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Form **990-EZ**

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 \$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

OMB No 1545-1150

2009

Open to Public Inspection

-		artment of the Treasury nal Revenue Service	► The organ	ization may have to use a copy	end of the year may use the of this return to satisfy state		ments		Inspection
	A		r year, or tax year beg		, 2009, an				
	_	Check if applicable	C Name of organization		, 2003, an	a enunig	l D	Employer	identification number
	$\bar{\sqcap}$	Please	_				ا		
	Ħ	Name change use IRS		or P O box, if mail is not delive	and to street address)	Room/suite			33272
	П	Initial return type.	,		·	Room/suite		Telephone	
		Termination See Specifi		SKI 234 SULLIVA	N WAY	<u> </u>		(609)	695-2211
		Amended return Instruc		r country, and ZIP + 4			l _F ⋅	Group F	xemption
		Application pending tions	WEST TRENTON	1	ŊJ	08628		Number	×
		• Section 501(c)	(3) organizations and	4947(a)(1) nonexempt o	charitable trusts	G Accou	inting met	hod X	Cash Accrual
-		must a	tách a completed Scl	hedule (Form 990 or 9	90-EZ).		(specify)		
1	1	Website: ► N/A				H Check			ganization is not dule B (Form 990,
		Tax-exempt status (check	only one) — X 501(c)	(3) ◀ (insert no)	4947(a)(1) or 5		Z, or 990		
-				ction 509(a)(3) supporting			nts are no	mally n	ot more than
'				n is not required, but if t					
-		· · · ·		mine gross receipts; if \$					
_		instead of Form 990-E	EZ	Time gross receipts, if \$	300,000 or more, me	1 01111 990		► \$	45,703.
[Pa	rt I Revenue	Expenses, and (Changes in Net Ass	sets or Fund Bal	ances (See	the ins	tructio	
		1 Contributions, g	gifts, grants, and simil	ar amounts received				1_1_	2,425.
		2 Program service	e revenue including go	overnment fees and con	tracts			2	
		3 Membership du	es and assessments					3	
		4 Investment inco	ome					4	
		5a Gross amount f	rom sale of assets oth	ner than inventory		i a		_	
		b Less: cost or ot	her basis and sales e	xpenses		i b		_ _	
	R	c Gain or (loss) from	sale of assets other than in	entory (Subtract line 5b from	line 5a)		_	5 c	
	CZM <m< td=""><td>6 Special events and</td><td>activities (complete applical</td><td>ble parts of Schedule G) If any</td><td>y amount is from <mark>gaming</mark>,</td><td>check here</td><td>▶ 📙</td><td></td><td></td></m<>	6 Special events and	activities (complete applical	ble parts of Schedule G) If any	y amount is from <mark>gaming</mark> ,	check here	▶ 📙		
	N	a Gross revenue	(not including \$	2,425. of co	ontributions				
	Ē	reported on line			1	6a	43,278	. 1	
			enses other than fund	draising expenses			26,751		
		c Net income or (loss) from special events and a	activities (Subtract line 6b from	ı lıne 6a)	•		6c	16,527.
۵۵		7a Gross sales of i	nventory, less returns	and allowances	7	7a			
S		b Less cost of go	•			7 b		7	
>		c Gross profit or	(loss) from sales of in	ventory (Subtract line 7t	b from line 7a)			7с	
Z		8 Other revenue (des	cribe ►	, ,	•)		
\sim		,							
2			Add lines 1 2 3 4 5	c 6c 7c and 8				8 ▶ 9	18.952
			Add lines 1, 2, 3, 4, 5		See	I.=10 Str		▶ 9	18,952.
SCANNED		10 Grants and sim	ılar amounts paid (atta		See	L-10 Str		► 9 10	
	E	10 Grants and sim11 Benefits paid to	ılar amounts paıd (att	ach schedule)	F			9 10 11	18,952. 14,093.
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BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

Form	990-EZ (2009) THE JEREMY FUND				-353	33272 Page 2
Par	t III Statement of Program Sei	vice Accomplishments	(See the instruction	ons.)		Expenses
What	s the organization's primary exempt purpose? SE	E LINE 28 BELOW			(Reg	uired for section c)(3) and (4) nizations and section (a)(1) trusts; optional
Desc	ribe what was achieved in carrying out the ribe the services provided, the number of	e organization's exempt purpo	ses In a clear and con-	cise manner.	lorga	nizations and section
desc	ribe the services provided, the number of	persons benefited, or other re	elevant information for e	ach	4947	(a)(1) trusts; optional
	ram title.				101 0	thérs')
28	PROVIDE SUPPLEMENTAL FUN		HILDREN			
	ENDURING MEDICAL TREATMEN	<u> </u>				
	(Grants \$ 14,093.) If th	is amount includes foreign gra	ants, check here	·	28 a	14,093.
29	(0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,	is amount molades for eight git	anto, chook hore	<u>. </u>	1200	
25					1	
	(Grants \$) If th	is amount includes foreign gra	ants, check here	>	29 a	
30					1	
				-		
	(Comba &				30 a	
		is amount includes foreign gra	ants, check here		30 a	
31	Other program services (attach schedule			- -		
		is amount includes foreign gra	ants, check here		31 a	
	Total program service expenses (add lin				JŁ	14,093.
Par	t IV List of Officers, Directors	, Trustees, and Key Em	ployees. List each on	ie even if not com	pensa	ited (See the instrs)
		(b) Title and average hours	(c) Compensation (If	(d) Contributions	s to	(e) Expense account
	(a) Name and address	per week devoted	not paid, enter -0)	employee benefit pla	ns and	and other allowances
		to position		deferred compens	ation	
	LIST ATTACHED					
SEE	ATTACHED	ATTACHED				
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Page 3

Other Information (Note the statement requirements in the instrs for Part V. Yes No Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of 33 Х each activity Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes 34 Х 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, Х 35 a reporting, and proxy tax requirements? b If 'Yes,' has it filed a tax return on Form 990-T for this year? 35 b Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N Х 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions 0. b Did the organization file Form 1120-POL for this year? 37 b Х 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were 38 a Х any such loans made in a prior year and still outstanding at the end of the period covered by this return? b If 'Yes,' complete Schedule L, Part II and enter the total 38 b amount involved 39 Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 39 a **b** Gross receipts, included on line 9, for public use of club facilities 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 ► **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 40 b Х 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 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 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 40 e X List the states with which a copy of this return is filed New Jersey 42 a The organization's Telephone no \triangleright (609) 883-6848 books are in care of TAXPAYER Located at ► 234 SULLIVAN WAY WEST NJ ZIP + 4 > 08628TRENTON No Yes b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a 42 b Х 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 a Foreign Bank and Financial Accounts 42 c 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 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 Yes No Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Х 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

Part VI	Section 501(c)(3) organization 501(c)(3) organizations and se	ns and section 4947	(a)(1) nonexempt	charitable trusts only	y. All se	ction	
•	46-49b and complete the table	es for lines 50 and 5	1.	e trusts must answer	questio	1115	
16 Did th	he organization engage in direct or indire	ect political campaign acti	vities on behalf of or i	n opposition to candidates		Yes	No
	ublic office? If 'Yes,' complete Schedule		obadula C. Bort II		46		_ <u>X</u>
	he organization engage in lobbying activi	•		tulo E	47		<u>X</u>
	e organization a school as described in s he organization make any transfers to ar			Jule E	49 a	-	<u> </u>
	es,' was the related organization a section		ciated organization		49b		<u> </u>
	plete this table for the organization's five	_	olovees (other than of	fficers, directors, trustees a			
	oyees) who each received more than \$10	00,000 of compensation fr	om the organization	If there is none, enter 'None	e'		
(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 and deferred compensation	accou	opense int and lowance:	s
ONE		_					
							
-		-					
				 			
		-					
				<u> </u>			
		-					
				 			
		-					
f Total	number of other employees paid over \$	100,000					
	pensation from the organization of there (a) Name and address of each independent con	· · · · · · · · · · · · · · · · · · ·		(b) Type of service	(c) Comp	pensatio	n
ONE							
	_ _						
<u> </u>							
d Total	number of other independent contractor	s each receiving over \$10	0,000	-			
	Under penalties of perjury, I declare that I have exa true, correct, and complete Declaration of preparer	mmned this return, including accoi r (other than officer) is based on a	mpanying schedules and stat all information of which prepa	tements, and to the best of my know irer has any knowledge	/ledge and b	elief, it i	s
		$\checkmark \checkmark b$		100/1	_		
ign	- Jana	amoski		X 8/4/1	<u> </u>		
lere	Signature of officer	na back	V P	Datè O J	1-	.	۰, ۱
	-X Valla	em boski	Y . 11	esident/	100	ea.	<u>500</u>
	/Type or print name and title	,	10.1	Pren	arer's Identi	fying Nu	mber
aid	Preparer's Signature DUTITD D FIVN	$\mathcal{G}(\mathcal{G})$	Date 0.9 / 0.4 / 1.		arer's Identi instructions	i)	· · · · · · · · · · · · · · · · · · ·
re-	FILLE F. FEIN		08/04/1	U employed ►			
arer's Ise	yours if self-		· ·				
ose Only	employed), address, and ZIP + 4 YARDLEY	THE KD. SIE 602	PA 19067	Phone no (215)	369-	8210)
	S discuss this return with the preparer sl	nown above? See instruct		•	≻X Yes		No No
AA	o discuss this return with the preparer si	TOTAL ADOVE SEE ITISTITUCE	10113		Form 99		

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Employer identification number

THE	JEREMY FUND								33272			
Part			s (All organizations					See ıı	nstructi	ions		
The o	rganization is not a priv	ate foundation becaus	se it is: (For lines 1 throu	gh 11, cl	heck onl	y one bo	ox.)					
1	A church, convention	on of churches or asso	ciation of churches desc	ribed in s	section '	1 70(b) (1)(A)(i).					
2			Mii). (Attach Schedule E									
3	=		organization described i									
4	A medical research	organization operated	d in conjunction with a ho	ospital de	escribed	ın secti	on 170(b)(1)(A)(iii) Ente	r the hospi	tal's	
_	name, city, and sta					·					·	
5	170(b)(1)(A)(iv). (C	Complete Part II)	of a college or university			-		nentai u	nit descr	ibea in sec	tion	
6 7	An organization that		overnmental unit describ substantial part of its sup art II)					or from t	he gener	ral public d	escribe	ed
8			70(b)(1)(A)(vi). (Complete	e Part II)							
9	from activities relat	ed to its exempt funct	more than 33-1/3 % of lons — subject to certain ss taxable income (less somplete Part III)	exception	ns. and	(2) no r	nore tha	an 33-1/3	3 % of its	s support fr	om are	oss
10	An organization org	ganized and operated	exclusively to test for put	olic safet	y Sees	ection 5	09(a)(4).				
11	more publicly suppo	orted organizations di	exclusively for the benefi escribed in section 509(a ation and complete lines	i)(1) or s	ection 5	09(a)(2)	ions of, See s e	or carry ection 50	out the 09(a)(3).	purposes of Check the	of one obox th	or ıat
	a Type I b Type III _ C Type III _ Functionally integrated d Type III _ Other											
е	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	. , . ,	received a written dete	ermination from the IRS t	hat is a	Type I, 1	Гуре II о	r Type	III suppo	rting org	anızatıon,		
g	Since August 17, 2	006, has the organizat	tion accepted any gift or	contribu	ition fror	n any of	the foll	lowing p	ersons?		,	
										_	Yes	No
	(i) a person who below, the go	directly or indirectly overning body of the su	controls, either alone or to ipported organization?	ogether v	with pers	sons des	scribed	ın (ıı) an	ıd (III)	11 g (i)		
	(ii) a famıly mem	ber of a person descr	ribed in (i) above?							11 g (ii)		
	(iii) a 35% contro	lled entity of a person	described in (i) or (ii) ab	ove?						11 g (iii)		
h	Provide the following	ng information about the	ne supported organization	ns				1	-			
	(i) Name of Supported Organization	(II) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed	Is the tion in col d in your erning ment?	the organ	ou notify ization in (i) of ipport?	organizat	zed in the	(vii) Amour	it of Sup	port
				Yes	No	Yes	No	Yes	No			
				_								
				 								
				ļ	ļ							
Total												

BAA 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

Page 2

	(Complete only if you checke	ed the box on line	5, 7, or 8 of Part				· /(· ·/(/	
Sec	tion A. Public Support			,					
	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Tota	l ———
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')								
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf								
3	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.								
4	Total. Add lines 1-through 3								
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								
Sec	tion B. Total Support	Γ	Г	1	T				
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200)9	(f) Tota	ıl
7	Amounts from line 4								
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources								
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			<u> </u>					
12	Gross receipts from related activ	ities, etc (see ins	tructions)				12		
	First five years. If the Form 990 organization, check this box and	stop here		d, third, fourth, o	r fifth tax year as	a section 50	1(c)(3)		<u>► </u>
	tion C. Computation of Pu			11 1 (0			I I	·····	
	Public support percentage for 20 Public support percentage from 2	-		e II, column (f)			15		<u>%</u> %_
16	a 33-1/3 support test — 2009. If the and stop here. The organization				the line 14 is 33-1	/3 % or mo	e, che	ck this box	▶ 🗌
t	33-1/3 support test – 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check a box of licly supported or	on line 13, or 16a ganization	, and line 15 is 33	-1/3% or mo	ore, che	eck this box	► 🗌
17 a	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.								
	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.								
18 BAA		zation did not che	ck a box on line,	13, 16a, 16b, 17a		s box and so			2000

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.)

Sec	tion A. Public Support	ked the box on in	<u></u>			· ·	
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
		(a) 2005	(b) 2000	(6) 2007	(4) 2000	(e) 2003	(i) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	5,008.	3,946.	5,611.	6,710.	2,425.	23,700.
	Gross receipts from			<u> </u>		2,,201	2077001
_	admissions, merchandise sold or services performed, or						
	facilities furnished in a activity						
	that is related to the organization's tax-exempt	1			1	i	
	purpose	50,549.	60,762.	57,058.	60,384.	43,278.	272,031.
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	0.	0.	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.	0.	0.
	Total. Add lines 1 through 5 Amounts included on lines 1,	55,557.	64,708.	62,669.	67,094.	45,703.	295,731.
7 a	2, 3 received from disqualified	_	_	_		_	_
L	persons Amounts included on lines 2	0.	0.	0.	0.	0.	0.
	and 3 received from other than						
	disqualified persons that exceed the greater of 1% of						
	the amount on line 13 for the			•			•
_	year	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	<u> </u>	0.	0.	
0	Public support (Subtract line 7c from line 6)						295,731.
Sec	tion B. Total Support		L				2337131.
	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	• • • • • • • • • • • • • • • • • • • •	55,557.	64,708.	62,669.	67,094.	45,703.	295,731.
	Gross income from interest,				•		
	dividends, payments received on securities loans, rents,						
	royalties and income form						
	similar sources Unrelated business taxable	0.	0.	0.	0.	0.	0.
L	income (less section 511		ļ				
	taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b	0.	0.	0.	0.	0.	0.
	Net income from unrelated business						<u> </u>
	activities not included inline 10b, whether or not the business is						
	regularly carried on	0.	0.	0.	0.	0.	0.
10							
12	Other income Do not include						
12	gain or loss from the sale of capital assets (Explain in						
	gain or loss from the sale of capital assets (Explain in Part IV)						295,731.
13	gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 (s for the organiza		I, third, fourth, o	r fifth tax year as a	a section 501(c)(3	295,731.
13 14	gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lns 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and	stop here	tion's first, second	i, third, fourth, o	r fifth tax year as a	a section 501(c)(3	
13 14 Sec	gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add lns 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pu	stop here blic Support P	tion's first, second		r fifth tax year as a) -
13 14 Sec 15	gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and tion C. Computation of Pul Public support percentage for 200	stop here blic Support P 09 (line 8, column	tion's first, second ercentage (f) divided by line		r fifth tax year as a	15	100.00%
13 14 Sec 15 16	gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 200 Public support percentage from 200	stop here blic Support P 09 (line 8, column 2008 Schedule A,	tion's first, second Percentage (f) divided by line Part III, line 15	13, column (f))	r fifth tax year as a) -
13 14 Sec 15 16	gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 is organization, check this box and tion C. Computation of Pul Public support percentage for 200	stop here blic Support P 09 (line 8, column 2008 Schedule A, restment Incor	tion's first, second Percentage (f) divided by line Part III, line 15 ne Percentage	13, column (f))		15	100.00%
13 14 Sec 15 16 Sec	gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 200 Public support percentage from 2 tion D. Computation of Inv	stop here blic Support P 09 (line 8, column 2008 Schedule A, restment Incor or 2009 (line 10c,	tion's first, second Percentage (f) divided by line Part III, line 15 ne Percentage column (f) divided	t 13, column (f))		15	100.00% 100.00%
13 14 Sec 15 16 Sec 17	gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 200 Public support percentage from 2 tion D. Computation of Inv Investment income percentage for 100 Investment income percentage from 33-1/3 support tests — 2009. If the	stop here blic Support P 09 (line 8, column 2008 Schedule A, restment Incor or 2009 (line 10c, rom 2008 Schedule ne organization did	rtion's first, second recentage (f) divided by line Part III, line 15 re Percentage column (f) divided e A, Part III, line 1 d not check the bo	by line 13, column (f)) by line 13, column 7 x on line 14, and	nn (f)) d line 15 is more th	15 16 17 18 nan 33-1/3%, and	100.00% 100.00% 0.00% 0.00%
13 14 Sec 15 16 Sec 17 18 19 a	gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20 Public support percentage from 2 tion D. Computation of Inv Investment income percentage for 10 Investment income percentage from 33-1/3 support tests — 2009. If the more than 33-1/3%, check this be-	stop here blic Support P 09 (line 8, column 2008 Schedule A, restment Incor or 2009 (line 10c, rom 2008 Schedule de organization did ox and stop here.	rtion's first, second Percentage (f) divided by line Part III, line 15 The Percentage column (f) divided a A, Part III, line 1 d not check the bo The organization	by line 13, column (f)) by line 13, column or column or column are column or column	nn (f)) d line 15 is more the	15 16 17 18 nan 33-1/3%, and ganization	100.00 % 100.00 % 0.00 % 0.00 % line 17 is not
13 14 Sec 15 16 Sec 17 18 19 a	gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 200 Public support percentage from 2 tion D. Computation of Inv Investment income percentage for 100 Investment income percentage from 33-1/3 support tests — 2009. If the	stop here blic Support P 09 (line 8, column 2008 Schedule A, restment Incor or 2009 (line 10c, rom 2008 Schedule die organization die ox and stop here. die organization die ox en organization die	recentage (f) divided by line Part III, line 15 me Percentage column (f) divided at A, Part III, line 1 dinot check the bothe organization and check a box	by line 13, column (f)) by line 13, column column to on line 14, and qualifies as a put on line 14 or 19a	nn (f)) d line 15 is more the olicity supported ore, and line 16 is mo	15 16 17 18 nan 33-1/3%, and ganization ore than 33-1/3%,	100.00 % 100.00 % 0.00 % 0.00 % line 17 is not
13 14 Sec 15 16 Sec 17 18 19 a	gain or loss from the sale of capital assets (Explain in Part IV) Total support. (add Ins 9, 10c, 11, and 12) First five years. If the Form 990 organization, check this box and tion C. Computation of Pul Public support percentage for 20c Public support percentage from 2 tion D. Computation of Inv Investment income percentage for Investment income percentage from 33-1/3 support tests — 2009. If the more than 33-1/3%, check this box 33-1/3 support tests — 2008. If the support tests — 2008.	stop here blic Support P 09 (line 8, column 2008 Schedule A, restment Incor or 2009 (line 10c, rom 2008 Schedule de organization did ox and stop here. the organization did othis box and stop	recentage (f) divided by line Part III, line 15 re Percentage column (f) divided e A, Part III, line 1 d not check the bo The organization d not check a box here. The organiz	by line 13, column (f)) by line 13, column 7 x on line 14, and qualifies as a put on line 14 or 19a cation qualifies as	nn (f)) d line 15 is more the blicly supported or a number of the supported or a number of the support of the s	15 16 17 18 nan 33-1/3%, and ganization ore than 33-1/3%, ted organization	100.00 % 100.00 % 0.00 % 0.00 % line 17 is not

Schedule A	(Form 990 o	r 990-E	Z) 2009	TH	ЕJ	EREMY	FUN	D				22-3533	272	Page 4
Part IV	Suppleme	ental l	nforma	tion.	Cor	nplete	this p	art to	provide	e the explar	nations re	quired by P	art II, line	10;
	Part II, Im	ne 17a	or 17b	; and	Pa	rt ['] III, li	ine 12	. Prov	vide any	other addit	tional info	quired by Pormation. Se	e instruction	ons.
•														
	- 								- 					
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization					Employer identifica				
THE JEREMY FUND					22-353327	2			
Part I Fundraising Activities. Comp Form 990EZ filers are not red	plete if the organ quired to comple	ization and te this par	swered 'Ye t	es' to Form 990, Part IV	, line 17				
1 Indicate whether the organization	·			wing activities Check al	II that apply				
Mail solicitations				Solicitation of non-					
Internet and email solicitation	ic			Solicitation of government grants					
Phone solicitations	15			Special fundraising	•				
Ħ					events				
In-person solicitations 2a Did the organization have written employees listed in Form 990, Pa	or oral agreeme	nt with any	y individual	I (including officers, dire	ectors, trustees or key	☐Yes ☐ No			
b If 'Yes,' list the ten highest paid in compensated at least \$5,000 by t	ndividuals or enti								
compensated at least \$5,000 by t	Tie Organization	·			(v) Amount paid to				
(i) Name of individual or entity (fundraiser)	(ii) Activity	have custor	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization			
		Yes	No			_			
			}						
			ļ						
Total			>						
3 List all states in which the organiz or licensing	zation is register	ed or licen	ised to soli	cit funds or has been no	otified it is exempt from	registration			
									
									
									
	. -					. 			
									
						. 			
						. 			

rai	. 11	reported more than \$15,000 on F	form 990-EZ, line 6	ia. List events with	gross receipts grea	ater than	\$5,00	00.
RE			(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 PASTA DINNER (event type)	(c) Other Events ALL OTHERS (total number)	(d) Tota (Add col col	al Ever (a) thr (c))	nts ough
REVENUE	1	Gross receipts	19,028.	6,685.	17,565.		43,2	278.
E	2	Less. Charitable contributions			_			
	3	Gross income (line 1 minus line 2)	19,028.	6,685.	17,565.		43,2	278.
	4	Cash prizes						
	5	Noncash prizes						
D I R	6	Rent/facility costs	15,178.		5,100.		20.2	278.
DIRECT		Food and beverages	20,2:00	1,374.	5,099.			473.
	8	Entertainment			3,000			
EXPENSES	9	Other direct expenses				_	-	
Š				ı		~-·		
		Direct expense summary Add lines 4- th Net income summary. Combine lines 3, c	-		→		26,	<u>751.</u> 527.
Par		Gaming. Complete if the organiz \$15,000 on Form 990-EZ, line 6a	ation answered 'Ye	s' to Form 990, Pai	rt IV, line 19, or rep	orted m		
		\$15,000 OH 1 OHH 550-E2, line oa	(a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Tota	al gami	
REVENUE			(,gc	bingo/progressive bingo	(4) 5 41151 9 41171119	(Add col	(a) thr (c))	ough
N U E								
	1	Gross revenue						
D X	2	Cash prizes						
DIRECT	3	Non-cash prizes						
S	4	Rent/facility costs						
	5	Other direct expenses				-		
	6	Volunteer labor	Yes%	Yes%	Yes %			
	7	Direct expense summary Add lines 2 three	ough 5 in column (d)		•			
	8	Net gaming income summary. Combine I	ines 1, column (d) and I	ine 7	.			
							YES	NO
		er the state(s) in which the organization op ne organization licensed to operate gaming				· 9a		
ŀ	If 'N	o,' explain'						
	 		·					_
		e any of the organization's gaming license es,' explain.	s revoked, suspended o	r terminated during the	tax year?	10 a		-
								
11	Doe	s the organization operate gaming activities	es with nonmembers?	· -	· 	11	1 -	-
12	ls th	ne organization a grantor, beneficiary or tru ninister charitable gaming?	ustee of a trust or a men	nber of a partnership or	other entity formed to	12		

Schedule G (Form 990 or 990-EZ) 2009 THE JEREMY FUND	22-353327		Page 3
	1 1 [YES	NO
13 Indicate the percentage of gaming activity operated in	12.		
a The organization's facility	13a %		
b An outside facility	135		
14 Enter the name and address of the person who prepares the organization's gaming/special events	s books and records.		
Name· •			
Address •			
15a Does the organization have a contact with a third party from whom the organization receives gam	ing revenue?	15a	
b If 'Yes,' enter the amount of gaming revenue received by the organization \$			
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 products gaming license?	ceeds to retain the	17a	
b Enter the amount of distributions required under state law to be distributed to other exempt organ	izations or spent in the		
organization's own exempt activities during the tax year 🕨 \$			
BAA TEEA3703 02/05/10	Schedule G (Form 990	or 990-E2	20

ine 10 nounts Paid	259.	
PROVIDE SUPPLEMENTAL FUNDS TO FA	AMILIES WHO'S CHILDREN AF	RE HOSPITAL PATIENTS
Grantee's Name and Address	Grantee's Relationship	Amount Given
Person CHILDRENS HOSPITAL OF PHILA HATH ST & CIVIC CTR BLVD CHILADELPHIA PA 19104	NONE	14,093.
eash was given, the following additional in	nformation needs to be	e provided.
	Grantee's Name and Address Usiness Person HILDRENS HOSPITAL OF PHILA 4TH ST & CIVIC CTR BLVD HILADELPHIA PA 19104 ash was given, the following additional in How Book Value	Grantee's Name and Address Grantee's Relationship Person HILDRENS HOSPITAL OF PHILA HILATELPHIA PA 19104 Ash was given, the following additional information needs to be

. .

JEREMY FUND # 22-3533272

FORM: 990

PAGE 2 PART III

THE JEREMY FUND RELIES ON THE SOCIAL WORKERS WHO

WORK AT THE LOCAL CHILDREN'S' HOSPITALS TO IDENTIFY

PARENTS (FAMILIES) THAT HAVE THE MOST NEED FOR FINANCIAL

HELP WHILE THEIR CHILDREN ENDURE LONG TERM MEDICAL TREATMENTS.

Laura Christiano 5 Nursery Lane Hamilton, NJ 08690 (609) 208-9492

Tom Dragert 93 Peter Rafferty Drive Hamilton, NJ 08690 (609) 588-5186

Terri Fide 3138 Veeder Avenue Toms River, NJ 08753 (732) 929-8005

Joey Guadagno. 107 Peter Rafferty Drive Hamilton, NJ 08690 (609) 588-8070

Geraldine McSorley 81 Miry Brook Road Hamilton, NJ 08690 (609) 587-0589

Maria Remboski President/Secretary 8 Carney Way Hamilton, NJ 08690 (609) 208-9448 Jan: (609) 208-1407

Paula Remboski Vice President/Treasurer 234 Sullivan Way Ewing, NJ 08628 (609) 883-6848 Fax: 883-6391

Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

(100 April 2003)		i						
Department of the Internal Revenue	Treasury Service		► File a separa	ite application for ea	ch return.			
If you are	filing for an A	Automatic 3-Month E	xtension, comple	te only Part I and che	eck this box	,		► x
If you are	filing for an A	Additional (Not Autor	natic) 3-Month Ex	tension, complete o	nly Part II (on page 2 d	of this form).	_
Do not comp	lete Part II un	<i>less</i> you have alread	y been granted an	automatic 3-month	extension on a previou	isly filed Fo	rm 886	58.
Part I	Automatic	3-Month Extensi	on of Time. Or	nly submit origina	al (no copies need	ded).		
•	•				sion – check this box a	·		
All other corp income tax re	orations (incli eturns.	udıng 1120-C filers),	partnerships, REN	AICS, and trusts mus	t use Form 7004 to red	quest an ex	tensioi	n of time to file
returns noted the additional Form 990-T. I	below (6 mor (not automat nstead, you n	nths for a corporation	required to file Fonds or (2) you file Fonds completed and sig	orm 990-T). However orms 990-BL, 6069, c ined page 2 (Part II)	3-month automatic ex , you cannot file Form or 8870, group returns, of Form 8868. For mo	8868 elect	ronical osite o	ly if (1) you want r consolidated
	Name of Exempt	Organization				Emp	loyer ide	entification number
Type or print								
•	THE JERE	MY FUND				22	-353	3272
File by the due date for	Number, street, a	and room or suite number	f a P.O. box, see instru	ctions.				
filing your return, See		MBOSKI 234 S						
instructions	City, town or pos	t office, state, and ZIP code	For a foreign address	, see instructions				
	WEST TRE	NTON					ŊJ	08628
		filed (file a separate	. ' '	•				
Form 990			Form 990-T (cor	•		rm 4720		
Form 990			`	tion 401(a) or 408(a)	· 1	rm 5227		
X Form 990			'	t other than above)		rm 6069		
Form 990	-PF		Form 1041-A		Fo	rm 8870		
• The books	are in the ca	re of ► TAXPAYE	3					
Telephone	. No. ► (609	9) 883-6848		FAX No. ► (215)	369-8220			
			- -		s, check this box .			. ▶□
_			-		umber (GEN)	. If this	ıs for tl	ne whole group.
	· —		_		ttach a list with the na			-
	sion will cover	•	group, oncon am	220				
			for a corporation	required to file Form	990-T) extension of to	me		
					organization named ab			
		he organization's reti			-			
► X	calendar year	20 09 or						
□	tax year begir	nning	, 20 , aı	nd ending	, 20			
		ess than 12 months,		Initial return	Final return	Chang	ge in a	ccounting period
				or 6069, enter the te		3	a \$	0.
b If this apmade. In	oplication is fo		00-T, enter any ref	undable credits and	estimated tax paymen	ts . 3	ь\$	0.
deposit v	with FTD coup	oon or, if required, by	/ using EFTPS (El	ment with this form, ectronic Federal Tax	Payment System).	. 3	c \$	0.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 4-2009)

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.