,502.		9,655.
2	BUILDING IMPROVEMENTS	VARIABLE	SSL	.000	16	248,707.			248,707.	135,589.		14,468.
	* 990 PAGE 10 TOTAL BUILDINGS					634,904.		0.	634,904.	294,091.	0.	24,123.
3	MACHINERY & EQUIPMENT	VARIABLE	SSL	.000	16	182,997.			182,997.	94,426.		32,317.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					182,997.		0.	182,997.	94,426.	0.	32,317.
	LAND											
5	GRAVE SITES	VARIABLE	SSL	.000	16	56,362.			56,362.			0.
	* 990 PAGE 10 TOTAL LAND					56,362.		0.	56,362.	0.	0.	0.
	OTHER											
4	WEBSITE	VARIABLE	SSL	.000	16	30,700.			30,700.	3,146.		9,603.
	* 990 PAGE 10 TOTAL OTHER					30,700.		0.	30,700.	3,146.	0.	9,603.
	* GRAND TOTAL 990 PAGE 10 DEPR					904,963.		0.	904,963.	391,663.	0.	66,043.