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Form **990-EZ**Department of the Treasury
Internal Revenue Service**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, 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

2007**Open to Public Inspection**

A For the 2007 calendar year, or tax year beginning July 1 , 2007, and ending June 30 , 20 08														
B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending	<table border="1"> <tr> <td rowspan="4">Please use IRS label or print or type. See Specific Instructions.</td> <td colspan="2">C Name of organization CRANFORD KNIGHTS OF COLUMBUS - 6226</td> <td>D Employer identification number 23 7543758</td> </tr> <tr> <td colspan="2">Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 501</td> <td>E Telephone number (908) 709-1910</td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 CRANFORD NJ 07016-0501</td> <td>F Group Exemption Number 0188</td> </tr> <tr> <td colspan="2"></td> <td></td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CRANFORD KNIGHTS OF COLUMBUS - 6226		D Employer identification number 23 7543758	Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 501		E Telephone number (908) 709-1910	City or town, state or country, and ZIP + 4 CRANFORD NJ 07016-0501		F Group Exemption Number 0188			
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• 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. ► \$ **44,600**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	5,975
	2 Program service revenue including government fees and contracts	2	34,450
	3 Membership dues and assessments	3	4,172
	4 Investment income	4	3
	5a Gross amount from sale of assets other than inventory	5a	
	5b Less: cost or other basis and sales expenses	5b	
	5c Gain or (loss) from sale of assets other than inventory. Subtract line 5b from line 5a (attach schedule)	5c	
	6 Special events and activities (attach schedule) If any amount is from gaming, check here ☐		
	6a Gross revenue (not including \$ of contributions reported on line 1)	6a	
6b Less: direct expenses other than fundraising expenses	6b		
6c Net income or (loss) from special events and activities. Subtract line 6b from line 6a	6c		
7a Gross sales of inventory, less returns and allowances	7a		
7b Less: cost of goods sold	7b		
7c Gross profit or (loss) from sales of inventory. Subtract line 7b from line 7a	7c		
8 Other revenue (describe ►)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ►	9	44,600	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	22,120
	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	23,781
	17 Total expenses. Add lines 10 through 16. ►	17	45,901
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 9	18	(1,301)
	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	9,161
	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	7,860

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 60 of the instructions.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	9,161	7,860
23 Land and buildings		
24 Other assets (describe ►)		
25 Total assets		
26 Total liabilities (describe ►)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	9,161	7,860

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Form **990-EZ** (2007)

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Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
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.	
28 Providing scholarships to local children In Fiscal 2008 we awarded five scholarships to students attending college	
(Grants \$ 4,000) If this amount includes foreign grants, check here ☐	28a
29 Providing financial support to our parish In Fiscal 2008 we provided financial support for capital improvements and youth group activities.	
(Grants \$ 5,300) If this amount includes foreign grants, check here ☐	29a
30 Providing financial support to a member's family In Fiscal 2008 we provided support to a member's family due to his death.	
(Grants \$ 6,011) If this amount includes foreign grants, check here ☐	30a
31 Other program services (attach schedule)	
(Grants \$ 5,455) 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 61 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
Richard Brightman PO BOX 501, Cranford, NJ 07016	Grand Knight	0	0	0
Rick Ferraioli PO BOX 501, Cranford, NJ 07016	Financial Secretary	0	0	0
Michael Lynskey PO BOX 501, Cranford, NJ 07016	Trustee	0	0	0
Charles Higgins 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 make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	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

	Yes	No
40b		
40c		
40d		
40e		✓

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? ▶ _____**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)?

	Yes	No
42b		✓
42c		✓

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: ▶ _____

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

Richard Brightman - 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 ▶ ()

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	\$ 5,300
Donee's Name & Address	Alpine Learning Group - Paramus, NJ	900
Donee's Name & Address	Camp Fatima of New Jersey	900
Donee's Name & Address	Hospitaller Brothers of St. John of God. Westville Grove, NJ	900
Donee's Name & Address	Habitat for Humanity -South Orange	500
Donee's Name & Address	Sullivan Family -Cranford	6,011
Donee's Name & Address	Raphael's life house -Elizabeth NJ	500
Donee's Name & Address	Cranford Supports Our troops - Cranford	1,599
All other various grants	Individual amounts of \$300 or less	1,510

Educational

Donee's Name & Address	Christopher Sheriden - Cranford	1,000
Donee's Name & Address	Miles McCann - Cranford	1,000
Donee's Name & Address	Dan Clavin - Cranford	1,000
Donee's Name & Address	Andrew McLynn - Cranford	500
Donee's Name & Address	Elizabeth Wolansky - Cranford	500

Total	<u>\$ 22,120</u>
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Schedule 2
Form 990-EZ, Part 1 Line 16
Other Expenses

	Amount
Fundraising Expenses	\$ 17,196
March For Life Expense	2,755
Meeting Expenses / Supplies	2,123
Insurance	335
Other	1,372
Total	<u>\$ 23,781</u>

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 2008 we provided funds for educational, religious and recreational activities for the mentally challenged.

\$ 2,700

Sponsoring March For Life Programs

In Fiscal 2008 we sponsored a bus to take parishioners to Washington DC for the annual pro-life rally protesting abortion.

2,755

Total

\$ 5,455