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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)

OMB No 1545-1150

2009

Open to Public
Inspection

► 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 \$500,000 and total assets less than \$1,250,000 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.

A For the 2009 calendar year, or tax year beginning _____ and ending _____

| | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> Check if applicable <input checked="" 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 NEW JERSEY PEDIATRIC PATIENTS CHARITABLE TRUST FUND INC | D Employer identification number 22-3240362 | |
| | Number and street (or P O. box, if mail is not delivered to street address) 1304 LAUREL OAK ROAD | Room/suite 856-782-3300 | |
| | City or town, state or country, and ZIP + 4 VOORHEES, NJ 08043 | F Group Exemption Number ► | |
| | G Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ► | | |
| | H Check ► <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) | | |
| | I Website: ► WWW.SJKIDSTRUST.COM | | |

J Tax-exempt status (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 117,613.

SCANNED DEC 01 2010

| 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 | 67,895. |
| 2 Program service revenue including government fees and contracts | 2 | |
| 3 Membership dues and assessments | 3 | |
| 4 Investment income | 4 | |
| 5a Gross amount from sale of assets other than inventory | 5a | |
| b Less, cost or other basis and sales expenses | 6b | |
| c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► | 6a | 49,718. |
| a Gross revenue (not including \$ 52,135. of contributions reported on line 1) | 6b | 27,420. |
| b Less, direct expenses other than fundraising expenses | 6c | 22,298. |
| c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 7a | |
| 7a Gross sales of inventory, less returns and allowances | 7b | |
| b Less, cost of goods sold | 7c | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 8 | |
| 8 Other revenue (describe ► RECEIVED) | 9 | 90,193. |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | 10 | 55,400. |
| 10 Grants and similar amounts paid (attach schedule) | 11 | |
| 11 Benefits paid to or for members | 12 | |
| 12 Salaries, other compensation, and employee benefits | 13 | 3,876. |
| 13 Professional fees and other payments to independent contractors | 14 | 2,353. |
| 14 Occupancy, rent, utilities, and maintenance | 15 | |
| 15 Printing, publications, postage, and shipping | 16 | 20,515. |
| 16 Other expenses (describe ► SEE STATEMENT 1) | 17 | 82,144. |
| 17 Total expenses. Add lines 10 through 16 | 18 | 8,049. |
| 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 19 | 97,232. |
| 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) | 20 | |
| 20 Other changes in net assets or fund balances (attach explanation) | 21 | 105,281. |
| 21 Net assets or fund balances at end of year Combine lines 18 through 20 | | |

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 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 Cash, savings, and Investments | 87,260. | 22 101,663. |
| 23 Land and buildings | | 23 |
| 24 Other assets (describe ► SEE STATEMENT 2) | 13,418. | 24 15,079. |
| 25 Total assets | 100,678. | 25 116,742. |
| 26 Total liabilities (describe ► SEE STATEMENT 3) | 3,446. | 26 11,461. |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 97,232. | 27 105,281. |

6-8-10

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NEW JERSEY PEDIATRIC PATIENTS CHARITABLE
TRUST FUND INC

Form 990-EZ (2009)

TRUST FUND INC

22-3240362

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

What is the organization's primary exempt purpose? **SEE STATEMENT 6**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 GRANTS TO INDIGENT PEDIATRIC PATIENTS TO PURCHASE MEDICAL EQUIPMENT, CLOTHING, AND NECESSARY ITEMS.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

(Grants \$) If this amount includes foreign grants, check here ► 28a 60,115.

29 _____

(Grants \$) If this amount includes foreign grants, check here ► 29a

30 _____

(Grants \$) If this amount includes foreign grants, check here ► 30a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ► 31a

32 Total program service expenses (add lines 28a through 31a) ► 32 60

**NEW JERSEY PEDIATRIC PATIENTS CHARITABLE
TRUST FUND INC**

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

| | Yes | No |
|--|------------|-----------|
| 33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity | 33 | X |
| 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes | 34 | X |
| 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 why the organization did not report the income on Form 990-T. | | |
| a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? | 35a | X |
| b If "Yes," has it filed a tax return on Form 990-T for this year? | 35b | N/A |
| 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N | 36 | X |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0. | | |
| b Did the organization file Form 1120-POL for this year? | 37b | X |
| 38a 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 outstanding at the end of the period covered by this return? | 38a | X |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b | N/A |
| 39 Section 501(c)(7) organizations. Enter: | 39a | N/A |
| a Initiation fees and capital contributions included on line 9 | 39b | N/A |
| 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► 0. ; section 4912 ► 0. ; section 4955 ► 0. | | |
| b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | X |
| c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | 0. | |
| d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization | 0. | |
| 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 | 40e | X |
| 41 List the states with which a copy of this return is filed. ► NJ | | |
| 42a The organization's books are in care of ► MICHAEL ROSIAK Telephone no. ► 856-782-3300 Located at ► 1304 LAUREL OAK ROAD, VOORHEES, NJ ZIP + 4 ► 08043 | | |
| 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. | 42b | X |
| 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 ► | 42c | X |
| 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 | X |
| 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 | X |

Form 990-EZ (2009)

**NEW JERSEY PEDIATRIC PATIENTS CHARITABLE
TRUST FUND INC**

Form 990-FZ (2009)

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Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

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

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's 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."

| | Yes | No |
|-----|------------|-----------|
| 46 | | X |
| 47 | | X |
| 48 | | X |
| 49a | | X |
| 49b | | |

| (a) Name and address of each employee paid more than \$100,000 NONE | (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 |
|---|--|------------------|---|--|
| | | | | |
| | | | | |
| | | | | |
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| | | | | |

f Total number of other employees paid over \$100,000 ►

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

NONE

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000 ►

| | | | |
|---------------------------------|--|--|--|
| 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 | | |
| | Signature of officer | Date | Preparer's identification number (Social Sec'n. No.) |
| | <i>Michael Rosiak</i> | 11-10-10 | P00002331 |
| Paid Preparer's Use Only | Preparer's signature ► | Date | Check if self-employed ► |
| | <i>Mary J. Lynch, CPA</i> | 11/5/10 | <input type="checkbox"/> |
| | Firm's name (or yours if self-employed), address, and ZIP + 4 ► | Preparer's identification number (Social Sec'n. No.) | EIN ► |
| | HAEFELE, FLANAGAN & CO., P.C. P.O. BOX 471 MOORESTOWN, NJ 08057 | 22-3008776 | Phone no. |
| | | 856-722-5300 | |

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

► Yes No

Form 990-EZ (2009)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.

NEW JERSEY PEDIATRIC PATIENTS CHARITABLE
TRUST FUND INC 22-3240362

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 | <input type="checkbox"/> A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i) . |
| 2 | <input type="checkbox"/> A school described in section 170(b)(1)(A)(ii) . (Attach Schedule E) |
| 3 | <input type="checkbox"/> A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) . |
| 4 | <input type="checkbox"/> 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 | <input type="checkbox"/> 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 | <input type="checkbox"/> A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v) . |
| 7 | <input checked="" type="checkbox"/> 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 | <input type="checkbox"/> A community trust described in section 170(b)(1)(A)(vi) . (Complete Part II) |
| 9 | <input type="checkbox"/> 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 | <input type="checkbox"/> An organization organized and operated exclusively to test for public safety See section 509(a)(4) . |
| 11 | <input type="checkbox"/> 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 <input type="checkbox"/> Type I b <input type="checkbox"/> Type II c <input type="checkbox"/> Type III - Functionally integrated d <input type="checkbox"/> Type III - Other |
| e | <input type="checkbox"/> 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 <input type="checkbox"/> |
| 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 supported organization(s) |

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

1 HA

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

NEW JERSEY PEDIATRIC PATIENTS CHARITABLE

Schedule A (Form 990 or 990-EZ) 2009 TRUST FUND INC

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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) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 13,391. | 34,468. | 56,727. | 63,210. | 67,895. | 235,691. |
| 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 | 13,391. | 34,468. | 56,727. | 63,210. | 67,895. | 235,691. |
| 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 | | | | | | 235,691. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|----------------------------|
| 7 Amounts from line 4 | 13,391. | 34,468. | 56,727. | 63,210. | 67,895. | 235,691. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 959. | 103. | 85. | | | 1,147. |
| 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) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | 236,838. |
| 12 Gross receipts from related activities, etc (see instructions) | 12 | | | | | 460,930. |
| 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 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | 99.52 | % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | 99.08 | % |
| 16a 33 1/3% support test - 2009. 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 - 2008. 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 - 2009. 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 - 2008. 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"/> | |

Schedule A (Form 990 or 990-EZ) 2009

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) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | | | | | |
| 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 | | | | | | |
| 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 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| 9 Amounts 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 June 30, 1975 | | | | | | |
| c 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

| | | |
|---|----|---|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|---|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2009. 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 ►

b 33 1/3% support tests - 2008. 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 ►

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

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization **NEW JERSEY PEDIATRIC PATIENTS CHARITABLE TRUST FUND INC** Employer identification number **22-3240362**

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

| (i) Name of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col (ii) | (vi) Amount paid to (or retained by) organization | |
|---|---------------|--|-----------------------------------|---|---|--|
| | | Yes | No | | | |
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Total

3 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

NEW JERSEY PEDIATRIC PATIENTS CHARITABLE

Schedule G (Form 990 or 990-EZ) 2009

TRUST FUND INC

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Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990 EZ, line 6a List events with gross receipts greater than \$5,000

| Revenue | | (a) Event #1 STRIKES FOR TYKES (event type) | (b) Event #2 GOLF OUTING (event type) | (c) Other events NONE (total number) | (d) Total events (add col (a) through col (c)) |
|---------|--|--|--|--|--|
| | | | | | |
| 1 | Gross receipts | 19,360. | 82,493. | | 101,853. |
| 2 | Less Charitable contributions | 4,472. | 47,663. | | 52,135. |
| 3 | Gross income (line 1 minus line 2) | 14,888. | 34,830. | | 49,718. |
| 4 | Cash prizes | | | | |
| 5 | Noncash prizes | | | | |
| 6 | Rent/facility costs | | | | |
| 7 | Food and beverages | | | | |
| 8 | Entertainment | | | | |
| 9 | Other direct expenses | 5,213. | 22,207. | | 27,420. |
| 10 | Direct expense summary Add lines 4 through 9 in column (d) | | | | ► (27,420) |
| 11 | Net income summary Combine line 3, column (d), and line 10 | | | | ► 22,298. |

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

| Revenue | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col (a) through col (c)) |
|---------|--|---|---|---|--|
| | | | | | |
| 1 | Gross revenue | | | | |
| 2 | Cash prizes | | | | |
| 3 | Noncash prizes | | | | |
| 4 | Rent/facility costs | | | | |
| 5 | Other direct expenses | | | | |
| 6 | Volunteer labor | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | <input type="checkbox"/> Yes _____ % <input type="checkbox"/> No | |
| 7 | Direct expense summary Add lines 2 through 5 in column (d) | | | | ► () |
| 8 | Net gaming income summary Combine line 1, column (d), and line 7 | | | | ► |

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain _____

| | |
|-----|----|
| Yes | No |
|-----|----|

9a

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain _____

| |
|-----|
| 10a |
|-----|

10a

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

| |
|----|
| 11 |
|----|

11

| |
|----|
| 12 |
|----|

12

**NEW JERSEY PEDIATRIC PATIENTS CHARITABLE
TRUST FUND INC**

Schedule G (Form 990 or 990-EZ) 2009

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13 Indicate the percentage of gaming activity operated in

| | Yes | No |
|-----|-----|----|
| 13a | % | |
| 13b | % | |

a The organization's facility
b An outside facility

14 Enter 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?

b 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 of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer

Employee

Independent contractor

17 Mandatory distributions

a 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Schedule G (Form 990 or 990-EZ) 2009

NEW JERSEY PEDIATRIC PATIENTS CHARITABLE

22-3240362

| | | | |
|-------------|----------------|-----------|---|
| FORM 990-EZ | OTHER EXPENSES | STATEMENT | 1 |
|-------------|----------------|-----------|---|

| DESCRIPTION | AMOUNT |
|--------------------------------------|----------------|
| AUTO EXPENSE | 1,616. |
| FILING FEES | 300. |
| OFFICE EXPENSES | 2,726. |
| INSURANCE | 1,312. |
| STORAGE EXPENSE | 1,900. |
| FUNDRAISING EXPENSES | 12,661. |
| TOTAL TO FORM 990-EZ, LINE 16 | 20,515. |

| | | | |
|-------------|--------------|-----------|---|
| FORM 990-EZ | OTHER ASSETS | STATEMENT | 2 |
|-------------|--------------|-----------|---|

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|--------------------------------------|----------------|----------------|
| OTHER CURRENT ASSETS | 5,497. | 8,100. |
| OTHER DEPRECIABLE ASSETS | 7,921. | 6,979. |
| TOTAL TO FORM 990-EZ, LINE 24 | 13,418. | 15,079. |

| | | | |
|-------------|-------------------|-----------|---|
| FORM 990-EZ | OTHER LIABILITIES | STATEMENT | 3 |
|-------------|-------------------|-----------|---|

| DESCRIPTION | BEG. OF YEAR | END OF YEAR |
|--------------------------------------|---------------|----------------|
| ACCRUED EXPENSES | 3,446. | 5,250. |
| ACCOUNTS PAYABLE | 0. | 6,211. |
| TOTAL TO FORM 990-EZ, LINE 26 | 3,446. | 11,461. |

| | | | |
|-------------|--|-----------|---|
| FORM 990-EZ | OCCUPANCY, RENT, UTILITIES AND MAINTENANCE | STATEMENT | 4 |
|-------------|--|-----------|---|

| DESCRIPTION | AMOUNT |
|--------------------------------------|---------------|
| DEPRECIATION | 2,353. |
| TOTAL TO FORM 990-EZ, LINE 14 | 2,353. |

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL-BENEFIT CONTRACTS

STATEMENT **5**

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [] YES [X] NO

990-EZ PG 2

STATEMENT 6

PROVIDE FUNDING FOR THE ACQUISITION OF RECREATIONAL AND EDUCATIONAL EQUIPMENT AND SUPPLIES FOR SPECIAL NEEDS CHILDREN IN SOUTHERN NEW JERSEY.

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box X
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension check this box and complete

Part I only *All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

| | | |
|---|--|---|
| Type or print | Name of Exempt Organization NEW JERSEY PEDIATRIC PATIENTS CHARITABLE TRUST FUND INC | Employer identification number 22-3240362 |
| File by the due date for filing your return. See instructions | Number, street, and room or suite no. If a P.O. box, see instructions 1020 LAUREL OAK ROAD, NO. 201 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions VOORHEES, NJ 08043 | |

Check type of return to be filed(file a separate application for each return)

| | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

MICHAEL ROSIAK

- The books are in the care of ► 1020 LAUREL OAK ROAD, SUITE 201 - VOORHEES, NJ 08043 Telephone No ► 856-346-3300 FAX No ► _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

► calendar year 2009 or► tax year beginning _____, and ending _____2 If this tax year is for less than 12 months, check reason. Initial return Final return Change in accounting period

| | |
|--|-----------------|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions | 3a \$ _____ |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit | 3b \$ _____ |
| c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions | 3c \$ _____ N/A |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

| | | |
|---|---|---|
| Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). | | |
| Type or print | Name of Exempt Organization NEW JERSEY PEDIATRIC PATIENTS CHARITABLE TRUST FUND INC | Employer identification number 22-3240362 |
| File by the extended due date for filing the return. See instructions | Number, street, and room or suite no. If a P.O. box, see instructions. 1020 LAUREL OAK ROAD, NO. 201 | For IRS use only |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. VOORHEES, NJ 08043 | |

Check type of return to be filed (File a separate application for each return):

| | | | | | |
|--------------------------------------|---|---|--------------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Form 990 | <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 5227 | <input type="checkbox"/> Form 8870 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 4720 | <input type="checkbox"/> Form 6069 | |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

MICHAEL ROSIAK

- The books are in the care of ► **1020 LAUREL OAK ROAD, SUITE 201 – VOORHEES, NJ 08043**

Telephone No. ► **856-346-3300**

FAX No. ► _____

- If the organization does not have an office or place of business in the United States, check this box

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ► . If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010**.

5 For calendar year **2009**, or other tax year beginning _____, and ending _____.

6 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

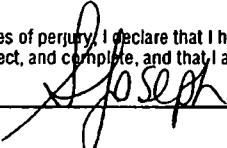
7 State in detail why you need the extension

ADDITIONAL TIME IS NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.

| | |
|---|------------------|
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a \$ |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b \$ |
| c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c \$ N/A |

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ► 

Title ► **CPA**

Date ► **8/10/10**

Form 8868 (Rev. 4-2009)