Form **990-EZ**

Short Form

2009

OMB No 1545 1150

Department of the Treasury Internal Revenue Service

~~ NNED NOV 2 9 2010

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

Open to Public Inspection

Α	For the 2009 calendar year, or tax year beginning , 2009, and ending									
В	Diagon Di									
_		22-3746005								
-		elephone	e number							
-	Initial return type See 23 AUDUBON PARKWAY	(973) 926-3800							
-	Specific City or town, state or country, and ZIP + 4	.,								
-	Itions.	iroup E lumber	Exemption							
ь										
	must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify)									
1	Website: ► N/A required to attact	h Sche	rganization is not edule B (Form 990,							
J	Tax-exempt status (check only one) — [A] 301(c) (3) 4 (insert no) [4947(a)(1) or [327]									
K	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									
	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	► \$	254,700.							
Pa	art i Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the inst	ructio	ns for Part I.)							
	1 Contributions, gifts, grants, and similar amounts received	1								
	2 Program service revenue including government fees and contracts	2								
	3 Membership dues and assessments	3								
	4 Investment income	4	11,393.							
	5a Gross amount from sale of assets other than inventory 5a 243,307.									
	b Less cost or other basis and sales expenses 5b 261,897	<u>. </u>	_[
R	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	-18,590.							
REVENUE	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here									
Ņ	a Gross revenue (not including \$ of contributions									
Ē	reported on line 1) 6a									
	b Less direct expenses other than fundraising-expenses [VEU 6b	<u> </u>								
	c Net income or (loss) from special events and activities (Subtract-line 6b from time 6a)	6с								
	7a Gross sales of inventory, less returns and allowances	, . · ·								
	b Less cost of goods sold b Less cost of goods sold c NOV 0 8 2010									
	b Less cost of goods sold c Gross profit or (loss) from sales of inventor (Ssubtract line 7b from line 7a)	7 c								
	8 Other revenue (describe >)	8								
	9 Other revenue (describe) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8GDEN, 10 Grants and similar amounts paid (attach scredule) PROGRAM SERVICES	9	-7,197.							
	10 Grants and similar amounts paid (attach schedule) PROGRAM SERVICES	10	15,500.							
_	11 Benefits paid to or for members	11	1							
X	12 Salaries, other compensation, and employee benefits	12								
E	13 Professional fees and other payments to independent contractors	13								
E N S E	14 Occupancy, rent, utilities, and maintenance	14								
Ě	15 Printing, publications, postage, and shipping	15	22.							
,	16 Other expenses (describe ► See Other Expenses Statement)	16	3,655.							
	17 Total expenses. Add lines 10 through 16	17	19,177.							
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-26,374.							
Ą	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year									
N S E E T T	figure reported on prior year's return)	19	330,209.							
	20 Other changes in net assets or fund balances (attach explanation)	20								
S	21 Net assets or fund balances at end of year Combine lines 18 through 20	21	303,835.							
Pa	art II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 inste	ad of I	Form 990-EZ							
	(See the instructions for Part II) (A) Beginning of y		(B) End of year							
22										
23		0 . 23								
24										
25										
26		0. 26								
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) 330, 20									

Par	t III 📗 Stateme	nt of Program Sei	rvice Accomplishments	See the instruction	ons.)		Expenses
What	is the organization's prim	nary exempt purpose? TO	PROVIDE CHARITABI	LE GRANTS & DON	ATIONS	(Reg	uired for section
			e organization's exempt purpo persons benefited, or other re			orga	uired for section c)(3) and (4) nizations and section (a)(1) trusts, optional
desc	ribe the services pro ram title	ovided, the number of	persons benefited, or other re	elevant information for e	ach	4947	(a)(1) trusts, optional thers)
		DITABLE CDANT	S AND DONATIONS TO	CUPICTIAN		101 0	[
20			(2000 IS INTIAL Y				
	NON-PROFIT						
	(Grants \$	0.) If th	is amount includes foreign gr	ants, check here	<u> </u>	28 a	15,500.
29							
	(Grants \$) If th	is amount includes foreign gr	ants, check here	_ ▶ □	2 <u>9</u> a	
30							
						1	
	(Grants \$) If th	is amount includes foreign gr	ants, check here		30 a	
31		vices (attach schedule		,			
	(Grants \$	-	, is amount includes foreign gr	ants, check here	▶ 🗀	31 a	
32		vice expenses (add lır			•	32	15,500.
			Trustees, and Key Em	plovees. List each or	e even if not com		
			(b) Title and average hours	(c) Compensation (If	(d) Contributions		(e) Expense account
	(a) Name an	d address	per week devoted	not paid, enter -0)	employee benefit pla	ns and	and other allowances
		···	to position		deferred compensa	tion	
KEN	NETH DICKSON	1			ļ		
23_	AUDUBON PARE	KWAY	PRES				
WAY	NE	NJ 07470	2.00	0.		0.	
TER	RY DICKSON						
23	AUDUBON PARK	WAY	VP				
WAY		NJ 07470	2.00	٥.	İ	0.	
	N HOLMAN						
_001			TREASURER				
			1			_	
		NJ 07510	2.00	0.		0.	·
COF	LEEN BOTCHER	·					
<u></u>			SECRETARY				
		NJ 07456	1.00	0.		0.	
CAR	OL_LEWIS						
<u>-•</u>			TRUSTEE				
PAT	ERSON	NJ 07510	1.00	0.		0.	
JUN	E SOJACK						
			TRUSTEE				
TOT	OWA		1.00	ο.		0.	
	H BITTEN					_ - :	
			TRUSTEE				
~~~	LAND	NJ 07436	1.00	_		^	
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Form 990-EZ (2009) ST LUKE'S MEMORIAL TRUST FUND, INC.

22-3746005

Page 2

b Did the organization for Form 1120-POL for this year?  38a Did the organization form, 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?  38b   X   Section 501 (c) (7) organizations Enter amount involved  39   Section 501 (c) (7) organizations Enter amount of tax imposed on the organization during the year under section 4911   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 person with a disqualified person or disqualified persons during the year under sections 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 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. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 8886-1  List the states with which a copy of this return is filed. New Jersey  42a The organization's books are in care of PRESIDENT  Telephone no (973) 926-3800  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)?  Yes No 42b X					
Yes   No   Yes   Y			05	F	age <b>3</b>
33	Ра	tt v -   Other information (Note the statement requirements in the instrictor Part v.)		Voc	No
as the capitation ball unions from business achieves, such as how reoporting not makes? (it yies, attach a conformed copy of the changes  33   X   X   X   X   X   X   X   X   X		Dillion and the second	Г	163	140
If the organization bit income from business activities, such as those reported on lines 2, E., and 7a (ameng others), but not reported on form 990-T, attach a statement eightning why the organization defined in the organization of direct in profit of the interest of the organization and the organization of direct in profit of the interest organization and the organization of the organization organization organization organization organization of the organization organizati	33		33		x
35 if the organization has income from bissenses admires, such as those reported an lens 2, 6, p. and 24 (ameng others), but not reported on form 99.1, stack a statement eleistming with proportion income of rem 99.1 in the proportion of the propo	34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	34		
reporting, and proxy tax requirements? bit I'ves', sit filed a tax return on Form 990-T for this year?  35 bit I'ves', sit filed a tax return on Form 990-T for this year?  35 bit I'ves', sit filed a tax return on Form 990-T for this year?  36 bit the organization unduring a liquidation, dissolution, termination, or significant disposition of net assets during the year? II l'ves', complete Schedule N  36 x  37 a Enter amount of political expenditures, direct or indirect, as described in the instructions bid the organization file Form 1120-PDL for this year?  38 bit I'ves', complete Schedule L, Part II and enter the total amount involved  38 bit I'ves', complete Schedule L, Part II and enter the total amount involved  38 Section 501(c)(2) organizations Enter a initiation fees and capital contributions included on line 9 bit Gross receipts, included on line 9, for public use of club facilities  40 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year or is it sware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the Kinasaction has not been reported on any of the organizations prior Forms 990 or 990-E27 III and 5 Section 501(c)(3) and 501(c)(4) organizations. Dut the organization engage in any section 4995 ercess benefit transaction with a disqualified person in a prior year, and that the Kinasaction has not been reported on any of the organizations prior Forms 990 or 990-E27 III and 5 Section 501(c)(3) and 501(c)(4) organizations. Dut the organization prior Forms 990 or 990-E27 III and 5 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disciplination dependent prior year and that the Kinasaction has not been reported on any of the organizations prior Forms 990 or 990-E27 III and 5 section 6 Sec	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		, , :	1 1
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Fes," complete applicable pairs of Schedule N. 36					x
year? If Yes, complete aphicable parts of Schedule N 37 a Enter amount of political expenditures, divertor indirect, as described in the instructions b Did the organization file Form 1120-POL for this year?  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?  b If Yes, complete Schedule L, Part II and enter the total amount involved  39 Section 501(c)(7) organizations Enter an introduced on line 9 b Gross receipts, included on line 9, for public use of club facilities  40a Section 501(c)(3) organizations included on line 9 b Gross receipts, included on line 9, for public use of club facilities  40a Section 501(c)(3) organizations included on line 9 b Scion 501(c)(3) organizations included on line 9 b Scion 501(c)(3) organizations included on line 9 control of lax imposed on the organization during the year under section 4911 by section 4911 by section 4915 by section 4915 by section 4911 by section 4911 by section 4915 by section 501(c)(3) organizations. Dut the organization engage in any section 4955 scions 501(c)(3) and 501(c)(4) organizations are nexess seemed it transaction during the year or is it aware that it engaged in an excess selected intersaction and scingulatined person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 II c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization e All organizations and any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If Yes, complete Form 890 and 896-T  10 List the states with which a copy of this return is filed by New Jersey  42a The segmization's books are made of PRESIDENT Telephone no by (973) 926-3800 total at a 23 AUDIDION PARKWAY No 21P+ 4 O 74 70  42b X  11 Yes, enter the name of the foreign country by  43 Section 4		b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
b Did the organization for Portry stages of the production of the	36		36	<u> </u>	х
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?  38b   17 Yes; "complete Schedule L, Part II and enter the total amount involved 39 Section 501(c/)? organizations Enter a initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 40 Section 501(c/3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 *	37	a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a (	) .		
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a initiation fees and capital contributions included on line 9 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 *  b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4955 *  b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4956 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  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 organizations.  All organizations At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes,' complete Form 88861.  40 E X  41 List the states with which a copy of this return is filed ** New Jersey  42 a The erganization's books are in care of ** PRESIDENT*  Located of ** 23 AUDUBON PARKWAY*  WAYNE  NJ 2IP + 4 * 07470  42 Telephone no ** (97.3) 926-3800  Telephone no ** (97.3) 926-3800  A tarry 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 accounts).  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 **  A 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  4			`	,	.
b Gross recepts, 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 \( \to \) section 4912 \( \to \) section 4912 \( \to \) section 4912 \( \to \) section 4918 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 reproted on any of the organization sprior Forms 990 or 990-E27 \( \text{if Yes, complete Schedule L, Part I} \)  40 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualitied persons during the year under sections 4912, 4955, and 4958 \( \text{ Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization of \$\text{ Soliton 4900 organizations} \( \text{ At any time during the tax year, was the organization a party to a prohibited tax \( \text{ 40e } \text{ X} \)  42 a The organizations 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)?  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 \(  At any time during the calendar year, did the organization maintain an office outside of the U.S.?  43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the am					-, /
### Ado a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 >			<del>-</del> - ,		}
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any 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 1 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-E27 If Yes, complete Schedule L, Part I  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 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 imposed on organization managers or disqualified persons during the sections 4912, 4955, and 4958  d 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 imposed on organization and prior 5090 EZ.  Telephone no * (973) 226-3800  Description of the organization of 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)?  Telephone no * (973) 226-3800  Telephone no * (97			_  .	<b>]</b> .	
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 prov year, and that the transaction has not been reported on any of the organization's prior Forms 900 or 990-EZ? If Yes, complete Schedule I., Part 1  2 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 At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If Yes, complete Form 8885.1  40e	-10	· · · · · · · · · · · · · · · · · · ·		2,	
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? If "Yes," complete Form 8866-T  40 List the states with which a copy of this return is filed  New Jersey  42a The organization? Books are in care of  PRESIDENT  Located at  23 AUDUBON PARKWAY  BAYNE  NJ ZIP + 4 P 07470  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)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  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  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		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		x
by the organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8866.T  40e	,	managers or disqualified persons during the year under sections 4912, 4955, and 4958	. A		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax sheller transaction? If "Yes," complete Form 8896-T  42 a The organization's books are in care of PRESIDENT  Located at P 23 AUDUBON PARRWAY  B AT All the organization's books are in care of PRESIDENT  Located at P 23 AUDUBON PARRWAY  B AT All 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)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  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 P  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  44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ  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 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	,	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
42 a The organization's books are in care of PRESIDENT  Located at P 23 AUDUBON PARKWAY  B NJ ZIP + 4 P 07470  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)?  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  c At any time during the calendar year, did the organization maintain an office outside of the U.S?  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  44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' 45 X	1	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			X
books are in care of PRESIDENT  Located at P 23 AUDUBON PARKWAY  B AUTUBON PARKWAY  B AUT	41	List the states with which a copy of this return is filed New Jersey			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.  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  44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  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		books are in care of PRESIDENT  Located at 23 AUDUBON PARKWAY  WAYNE  NJ ZIP + 4 > 0747  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)?			No
and enter the amount of tax-exempt interest received or accrued during the tax year  Yes No  144 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  15 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  15 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Yes,'	,	At any time during the calendar year, did the organization maintain an office outside of the U.S?	42c	-	x
Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ  44	43	·		<u> </u>	
of Form 990-EZ  44				Yes	No
Form 990 must be completed instead of Form 990-EZ 45 X	44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		х
	<b>4</b> 5	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			

Form 990-EZ (2009) ST LUKE'S MEMORIAL TRUST FUND, INC.

22-3746005
Particle 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.

	<del></del>			<del></del>					
46 Did to	he organization engage in direct or indire ublic office? If 'Yes,' complete Schedule (	ct political campaign act	ivities on behalf of or in	opposition to candidates	46	Yes	No X		
•	•	•	chedule C. Part II		47		X		
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  48 X									
	49a Did the organization make any transfers to an exempt non-charitable related organization?  49a X								
	b If 'Yes,' was the related organization a section 527 organization?								
	plete this table for the organization's five	_	anloyans (other than off	icare directore trijetaas an					
	oyees) who each received more than \$10	0,000 of compensation f	rom 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 and deferred compensation	(e) Ex accourt other allo	nt and	5		
NONE _									
		1							
		1							
		]							
							_		
			•						
		L	<u></u>						
f Total	number of other employees paid over \$1	00,000							
<b>51</b> Com	plete this table for the organization's five	highest componented in	tonondont contractors w	the each recovered more than	n ¢100 (	nnn of			
comp	pensation from the organization of there is	s none, enter 'None '	rependent contractors v	who each received more tha	п ф100,0	00 01			
	(a) Name and address of each independent con	ractor paid more than \$100,000		(b) Type of service	(c) Comp	ensatio			
NONE				(4) 1) po 01 de 1100	(0) 00		<del></del>		
			_						
		<del></del>							
<b>_</b>									
d Total	number of other independent contractors	each recovering over \$10	0000						
u rotai	number of other independent contractors	each receiving over \$10	00,000	<del></del>					
	Under penalties of perjury declare that I have example true correct, and complete Declaration of preparer	nined this return, including acco	mpanying schedules and states	nents, and to the best of my knowle	dge and be	lief, it is	<del></del>		
	true correct, and complete Declaration of preparer	(other than officer) is based on a	all information of which prepare	er has any knowledge					
Sign	Mounet Acci	? (lehan		X 11/3/2011	2				
Here	Signature of officer			Date					
	- XKenneth Dis	KSOIN PV	esident	,					
	Type or print name and title								
Paid	Preparer's		Date		rer's Identif nstructions)	ying Nu	mber		
Pre-	signature	////	1/1/20	employed X					
parer's Use	Firm's name (or ROBERT A. SKUBA								
	employed), PO BOX 120		· · · · · · · · · · · · · · · · · · ·	EIN ►					
Only	ZIP + 4 MENDHAM			2015 Phone no	n.	-			
May the IR:	S discuss this return with the preparer sh	own above? See instruc	tions		Yes orm 990		<u>No</u>		
DAA				r	OHH 33L	,-EZ (	(といりろ)		

#### 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 2009

Öpen to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

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

			L TRUST FUND,								74600!			
Par	til 🧸 Re	ason for Pu	blic Charity Statu	ı <b>s</b> (All organıza	tions	must d	comple	te this	part.)	See ı	nstruct	ions		
The o	organizati	on is not a priv	vate foundation because	se it is (For lines	1 throu	gh 11, c	neck onl	y one bo	ox )					
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 cooperative hospital service organization described in section 170(b)(1)(A)(iii).													
4	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's													
	name, city, and state													
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(bX1XAXiv). (Complete Part II.)													
6														
7	in section 170(b)(1)(A)(vi). (Complete Part II.)													
8		=	described in section 1		•		•							
9	from	activities relat stment income	at normally receives ( ted to its exempt funct and unrelated busines e section 509(a)(2). (Co	ions — subject to e ss taxable income	certain	exception	ns, and	(2) no r	nore tha	an 33-1/3	3 % of its	s support fi	rom are	oss
10	∐ An o	rganization orç	ganized and operated	exclusively to test	for put	blic safet	y See s	section 5	509(a)(4	).				
11	more	publicly supp	ganized and operated orted organizations do of supporting organiz	escribed in sectior	า 509(a	i)(1) or s	ection 5	09(a)(2)	ions of, . See <b>s</b>	or carry <b>ection 5</b>	out the <b>09(a)(3).</b>	purposes of Check the	of one of box th	or nat
	a	Туре І	<b>b</b> Type II	с 🗌	Type II	I – Fund	tionally	integrate	ed		d 🗌	Type III-	Other	
е	— than	hecking this bo foundation ma a)(2)	ox, I certify that the organizers and other than	ganization is not c n one or more pub	ontrolle licly su	ed directi ipported	y or indi organiza	rectly by ations de	y one or escribed	more d In secti	ısqualıfıç on 509(a	ed persons a)(1) or sec	other tion	
f		organization i	received a written dete	ermination from th	e IRS t	hat is a	Type I, 1	Гуре II о	r Type	III suppo	rting org	janization,		
g	Sinc	e August 17, 2	006, has the organizat	tion accepted any	gift or	contribu	ition fror	n any of	the foll	owing p	ersons?			<del>г</del>
	(i)	a person who below, the go	directly or indirectly overning body of the su	controls, either alo apported organizat	ne or to	ogether v	with pers	sons des	scribed	ın (ıı) an	ıd (ııı)	11 g (i)	Yes	No
	(ii)	a family mem	ber of a person descr	ribed in (i) above?								11g (ii)		
	(iii)	a 35% contro	lled entity of a person	described in (i) or	(II) ab	ove?						11 g (iii)	$\Box$	
h	Prov	ide the following	ng information about th	ne supported organ	nization	าร								
	(ı) Name Org	of Supported anization	(ii) EIN	(iii) Type of organi (described on line above or IRC ser (see instruction	s 1.9 ction	organizat (i) lister	Is the non in cold in your erning ment?	the organ	(i) of	organizat	s the ion in cot zed in the S ?	(vii) Amour	nt of Sup	port
						Yes	No	Yes	No	Yes	No			
						·	ļ	<u> </u>						
								]						
												· · · · · · · · · · · · · · · · · · ·		
						<del> </del>								
						ļ								
				- `	,			٠.		l -				
Total			-							L				

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

	organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						į		
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								
Cale pegi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	•	(f) Tota	al
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			1					
12	Gross receipts from related activi	ities, etc. (see ins	tructions)			[	12		
	First five years. If the Form 990 organization, check this box and	stop here	·	d, third, fourth, or	fifth tax year as	a section 501	(c)(3)		<u>-                                    </u>
	tion C. Computation of Pu					· · · · · · · ·			
	Public support percentage for 200	•	•	e 11, column (f)		1	14		%_
15	Public support percentage from 2	2008 Schedule A, f	Part II, line 14			Ĺ	15	<del></del>	%
16 a	33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a publ	not check the box ucly supported org	on line 13, and t ganization	he line 14 is 33-1	/3 % or more	e, check	this box	► 🗌
t	33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a publ	not check a box o icly supported orç	n line 13, or 16a, janization	and line 15 is 33-	-1/3% or mor	e, check	this box	► 🗍
17 a	10%-facts-and-circumstances te or more, and if the organization in the organization meets the 'facts	meets the 'facts-ar	nd-circumstances'	test, check this b	ox and stop here	. Éxplaın ın P	art IV h		<b>-</b> 🗌
	10%-facts-and-circumstances te or more, and if the organization r organization meets the 'facts-and	meets the 'facts-ar I-circumstances' (	nd-circumstances lest The organiz	test, check this b ation qualifies as a	ox and <b>stop here</b> a publicly support	. Explain in F ed organizati	Part IV h	ow the	<u>-                                    </u>
	Private foundation. If the organiz	zation did not chec	k a box on line, 1	3, 16a, 16b, 17a,					<u>*                                     </u>
ЗАА					S	chedule <b>A</b> (Fo	orm 990	or 990-EZ	2009
			TEFAGAGO	10/09/00					
			TEEA0402	10/00/07					

# Schedule A (Form 990 or 990-EZ) 2009 ST LUKE'S MEMORIAL TRUST FUND, INC. Part III. Support Schedule for Organizations Described in Section 509(a)(2)

Sec	tion A. Public Support		<del></del>				···
Cale	ndar year (or fiscal yr beginning in) >	(a) 2005	<b>(b)</b> 2006	(c) 2007	<b>(d)</b> 2008	<b>(e)</b> 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	0.	0.	0.	0.		0.
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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		***				<del></del>
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						
	Total. Add lines 1 through 5 Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.		0.
b	a Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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)		, , , , , , , , , , , , , , , , , , ,			. ,	0.
Sec	tion B. Total Support						<del></del>
	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
	Amounts from line 6	0.	0.	0.	0.	(6) 2003	<del></del>
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	19,888.	19,018.			11 202	0.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	19,000.	19,010.	19,209.	13,682.	11,393	83,190.
11	Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	19,888.	19,018.	19,209.	13,682.	11,393	83,190.
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (add Ins 9, 10c, 11, and 12)	કે_	` `		-, :	<u> </u>	83,190.
	First five years. If the Form 990 i organization, check this box and	stop here		I, third, fourth, or	fifth tax year as a	section 501(c)(	▶ □
	tion C. Computation of Pul						
15	11 .		•	13, column (f))		15	0.00%
16	Public support percentage from 2					16	0.00%
Sec	tion D. Computation of Inv	estment Incon	ne Percentage				
17	Investment income percentage fo	r <b>2009</b> (line 10c, d	column (f) divided	by line 13, colum	n (f))	17	100.00%
18	Investment income percentage fro	om <b>2008</b> Schedule	A, Part III, line 1	7		18	100.00%
	33-1/3 support tests - 2009. If th	e organization did	not check the bo	x on line 14, and	line 15 is more th	an 33-1/3%, and	
	more than 33-1/3%, check this bo 33-1/3 support tests – 2008. If th	ox and <b>stop here.</b> le organization did	The organization of the check a box of the check as	qualifies as a pub on line 14 or 19a.	licly supported org and line 16 is mo	janization re than 33-1/3%	▶ [_]
	is not more than 33-1/3%, check	this box and stop	here. The organiz	ation qualifies as	a publicly support	ted organization	<b>▶</b>
20	Private foundation. If the organiz	ation did not chec	k a box on line 14	l, 19a, or 19b, che	eck this box and s	ee instructions	<u>► X</u>

Scriedule A	7 ( 0111 990 01 990 E2/2009 BI HOKE B MEMORIAL IROSI FORD; INC. 22-3/40003 Fage
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.
<b>-</b>	

. ST LUKE'S MEMORIAL TRUST FUND, INC	22-3746005				
Form 990-EZ, Part I, Line 16 Other Expenses Statement					
Other expenses (describe)					
NJ ANNUAL REPORT	50.				
ASSET MANAGEMENT FEE	3,605.				

3,655.

Total

### **Supporting Statement of:**

#### Form 990-EZ/Line 4

Description	Amount
INTEREST INCOME	4,889.
DIVIDEND INCOME	6,550.
PURCHASED INCOME INCLUDED NOT REALIZED	-46.

#### Supporting Statement of:

### Form 990-EZ/Line 5a

Description	Amount
GROSS PROCEEDS FROM SALE OF SECURITIES	243,307.
Total	243,307.

## Form **8868** (Rev April 2009)

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

File a separate application for each return.

IIICITIG. TICTORIC				1			
If you are	filing for an Automatic 3-Month	Extension, complete only Part I and check this box				<b>►</b> x	
<ul><li>If you are</li></ul>	filing for an Additional (Not Auto	omatic) 3-Month Extension, complete only Part II (on	page 2 of this f	orm)		_	
		dy been granted an automatic 3-month extension on a			8		
Part i	Automatic 3-Month Extens	ion of Time. Only submit original (no copie	es needed).				
		3 3	,				
A corporation	required to file Form 990-T and i	requesting an automatic 6-month extension – check t	his box and cor	nplete Part	I only	▶ □	
All other corp income tax re		, partnerships, REMICS, and trusts must use Form 70	104 to request a	n extensioi	of time to f	ıle	
returns noted the additional Form 990-T	l below (6 months for a corporatio I (not automatic) 3-month extensi	ectronically file Form 8868 if you want a 3-month auton required to file Form 990-T). However, you cannot fon or (2) you file Forms 990-BL, 6069, or 8870, group completed and signed page 2 (Part II) of Form 8868 -file for Charities & Nonprofits.	ile Form 8868 e returns, or a c	electronical omposite o	ly if (1) you v r consolidate	want ed	
	Name of Exempt Organization			Employer ide	entification num	ber	
Type or print  ST LUKE'S MEMORIAL :  File by the Number, street, and room or suite number		<del></del>					
				22-3746005			
				22-3720003			
due date for filing your return See	23 AUDUBON PARKWAY						
return See instructions	City, town or post office, state, and ZIP cod	de For a foreign address, see instructions					
	WAYNE			ŊJ	07470		
Chack type o	of return to be filed (file a separat	e application for each roturn)		MO	0/4/0		
Form 990	· · · · · · · · · · · · · · · · · · ·	Form 990-T (corporation)	☐ Form 472	Λ.			
Form 990	<u> </u>	Form 990-T (section 401(a) or 408(a) trust)		· -···· ·· =-			
		<b>=</b>	<b>)==</b> 4	orm 5227			
Form 990	<b>)</b> =	Form 990-T (trust other than above) Form 1041-A	Form 6069 Form 8870				
<del></del>				···			
Telephone If the orga If this is feecheck this	or a Group_Return, enter the orga		If	this is for t	he whole gro all members	<b>►</b> □	
1 I reques	st an automatic 3-month (6 month	is for a corporation required to file Form 990-T) exten	sion of time				
_	aug 16 , 20 10 , to file ension is for the organization's re	the exempt organization return for the organization n	amed above.				
	calendar.year 20 <b>09</b> or						
		, 20, and ending, 20					
با ٠	tax year beginning	, 20, and ending, 20					
2 If this ta	ax year is for less than 12 months	, check reason	turn C	hange in a	ccounting pe	rıod	
	pplication is for Form 990-BL, 990 ndable credits See instructions	0-PF, 990-T, 4720, or 6069, enter the tentative tax, le	ss any	3a\$	<del></del>	0.	
<b>b</b> If this apmade I	pplication is for Form 990-PF or 9 nclude any prior year overpayme	990-T, enter any refundable credits and estimated tax nt allowed as a credit	payments	3b\$		0.	
deposit	<b>Due.</b> Subtract line 3b from line 3 with FTD coupon or, if required, tructions	Ba Include your payment with this form, or, if required by using EFTPS (Electronic Federal Tax Payment Sys	i, tem)	3c \$		0.	
Caution. If yo payment instr	u are going to make an electronic uctions	c fund withdrawal with this Form 8868, see Form 8453	3-EO and Form	8879-EO f	or		
BAA For Priv	acy Act and Paperwork Reduction	on Act Notice, see instructions.		Forn	n <b>8868</b> (Rev	4-2009)	

Form <b>8868</b>	(Rev 4-2009) ST LUKE'S MEMORIAL TRUST FUND, INC.		22-3746005	Page 2			
• If you a	re filing for an Additional (Not Automatic) 3-Month Extension, complete only	Part II and check the	is box	► <b>x</b>			
Note. Only	complete Part II if you have already been granted an automatic 3-month exten	sion on a previously	y filed Form 8868				
<ul><li>If you a</li></ul>	re filing for an Automatic 3-Month Extension, complete only Part I (on page 1)						
Part li	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).						
	Name of Exempt Organization		Employer identification nun	1ber			
Type or		٠,					
print	ST LUKE'S MEMORIAL TRUST FUND, INC.	,	22-3746005				
	Number, street, and room or suite number. If a P O box, see instructions		For IRS use only				
File by the extended			<u> </u>				
due date for filing the	23 AUDUBON PARKWAY			7.			
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions	• ,	·	, -			
	WAYNE NJ 07470			r			
Check type	of return to be filed (File a separate application for each return)	·					
Form 99	90 Form 990-PF	Form 1041-A	Forn	n <b>606</b> 9			
Form 99	90-BL Form 990-T (section 401(a) or 408(a) trust)	Form 4720	Forn	n 8870			
X Form 99		Form 5227					
STOP! Do r	not complete Part II if you were not already granted an automatic 3-month ext	ension on a previou	usly filed Form 8868.				
	oks are in care of ► PRESIDENT						
Telepho	one No ► (973) 926-3800 FAX No. ►		•				
•	ganization does not have an office or place of business in the United States, c	heck this box	•	▶ □			
	s for a Group Return, enter the organization's four digit Group Exemption Numb		Jf t	his is for the			
	o, check this box  If it is for part of the group, check this box  I	· · · · —	th the names and EINs	of all			
,	ne extension is for						
	est an additional 3-month extension of time until Nov 15 , 20 1	.0					
	alendar year 2009 , or other tax year beginning , 20	_	. 20	)			
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 THIRD PARTY INFORMATION IS NEEDED							
	COMPLETE FILING						
8a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tental	ive tay less any					
nonre	fundable credits. See instructions		8a \$	0.			
	application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable cro						
	ents made Include any prior year overpayment allowed as a credit and any ar form 8868	nount paid previous	ly 8b \$	0.			
		.6	<del></del>				
c Baian with F	ice Due. Subtract line 8b from line 8a. Include your payment with this form, or, TD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment S	vstem) See instrs	8c \$	0.			
	Signature and Verification						
or 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, and complete, and that I am authorized to prepare this form							
1110 001	mpote, and that can authorized to prepare this will						
	. Title		Date ► AU(	<del>3</del> 7, 2010			