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Short Form Return of Organization Exempt From Income Tax

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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

▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $100,000 and total assets less than $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

2006

Open to Public Inspection

A For the 2006 calendar year, or tax year beginning July 1 , 2006, and ending June 30 , 20 07

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
CRANFORD KNIGHTS OF COLUMBUS - 6226

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 501

City or town, state or country, and ZIP + 4
CRANFORD NJ 07016-0501

D Employer identification number
23 7543758

E Telephone number
(908) 956-2136

F Group Exemption Number ▶ 0188

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

G Accounting method ☑ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ www.cranfordknights.org

J Organization type (check only one)— ☑ 501(c) (8) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

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

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $100,000 or more, file Form 990 instead of Form 990-EZ . ▶ $ 38,029

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See page 47 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	4,290
	2	Program service revenue including government fees and contracts	2	29,488
	3	Membership dues and assessments	3	4,247
	4	Investment income	4	4
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less. cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6	Special events and activities (attach schedule) If any amount is from **gaming**, check here ▶ ☐		
	a	Gross revenue (not including $ _____ of contributions reported on line 1) 6a		
	b	Less: direct expenses other than fundraising expenses 6b		
	c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less: cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
	8	Other revenue (describe ▶ _____)	8	
	9	**Total revenue** (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶	9	38,029
Expenses	10	Grants and similar amounts paid (attach schedule)	10	18,728
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ **see schedule 2**)	16	21,814
	17	**Total expenses** (add lines 10 through 16) ▶	17	40,542
Net Assets	18	Excess or (deficit) for the year (line 9 less line 17)	18	(2,513)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	11,674
	20	Other changes in net assets or fund balances (attach explanation)	20	0
	21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶	21	9,161

Part II **Balance Sheets**—If Total assets on line 25, column (B) are $250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 51 of the instructions)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	11,674	22	9,161
23	Land and buildings		23	
24	Other assets (describe ▶ _____)		24	
25	**Total assets**		25	
26	**Total liabilities** (describe ▶ _____)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	11,674	27	9,161

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 10642I Form **990-EZ** (2006)

STATUTE CLEARED

SCANNED DEC 0 1 2010

STATUTE UNIT RECEIVED NOV 08 2010 OGDEN

RECEIVED OCT 15 2010 EOCU IRS OGDEN, UTAH

Part III Statement of Program Service Accomplishments (See page 51 of the instructions.)

What is the organization's primary exempt purpose? **See schedule 3**

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, or other relevant information for each program title.

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

28 **Providing scholarships to local children**
In Fiscal 2007 we awarded four scholarships to students attending college

(Grants $ **3,000**) If this amount includes foreign grants, check here ▶ ☐ 28a

29 **Providing financial support to our parish**
In Fiscal 2007 we provided financial support for capital improvements and youth group activities.

(Grants $ **3,353**) If this amount includes foreign grants, check here ▶ ☐ 29a

30 **Providing financial support to memebers impacted by flood**
In April 2007 the town had significant flooding due to a nor'easter. We provided support to four families that were hit by the flooding.

(Grants $ **3,000**) If this amount includes foreign grants, check here ▶ ☐ 30a

31 Other program services (attach schedule)

(Grants $ **7,311**) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Michael Lynskey **PO BOX 501, Cranford, NJ 07016**	**Grand Knight**	**0**	**0**	**0**
Rick Ferraioli **PO BOX 501, Cranford, NJ 07016**	**Financial Secretary**	**0**	**0**	**0**
Charles Higgins **PO BOX 501, Cranford, NJ 07016**	**Trustee**	**0**	**0**	**0**
Patrick Forker **PO BOX 501, Cranford, NJ 07016**	**Trustee**	**0**	**0**	**0**

Part V Other Information (Note the statement requirement in General Instruction 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		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	34		✓
35	*If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but* ***not*** *reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.*			
a	Did the organization have unrelated business gross income of $1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)	36		✓
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		
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 unpaid at the start of the period covered by this return?	38a		✓
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved 38b			
39	*501(c)(7) organizations.* Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			

Part V Other Information (Note the statement requirement in General Instruction V.) *(Continued)*

40a *501(c)(3) organizations.* Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ , section 4955 ▶ _____

b *501(c)(3) and (4) organizations.* Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation . .

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

d 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? . . . . . .

	Yes	No
40b		
40e		✓

41 List the states with which a copy of this return is filed. ▶ **None**

42a The books are in care of ▶ **TREASURER** Telephone no. ▶ **(646) 573-2916**

Located at ▶ **379 Lincoln Ave East Cranford, NJ** ZIP + 4 ▶ **07016-3156**

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.**

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: ▶ _____

	Yes	No
42b		✓
42c		✓

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 |

Please 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

Michael Lynskey - Grand Knight

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶ ☐	Preparer's SSN or PTIN (See Gen. Inst. X)
Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ▶	
		Phone no ▶ ( )	

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Schedule 1
Form 990-EZ, Part 1 Line 10
Grants and Similar Amounts Paid

Charitable

		Amount
Donee's Name & Address	St. Michael's Church - Cranford	$ 3,353
Donee's Name & Address	Alpine Learning Group - Paramus, NJ	1,770
Donee's Name & Address	Camp Fatima of New Jersey	1,771
Donee's Name & Address	Hospitaller Brothers of St. John of God. Westville Grove, NJ	743
Donee's Name & Address	Cranford High School	400
Donee's Name & Address	Nor'easter Donation -Cranford	3,000
Donee's Name & Address	Raphael's life house -Elizabeth NJ	600
Donee's Name & Address	Cranford Supports Our troops - Cranford	1,400
Donee's Name & Address	**National Alliance for Autism** Research Princeton, NJ	1,027
All other various grants	Individual amounts of $300 or less	1,665

Educational

Donee's Name & Address	Allison Stolte - Cranford	1,000
Donee's Name & Address	John Bender - Cranford	1,000
Donee's Name & Address	Katherine McGee - Cranford	500
Donee's Name & Address	Robert Haddad - Cranford	500
	Total	$ 18,728

Schedule 2
Form 990-EZ, Part 1 Line 16
Other Expenses

	Amount
Fundraising Expenses	$ 14,500
March For Life Expense	2,000
Meeting Expenses / Supplies	2,539
Insurance	364
Other	2,411
Total	$ 21,814

Schedule 3
Form 990-EZ, Part III
Organization's Primary Exempt Purpose

We are a catholic men's organization dedicated to charity by awarding scholarships to local children, providing financial support for our local parish, sponsoring march for life programs, supporting local activities and annually raising money with our 'Special Citizen" drive which helps the mentally challenged.

Schedule 4
Form 990-EZ, Part III Line 31
Statement of Program Service Accomplishments

	Amount
Special Citizen Drive to help the mentally challenged	
In Fiscal 2007 we provided funds for educational, religious and recreational activities for the mentally challenged.	$ 5,311
Sponsoring March For Life Programs	
In Fiscal 2007 we sponsored a bus to take parishioners to Washington DC for the annual pro-life rally protesting abortion.	2,000
Total	$ 7,311