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Short Form 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)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form
- The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2008

Open to Public
Inspection

A For the 2008 calendar year, or tax year beginning

8/1/2008

, and ending

7/31/2009

B Check if applicable

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

C Name of organization

FRANKLIN FURNACE ARCHIVE, INC

D Employer identification number

13-2879766

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

Room/suite

80 HANSON PLACE

301

City, town, or country

State

ZIP + 4

BROOKLYN

NEW YORK

11217

F Group Exemption

Number ►

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

G Accounting method Cash Accrual
Other (specify) ►

I Website: ► WWW.FRANKLINFURNACE.ORG

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

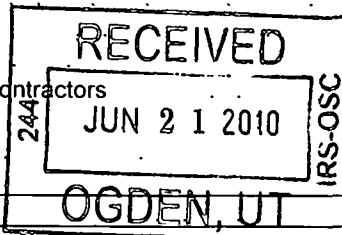
J Organization type (check only one) — 501(c) (3) ◀ (insert no) 4947(a)(1) or 527

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ ► \$ 404,229

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

1	Contributions, gifts, grants, and similar amounts received	1	189,500
2	Program service revenue including government fees and contracts	2	92,192
3	Membership dues and assessments	3	45,841
4	Investment income	4	21,771
5a	Gross amount from sale of assets other than inventory	5a	37,000
b	Less cost or other basis and sales expenses	5b	31,931
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	5,069
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>		
a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
b	Less direct expenses other than fundraising expenses	6b	0
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
8	Other revenue (describe ► MISCELLAENOUS)	8	17,925
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	372,298
10	Grants and similar amounts paid (attach schedule)	10	0
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	179,033
13	Professional fees and other payments to independent contractors	13	6,500
14	Occupancy, rent, utilities, and maintenance	14	27,831
15	Printing, publications, postage, and shipping	15	5,997
16	Other expenses (describe ► See attached statement)	16	324,224
17	Total expenses. Add lines 10 through 16	17	543,585
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-171,287
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	457,056
20	Other changes in net assets or fund balances (attach explanation)	20	-29,677
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	256,092



Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22	155,526	22
23	11,269	23
24	399,243	24
25	566,038	25
26	108,982	26
27	457,056	27

For Privacy Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.

(HTA)

Form 990-EZ (2008)

99-13

2

Part V Other Information (Note the statement requirements in the instructions for Part VI)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33 Yes No

34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes 34 Yes No

35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T 35a Yes No
35b

a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements? 36 Yes No

b If "Yes," has it filed a tax return on **Form 990-T** for this year? 37a Yes No
37b Yes No

36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N 38a Yes No

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a

b Did the organization file **Form 1120-POL** for this year? 38b 0

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return? 39a

b If "Yes," complete Schedule L, Part II and enter the total amount involved. 39b

39 Section 501(c)(7) organizations Enter 40b

a Initiation fees and capital contributions included on line 9 40b

b Gross receipts, included on line 9, for public use of club facilities 40b

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► _____, section 4912 ► _____, section 4955 ► _____ 40e X

b Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I 40b

c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40b

d Enter amount of tax on line 40c reimbursed by the organization 40b

e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40b

41 List the states with which a copy of this return is filed ► **NEW YORK**

42 a The books are in care of ► Name **FRANKLIN FURNACE ARCHIVE INC** Telephone no ► **718-398-7255**
Located at ► **80 HANSON PLACE #301** City **BROOKLYN** ST **NY** ZIP + 4 ► **11217** 42b Yes No

b 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)? 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**. 42c Yes No

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ► 43 N/A

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44 Yes No

45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ. 45 Yes No

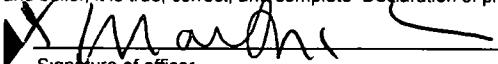
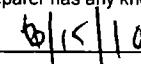
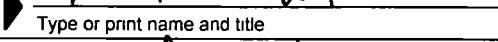
Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51

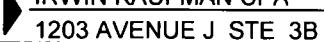
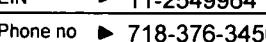
			Yes	No
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		46	X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		47	X
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		48	X
49 a	Did the organization make any transfers to an exempt non-charitable related organization?		49a	X
b	If "Yes," was the related organization(s) a section 527 organization?		49b	X
50	Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."			

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name MARTHA WILSON Str 80 HANSON PLACE City BROOKLYN ST NY ZIP 11217	Title Hr/WK 00	71,875	5,194	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Total number of other employees paid over \$100,000 ►	0	0	0	0

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Name Str City ST ZIP		0
Total number of other independent contractors each receiving over \$100,000 ►	0	0

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	
		Date 
Signature of officer 		
Type or print name and title 		

Paid Preparer's Use Only	Preparer's signature 	Date 6/15/2010	Check if self-employed <input checked="" type="checkbox"/>	Preparer's Identifying Number (See instructions) P00905413
	Firm's name (or yours if self-employed), address, and ZIP +4 	1203 AVENUE J STE 3B BROOKLYN, NEW YORK 11230	EIN 	Phone no 

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Public Charity Status and Public Support

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.

2008

Open to Public
Inspection

Name of the organization

FRANKLIN FURNACE ARCHIVE, INC

Employer identification number

13-2879766

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 (Please check only one organization)

- 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). (Attach Schedule H)
- 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). (see instructions)
- 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?
 - (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 organizations the organization supports

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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	
									0
									0
									0
									0
									0
									0
Total									0

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)
Section A. Public Support

Calendar 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")	174,339	378,825	230,944	367,912	294,398	1,446,418
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	76,387	70,360	31,662	52,304	36,154	266,867
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
4 Total Add lines 1-3	250,726	449,185	262,606	420,216	330,552	1,713,285
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)						
6 Public support. Subtract line 5 from line 4						1,713,285

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	250,726	449,185	262,606	420,216	330,552	1,713,285
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,979	11,107	12,850	15,745	17,096	65,777
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)	32	1,403	1,619	150	55	3,259
11 Total support. Add lines 7 through 10						1,782,321
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 2008 (line 6, column (f) divided by line 11, column (f))	14	96 13%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	0 00%
16a 33 1/3% support test-2008. 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-2007. 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-2008. 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-2007. 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"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support**Calendar 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")	0	0	0			0
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	0	0	0			0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
6 Total. Add lines 1-5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 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.						0
c Add lines 7a and 7b.	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.)						0

Section B. Total Support**Calendar year (or fiscal year beginning in) ►**

	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
13 Total support. (Add lines 9, 10c, 11, and 12.)						0
14 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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.00%
19a 33 1/3% support 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 ► <input type="checkbox"/>		
b 33 1/3% support 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 ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV

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

STATEMENT #1

FRANKLIN FURNACE ARCHIVE INC.

FOR THE YEAR ENDING JULY 31, 2009

FORM 990 E-Z

PAGE 1

LINE 20

Other Changes in Net Assets or Fund Balances

This number reflects the “Unrealized Loss on Securities” in the amount of \$(39,293) and an “Adjustment to the Opening Balance” in the amount of \$9,616.

STATEMENT #2

FRANKLIN FURNACE ARCHIVE INC.

FOR THE YEAR ENDING JULY 31, 2009

FORM 990 E-Z

PART III, PAGE 2

ORGANIZATION'S PRIMARY EXEMPT PURPOSE

- **To provide a public archive of books produced by artists as artworks, and maintain an exhibition space for such works.**
- **To catalog and preserve examples of artists' books for future public access.**
- **To publish a descriptive bibliography of artists' books and to distribute the bibliography and supplements to the public.**
- **To curate and rent traveling exhibits and artists' books.**
- **To provide performance space for artist-writers.**
- **To provide information and encourage exchange of information between the artistic community and the public.**

FORM 990, PART ~~IV~~ - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACTC AND OTHER ALLOWANCES
SUSAN WIDERMANN BLOG 80 HANSON PLACE; SUITE 301 BROOKLYN, NY 11217	TREASURER 1.00	NONE	NONE	NONE
JON HENDRICKS 80 HANSON PLACE; SUITE 301 BROOKLYN, NY 11217	DIRECTOR 1.00	NONE	NONE	NONE
DAVID S. PERLMUTTER 80 HANSON PLACE; SUITE 301 BROOKLYN, NY 11217	DIRECTOR 1.00	NONE	NONE	NONE
MARTHA WILSON 80 HANSON PLACE; SUITE 301 BROOKLYN, NY 11217	DIRECTOR 35.00	71875 52500	5194 2546	
ADAM M. COHEN 80 HANSON PLACE; SUITE 301 BROOKLYN, NY 11217	SECRETARY 1.00	NONE	NONE	NONE
HARLEY SPILLER 80 HANSON PLACE; SUITE 301 BROOKLYN, NY 11217	DIRECTOR 12.00	23594 25088	34353	NONE
COCO FUSCO	DIRECTOR 1.00	NONE	NONE	NONE

FORM 990 *IV* PART ~~IV~~ - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
80 HANSON PLACE; SUITE 301 BROOKLYN, NY 11217				
JESSICA HANLON 80 HANSON PLACE; SUITE 301 BROOKLYN, NY 11217	SECRETARY 1.00	NONE	NONE	NONE
RUTH HARDINGER 80 HANSON PLACE; SUITE 301 BROOKLYN, NY 11217	DIRECTOR 1.00	NONE	NONE	NONE
RUSSET LEDERMAN 80 HANSON PLACE; SUITE 301 BROOKLYN, NY 11217	DIRECTOR 1.00	NONE	NONE	NONE
CHRIS DAZE ELLIS 80 HANSON PLACE; SUITE 301 BROOKLYN, NY 11217	DIRECTOR 1.00	NONE	NONE	NONE
RICARDO MIRANDA ZUNIGA 80 HANSON PLACE; SUITE 301 BROOKLYN, NY 11217	DIRECTOR 1.00	NONE	NONE	NONE
ERIC LAUFER 80 HANSON PLACE; SUITE 301 BROOKLYN, NY 11217	DIRECTOR 1.00	NONE	NONE	NONE

025110 7601 11-2879766

1.50

31

STATEMENT *3*

FORM 990, PART ~~V~~^{II} - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER
WEEK DEVOTED TO POSITION

NAME AND ADDRESS

GRAND TOTALS

73,171.

NONE.

EXPENSE ACCT
TO EMPLOYEE
AND OTHER
ALLOWANCESCONTRIBUTIONS
TO EMPLOYEE
BENEFIT PLANSEXPENSE ACCT
TO EMPLOYEE
AND OTHER
ALLOWANCES

1120 7601 05/17 1-22 1-22 1-22

32

STATEMENT

M125-030

3

Part I, Line 16 (990-EZ) - Other Expenses

324,224

1	Travel, Meals and Entertainment	
a	Travel	1a 1,545
b	Total meals and entertainment	1b _____
2	Fundraising	2 _____
3	From Form 4562 - Amortization	3 _____
4	Conferences, conventions, and meetings	4 _____
5	Depreciation, depletion, etc.	5 _____
6	Equipment rental and maintenance	6 _____
7	Interest	7 6,781
8	Supplies	8 4,358
9	Telephone	9 1,863
10	Unrelated business income taxes	10 0
11	Honoraria	11 96,452
12	Consulting	12 33,025
13	Public Relations and Advertising	13 2,263
14	Insurance	14 7,767
15	Office Expense and Maintenance	15 2,042
16	Documentation	16 5,715
17	Storage	17 6,225
18	Miscellaneous	18 3,270
19	Depreciation	19 5,556
20	NET ASSETS RELEASED FROM RESTRICTIONS	20 147,362
21		21 _____
22		22 _____
23		23 _____
24		24 _____
25		25 _____
26		26 _____

Part II, Line 24 (990-EZ) - Other Assets

	Description	399,243	302,169
		Beginning	End
1	SAVINGS AND TEMPORARY CASH INVESTMENTS	14,227	49,000
2	GRANTS RECEIVABLE	122,858	53,000
3	INVENTORIES FOR SALE OR USE	37,300	37,300
4	PREPAID EXPENSES AND DEFERRED CHARGES	25,276	2,580
5	INVESTMENTS - PUBLICLY TRADED SECURITIES (FMV)	194,418	155,125
6	SECURITY DEPOSITS	5,164	5,164
7			
8			
9			
10			

Part II, Line 26 (990-EZ) - Liabilities

	Description	108,982	104,995
		Beginning	End
1	ACCOUNTS PAYABLE	76,298	47,388
2	MORTGAGES OR OTHER NOTES PAYABLE	9,829	48,292
3	ACCRUED PAYROLL AND RELATED LIABILITIES	22,855	9,315
4			
5			
6			
7			
8			
9			
10			