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Short Form Return of Organization Exempt From Income Tax

2008

OMB No 1545-1150

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 of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other org anizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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

Α	For t	the 2008 ca <u>lend</u> a	ar year, or tax year	beginning	7/01	, 2008	, and er	nding	6/30			, 2009
B _	Check	ıf applicable	С							D Emp	loyer ı	dentification number
	Addres	ss change Please use IR	S NEWARK THR	EE KINGS	CELEBRAT	TION INC				42	160	5590
	Name	change label o	מעטמש טנס אנ						ľ	E Telep		
	Initial	return type	NEWARK, NJ							97	3-7	33-5882
	Termi	nation Specif	ic						}	31	<u> 3-7</u>	33-3002
\vdash		ded return Instructions	C-									xemption
Ш	Applic	ation pending						12 .			nber	1
	,	Section 501(c) • must ai	(3) organizations a ttach a completed :	nd 4947(a)(1) Schedule A (F	nonexempt of	charitable trusts 190-EZ).			ccounting ther (spec		L	Cash X Accrual
									heck ►		e or	ganization is not
ı	Web	site: ► N/A						re	equired to	ลีttach ร	Sche	dule B (Form 990,
J	Organ	nization type (check	only one) - X 501	(c) (3)	(insert no)	4947(a)(1) or	527	9	90-EZ, or 9	990-PF))	·
	Chec	ck lif the o	rganization is not a	section 509(a	a)(3) supporti	ing organization	and its	gross	receipts a	re norm	ally	not more than
	\$25,	000 A return is	not required, but if	the organizat	ion chooses t	to file a return, b	e sure t	to file	a complete	e return		
L			d 7b, to line 9 to de	termine gross	receipts, if	\$1,000,000 or m	ore, file	Form	990		_ ^	30 140
	inste	ad of Form 990-		d Channes	in Not Acc	sata au Fund i	Balani	/	Coo Hoo		▶ \$	38,148.
7.3	1 1000	27_1 -110-1110-1	, Expenses, an			sets or Fund	baland	ces (see me	Instruc	TODE	
	1		gifts, grants, and si			-11-				_	1	38,114.
	2	-	ce revenue includin		tees and coi	ntracts				_	2	
	3	•	ues and assessmen	its						-	3	2.4
	4	Investment inc					ا - ا			298	4	34.
	1		from sale of assets ther basis and sale		iventory		5a 5b		·			
R	í		n sale of assets other tha		root In Eh from I	in Ea) (att aah)	20				5 c	
Ë	6		activities (complete app				munn aha	ak hara	-		30	
Ě	1			ilicable parts or s		-	illing, che	CK HEIE	-			
ũ	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) (att sch) 6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here a Gross revenue (not including \$ of contributions reported on line 1).											
Ł		•	•	f			6b					
	1		penses other than t s) from special events at	•	•	n luna fa)	OD				6.0	
	l .	•	inventory, less retu	•		ii iiile oa)	7a			- 4	6c	
		Less cost of a	• •	ario ario arion	rances		7 b					
	ł .	-	(loss) from sales o	f inventory (S	ubtract lute	th from line 7a)	<u> </u>				7c	
	8	Other revenue (des	, ,	inventory (S	abtract inje /	De a				、 -	8	
		•		1 F- C- 7-		- RECEN	ICA	_	1	-′ ⊾⊢	9	20 140
	9		(add lines 1, 2, 3, 4					-		-	- -+	38,148.
	10		nilar amounts paid	(attach schedi	ule) გ	MAR 12		701		 -	10	
E	11	Benefits paid to	o or for members				201n	8			11	
E X P	12	Salaries, other	compensation, and	a employee be	enerits.			%			12	
E N	13	Professional fe	compensation, and ees and other paym nt, utilities, and ma	ents to indep	endenticontr	SORDEN		<u>&</u>			13 14	E 202
N S E	14	Occupancy, rei	nt, utilities, and ma	intenance	-	SOCIA,	UT	1			15	5,282.
S	15		cations, postage, ar escribe > See Sta					J				37,339.
	16				<u> </u>				·		16 17	42,621.
	17		s (add lines 10 thro		7 from line (1)						18	
A	18	•	icit) for the year (S							151		-4,473.
N S E S T E	19		fund balances at be		ar (from line :	27, column (A))	(must a	gree v	vith end-of		19	8,219.
ŤĘ	20		reported on prior year's return) changes in net assets or fund balances (attach explanation).								20	0,213.
Ś	21	-	fund balances at en								21	3,746.
	71		Sheets. If Total a				0 or mo	re file	Form 990			
	e and the state of	<u> </u>		tructions for P		-/			Beginning			(B) End of year
22	Ca	sh, savings, and	· ·					1		219.		3,746.
23		nd and buildings									23	
24		her assets (desc)					24	
25		tal assets	•			<u> </u>		-	8.	219.	25	3,746.
		tal liabilities (de	escribe ►)				0.	26	0.
			balances (line 27	of column (B)	must agree	with line 21)			8.	219.		3,746.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form **990-EZ** (2008)



Form. 990-EZ (2008) NEWARK	THREE KI	NGS CELEBRATION IN	IC		1605	5590 Page 2
		vice Accomplishments	s (See the instruction	ons.)		Expenses
-What is the organization's primary exempt	purpose? <u>See</u>	Statement 2			(Req	uired for 501(c)(3)
Describe what was achieved in c describe the services provided, the program title	arrying out the he number of	e organization's exempt purp persons benefited, or other	poses. In a clear and co relevant information for	oncise manner, each	4947	(4) organizations and (a)(1) trusts, optional thers)
28 TO PROMOTE CULTUR	RAL AWARE	NESS AND BONDING A	AMONG THE COMMU	NITY AND		
TO SERVE AS AN IN	VFORMATIO	N RESOURCE TO FAMI	LIES REGARDING	SERVICES		
FOR CHILDREN.						
(Grants \$) If the	is amount includes foreign g	rants, check here		28 a	
29						
				- 1		
(Grants \$		is amount includes foreign g	rants, check here		29 a	
30						
(Grants \$		is amount includes foreign g	rants, check here	P	30 a	
31 Other program services (at		•				
(Grants \$		is amount includes foreign g	rants, check here		31 a	
32 Total program service exp			infoyoos (List and a		32	atad Caa the restra
List of Officers,		Trustees, and Key Em (b) Title and average hours		(d) Contributions	_	(e) Expense account
(a) Name and addres		per week devoted to position	not paid, enter -0)		is and	and other allowances
LUIS A. QUINTANA			0.		0.	0.
87 BELL AIR PLACE	1	0				
NEWARK, NJ 07104						
ISABEL CALERO			0.		0.	0.
48 MADISON STREET		0				
NEWARK, NJ 07105						
MARIA CARMEN MOSCA			0.	-	0.	0.
424 HILLSIDE AVENUE		0				
NUTLEY, NJ 07110						
CHERYL CLARK			0.		0.	0.
208 LITTLETON AVENUE		0				
NEWARK, NJ 07103						
ELIZABETH CRUZ]		0.		0.	0.
12 KEARNEY STREET		0				
NEWARK, NJ 07104						
			0.		0.	0.
		0				
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4						
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			<u> </u>	L		 -
BAA		TEEA0812L 0	01/14/09			Form 990-EZ (2008)

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1 44	(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		Х_
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		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		9 9 3 i	
	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35 a		Х
i	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		х
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions			
1	b Did the organization file Form 1120-POL for this year?	37 b	79.7%	X
38	a 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?	38 a		X
i	b If 'Yes,' complete Schedule L, Part II and enter the total	lia.		
20	amount involved 501(c)(7) organizations Enter	•		2
	501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 N/A			*
	b Gross receipts, included on line 9, for public use of club facilities 39b N/A			
	a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ► 0., section 4912 ► 0., section 4955 ► 0.	i. È~		
ļ				
	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,' complete Schedule L, Part I	40 b	2	X
	c Enter amount of tax imposed on organization managers or disqualified persons during the			4
	year under sections 4912, 4955, and 4958 d Enter amount of tax on line 40c reimbursed by the organization 0.	*		
		† .₂		
(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	A. Tin, alea	X
41	List the states with which a copy of this return is filed NJ			
42	a The books are in care of ► MARIA C. MOSCA Telephone no ► 973-73	33-5	882	
	Located at ►ZIP + 4 ►			
		٦	V	
l	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)?	42b	Yes	No X
	If 'Ves I enter the name of the foreign sountry.	42.0	100 m N	
	if tes, enter the name of the foreign country.			A
				4
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts		200	
4	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		<u>X</u>
	If 'Yes,' enter the name of the foreign country.			
42	Contract 4047(n)(1) page years of about the forms filter Forms 000 F7 on Law of Forms 1041. Charle have	ı		NT / 70
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	'		N/A N/A
	and enter the amount of tax-exempt interest received or accrued during the tax year			М/ Д
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead			
	of Form 990-EZ	44		_X_
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		x
				2000

orm 990-EZ (2008)	NEWARK	THREE	KINGS	CELEBRATION	INC
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Page 4

Part VI	Section 501(c)(3) organizations and complete the tables for line	s only. All section 5 es 50 and 51	501(c)(3) organizat	tions must answer qu See St			.9
46 5 44						Yes	No
for p	he organization engage in direct or indire ublic office? If 'Yes,' complete Schedule (ct political campaign ac C, Part I	tivities on behalf of or	in opposition to candidate	46		X
47 Did ti	he organization engage in lobbying activit	ies? If 'Yes,' complete	Schedule C, Part II		47		X
48 Is the	e organization operating a school as desc	ribed in section 170(b)(1)(A)(II)? If 'Yes,' com	plete Schedule E	48		X
49 a Did t	he organization make any transfers to an	exempt non-charitable	related organization?		49a		X
b If 'Ye	es,' was the related organization(s) a sect	ion 527 organization?			49b		
50 Comprecer	plete this table for the five highest compeved more than \$100,000 of compensation	nsated employees (other from the organization	er than officers, directors, the sector of t	ors, trustees and key empl	oyees) wh	no ea	ch
	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) Exp account other allo	nt and	<u></u>
None_							
						-	
			-			·	
			.		_		
			*				
Total number	of other employees paid over \$100,000						
51 Comp from	plete this table for the five highest compet the organization. If there is none, enter '	nsated independent co None '	ntractors who each rec	eived more than \$100,000	of compe	ensati	on
	(a) Name and address of each independent contr	actor paid more than \$100,000		(b) Type of service	(c) Compo	ensatio	'n
None_							
		····					
	<u>.</u> .						
	•		···				
							
	_						
Cotal numb	per of other independent contractors rece	IVIDG OVER \$100,000	•				
	Under penalties of perjury, I declare that I have exam true, correct, and complete Declaration of preparer (mpanying schedules and state all information of which prepar			lief, it is	5
C:aa	(in the same of t	Market		3-2-10	<i>1</i> ~		
Sign Here	Signature of officer	· Jarea	 	Date			
		APIA-CAR	MEN-M	OSC A			
	Type or print name and title		1119.19 111	<u> </u>			
Paid	Preparer's signature MARVIN GOTTLIEB	Mark	Date 2/12/0		arer's Identify Instructions)	ying Nu	mber
Pre- parer's	Firm's name (or Samuel Klein and	i Company			-		
use Use	yours if self- employed), > 550 Broad Stree			EIN N	/A		
Only	address, and ZIP + 4 Newark, NJ 0710	-i 		Phone no ► (973)		5100	,
May the IR	S discuss this return with the preparer sh	·	ctions		X Yes		No
ВАА					Form 990	-EZ	(2008)

SCHEDULE A (Form 990 or 990-EZ)

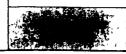
Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047 2008



		organization								Employe	r identificat	tion number	
				S CELEBRATION							05590		
Ran	er	Reason	for Pu	ıblic Charity Statı	is (All organizations	must (comple	ete this	part.	(see	instruct	tions)	
The o	rga	nization is	not a pr	ivate foundation beca	use it is. (Please check o	nly one	organiz	ation)					
1		A church,	convent	ion of churches or ass	sociation of churches des	cribed in	sectio	n 170(b)	(1)(A)(i)).			
2		A school of	described	d in section 170(b)(1)	AXii). (Attach Schedule I	E)							
3	Ш	A hospital	or coop	erative hospital service	e organization described	ın secti	ion 170(b)(1)(A)	(iii). (At	tach Scl	hedule H	1)	
4		A medical	researc	h organization operati	ed in conjunction with a h	nospital	describe	d in sec	ction 17	0(Ь)(1)(A)(iii) Er	nter the hospital's	
		name, city											
5		An organia 170(b)(1)(/	zation op A)(iv). ((perated for the benefit Complete Part II)	of a college or university	y owned	or oper	ated by	a gove	rnmenta	Lunit de:	scribed in section	
6	Ц				governmental unit descri								
7	Ц	An organiz	zation th 1 70(b)(1	at normally receives a I XA)(vi) . (Complete F	a substantial part of its su Part II)	upport fr	om a go	vernme	ntal uni	t or fron	n the ger	neral public describ	ed
8	닏	A commun	nity trust	described in section	170(b)(1)(A)(vi). (Comple	te Part	II)						
9	An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)												
10	Ш	An organiz	zation or	ganized and operated	l exclusively to test for pu	ublic saf	ety See	section	n 509(a)	(4) . (se	e instruc	tions)	
11	Ш	more publ	icly supp	ported organizations	l exclusively for the benef described in section 509(a)(1) or	section	509(a)(nctions (2) See	of, or ca section	rry out th 509(a)(3	ne purposes of one Check the box t	or hat
		_			zation and complete lines		-				. 🗆	T	
_	\Box	aType		b ∐Type II	c ∐ Type III			_			a □	Type III – Other	
е	L.	than found 509(a)(2)	ation m	ox, I certify that the o anagers and other tha	rganization is not controll in one or more publicly s	led dired upported	ctly or ind d organi	directly zations	by one describ	or more ed in se	disquali ction 509	ified persons other P(a)(1) or section	
f		, , , ,	nızatıon box	received a written de	termination from the IRS	that is	а Туре І	, Туре І	l or Typ	e III sup	porting	organization,	
g		Since Aug	ust 17, 2	2006, has the organiza	ation accepted any gift o	r contrit	oution fr	om anv	of the f	ollowina	persons	;7	
-		J	·		, , , ,			- · · · · ·			,	1	No
		(i) a per below	rson who w, the go	o directly or indirectly overning body of the s	controls, either alone or supported organization?	togethe	with pe	rsons d	escribe	d ın (ıı) a	and (III)	11 g (i)	
		(ii) a far	nily men	nber of a person des	cribed in (i) above?							11 g (ii)	
		(iii) a 35°	% contro	olled entity of a persoi	n described in (i) or (ii) al	bove?						11 g (iii)	
h		Provide the	e followi	ng information about	the organizations the org	anızatıo	n suppo	rts				<u></u>	
	(i	Name of Sup Organization	ported on	(iı) EIN	(in) Type of organization (described on lines 1 9 above or IRC section (see instructions))	organiza (i) liste	Is the tion in col d in your erning ment?	the organ	rou notify nization in (i) of upport?	organizat	s the ion in col zed in the S ?	(vii) Amount of Suppo	rt
							T	V	l Na	V	No.		
						Yes	No	Yes	No	Yes	No		—
						 -					-		
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					l service and the service and	- 25A	S. Section		2 2500 C	All Control of the Co	A20. 1923		
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ulai				Marie Company of the	The state of the s	CONTRACTOR OF	, A	1.50	3.	Section 1	27. 3. 27.6		

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule A (Form 990 or 990-EZ) 2008

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. Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part 1)

Sec	tion A. Public Support		· · · · · · · · · · · · · · · · · · ·			-	
	idar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	28,763.	19,868.	24,500.			73,131.
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		33,333	22,000			0.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6	Total. Add lines 1-5	28,763.	19,868.	24,500.	0.	0.	73,131.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000	0.	0.	0.	0.	0.	0.
	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
			0.	0.		. 0.	<u> </u>
8	Public support (Subtract line		See all see see		Marie School St.	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	72 121
Sac	7c from line 6) tion B. Total Support	Contract of the Contract of th		2. 2 6 2 1 2 2 4 2 4 2 4 4 5 4 5 4 5 4 5 4 5 5 5 5		to a suggestion was	73,131.
	ndar year (or fiscal yr beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
	Amounts from line 6	28,763.	19,868.	24,500.	0.	0.	73,131.
	Gross income from interest,	20,703.	15,000.	24,300.	<u></u>		73,131.
100	dividends, payments received on securities loans, rents, royalties and income form similar sources.			21			21
	dividends, payments received on securities loans, rents, royalties and income form			21.			21.
b	dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses	0.	0.	21.	0.	0.	
6 11	dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on	0.	0.		0.	0.	0.
b 11	dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV		3,200.	21. 8,204.			0. 21. 0.
11 12 13	dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) See Part IV Total support. (add ins 9, 10c, 11, and 12)		3,200.	21. 8,204.		75	0. 21. 0. 11,404. 84,556.
11 12 13	dividends, payments received on securities loans, rents, royalties and income form similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). See Part IV. Total support. (add ins 9, 10c, 11, and 12). First five years. If the Form 990.	is for the organiza	3,200.	21. 8,204.		75	0. 21. 0. 11,404. 84,556.
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Schedule /	(Form	1 990 or	990-E	Z) 2008	8 N	EWARK	THRE	E KIN	īGS	CELE	BRAT	ION	INC		421	605590)	Page 4
Part IV	Sup _l Part	plemei II, line	ntal Ir : 17a	or 17	atior b; or	n. Comp Part II	plete th	ns par 12 Pr	rt to ovide	provi e any	de the other	exp	olanat ditiona	ion req I inforn	uired b nation.	y Part (see ıı	II, line nstructi	10; ons)
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TEEA0404L 10/07/08

BAA

Schedule A (Form 990 or 990-EZ) 2008

2008	Federal Statements	Page 1
	NEWARK THREE KINGS CELEBRATION INC	 421605590
Statement 1 Form 990-EZ, Part I, Line 16 Other Expenses		
BANK SERVICE CHARGES BOXING TOURNAMENT CIGAR PARTY EXPENSE DONATIONS EASTER EGG HUNT EXPENSE HALLOWEEN PARTY EXPENSE NJ ANNUAL REPORT PERMITS POSTAGE		\$ 10. 1,600. 1,700. 2,063. 2,315. 1,919. 50. 30. 277.

1,165.

26,210. 37,339.

Total ₹

Statement 2 Form 990-EZ, Part III Organization's Primary Exempt Purpose

THREE KINGS CELEBRATION EXPENS

SCHOLARSHIP

TO PROMOTE CULTURAL AWARENESS AND BONDING AMONG THE COMMUNITY AND TO SERVE AS AN INFORMATION RESOURCE TO FAMILIES REGARDING SERVICES FOR CHILDREN.ALSO, TO PROVIDE SERVICES AND PROGRAMS TO ENCOURAGE CHILDREN AND YOUTH TO PURSUE HIGHER EDUCATION GOALS BY PROMOTING SCHOLARSHIPS AND TO CREATE AN EMERGENCY FUND TO SUPPORT CHILDRN'S NEEDS.

Statement 3 Form 990-EZ, Part VI Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

No

08 S	chedı					ental I		ation		Page 1216055
Part III, Line 12 - Other	Income	•								
Nature and Source		20	08	200)7	2006		2005	200)4
FUNDRAISING EVENT	Total	\$	0.	\$	0. \$	8,2 8,2	04. 04. \$	3,200. 3,200.	\$	0.

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Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury nternal Revenue Service		► File a separate application for each return.	
If you are	filing for an	Automatic 3-Month Extension, complete only Part I and check this box	► X
		Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	form)
Do not comp	lete Part II un	nless you have already been granted an automatic 3-month extension on a previously file	ed Form 8868
	Automatic :	3-Month Extension of Time. Only submit original (no copies needed).	
A corporation	required to f	file Form 990-T and requesting an automatic 6-month extension $-$ check this box and co	mplete Part I only
All other corp income tax re		cluding 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request a	an extension of time to file
the additional Form 990-T	l (not automa [.] Instead, you r	Generally, you can electronically file Form 8868 if you want a 3-month automatic extension on this for a corporation required to file Form 990-T). However, you cannot file Form 8868 atic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a community must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details and click on e-file for Charities & Nonprofits.	composite or consolidated
	Name of Exempt	t Organization E	Employer identification number
Type or print			421605590
File by the due date for		and room or suite number. If a P.O. box, see instructions	
filing your return See		AD STREET	
instructions	City, town or pos	st office, state, and ZIP code. For a foreign address, see instructions	
	NEWARK,	NJ 07102	
		e filed (file a separate application for each return)	
X Form 990)	Form 990-T (corporation)	
Form 990	-BL	Form 990-T (section 401(a) or 408(a) trust)	
Form 990)-EZ	Form 990-T (trust other than above)	l .
Form 990)-PF	Form 1041-A Form 8870	
• The books	are in the car	re of ► MARIA C. MOSCA	
Telephone	No ► 973-	-733-5882 FAX No ►	
•		es not have an office or place of business in the United States, check this box	▶ □
_		Return, enter the organization's four digit Group Exemption Number (GEN)	nis is for the whole group,
	·—	If it is for part of the group, check this box	
	sion will cove		
		tic 3-month (6 months for a corporation required to file Form 990-T) extension of time	
•		, 20 <u>10</u> , to file the exempt organization return for the organization named above	
		the organization's return for	
_		ar 20 or	
		inning 7/01 , 20 08 , and ending 6/30 , 20 09	
	•		
2 If this to	ax year is for	less than 12 months, check reason	ange in accounting period
		for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any ts. See instructions	3a \$ 0.
b If this a made	pplication is f nclude any pr	for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments prior year overpayment allowed as a credit	3ь\$ 0.
deposit	e Due. Subtra with FTD cou tructions	act line 3b from line 3a Include your payment with this form, or, if required, upon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	3c \$ 0.
			2072 50 /

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

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

Form 8868 (Rev 4-2009)

Form 8868	(Rev 4-2009)			Page 2
• If you a	ire filing for an Additional (Not Automatic) 3-Month Extension, complete only	Part II and check	this box	► X
Note. Only	complete Part II if you have already been granted an automatic 3-month exte	ension on a previou	sly filed Form 8868	
● If you a	re filing for an Automatic 3-Month Extension, complete only Part I (on page			
	Additional (Not Automatic) 3-Month Extension of Time. Only	file the original		
	Name of Exempt Organization		Employer identification numb	er 🤤
Ty pe or				-
print	NEWARK THREE KINGS CELEBRATION INC		421605590	-
File by the	Number, street, and room or suite number If a P O box, see instructions		For IRS use only	~
File by the extended due date for	SAMUEL KLEIN AND COMPANY			
filing the	550 BROAD STREET, 11TH FLOOR			
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions			
	NEWARK, NJ 07102-4517			بازد
Check type	e of return to be filed (File a separate application for each return)	_	_	
Form 9	90 Form 990-PF	Form 1041-A	. Form	6069
Form 9		Form 4720	∐ Form	8870
X Form 9		Form 5227		
	not complete Part II if you were not already granted an automatic 3-month e	xtension on a previ	iously filed Form 8868.	
	oks are in care of MARIA C. MOSCA			
	one No ► <u>973-733-5882</u> FAX No ►		-	
If the c	rganization does not have an office or place of business in the United States	, check this box		▶
If this i	s for a Group Return, enter the organization's four digit Group Exemption Nur	` ′		is is for the
whole grou	ip, check this box 🕒 📗 If it is for part of the group, check this box 🕨 📗	and attach a list w	ith the names and EINs	of all
	he extension is for			
	lest an additional 3-month extension of time until $5/15$, 20 1	-		
	alendar year $\underline{}$, or other tax year beginning $\underline{}$, 20			
		Final return	Change in accounti	
	in detail why you need the extensionSTILL_AWAITING_THIRD_	PARTY_INFORM	MATION NEEDED TO	<u></u>
<u>CO</u>	IPLETE THE RETURN.			- -
				
	s application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tent efundable credits. See instructions	ative tax, less any	8a \$	
paym	s application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable of the same and any area and any a form 8868			
c Bala with	nce Due. Subtract line 8b from line 8a. Include your payment with this form, of FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	or, if required, depo System) See insti	esit rs 8c\$	
	Signature and Verificatio			
Under penaltie	es of perjury, I declare that I have examined this form, including accompanying schedules and statement complete, and that I am authorized to prepare this form	s, and to the best of my k	knowledge and belief, it is true,	/ .
			2/	8/201
Signature	Marian Tettles Title - CPA		Date -	10010
	,			