



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

- Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations 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.

OMB No 1545-1150

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 09-01-2008, and ending 08-31-2009

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C Name of organization: Cranford Jaycees Foundation Inc. Number and street (or P O box, if mail is not delivered to street address): PO Box 271. City or town, state or country, and ZIP + 4: Cranford, NJ 07016

D Employer identification number: 23-7017829. E Telephone number: (908) 202-4318. F Group Exemption Number

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: [X] Cash [] Accrual. Other (specify)

I Website: N/A

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

J Organization type (check only one): [X] 501(c)(3) (insert no) [] 4947(a)(1) or [] 527

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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 85,707

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Table with columns for Revenue, Expenses, and Net Assets. Rows include: 1 Contributions, 2 Program service revenue, 3 Membership dues, 4 Investment income, 5a-5c Sale of assets, 6 Special events, 7a-7c Sales of inventory, 8 Other revenue, 9 Total revenue, 10-17 Expenses, 18 Excess or deficit, 19-21 Net assets.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

Table with columns (A) Beginning of year and (B) End of year. Rows 22-27: 22 Cash, savings, and investments; 23 Land and buildings; 24 Other assets; 25 Total assets; 26 Total liabilities; 27 Net assets or fund balances.

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		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? TO RAISE MONEY FOR CHARITABLE CONTRIBUTIONS AND EVENTS TO BENEFIT THE COMMUNITY			
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 GRANTS AND SCHOLARSHIPS TO VARIOUS INDIVIDUALS & ORGANIZATIONS WITHIN THE COMMUNITY (INCLUDING HIGH SCHOOL GRADUATES, WTC MEMORIAL FUND & LOCAL RESIDENTS) (Grants \$ 0)	If this amount includes foreign grants, check here . . . <input checked="" type="checkbox"/>	28a	37,475
29 (Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30 (Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
31 Other program services (attach schedule) (Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	37,475

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

(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
----------------------	--	--	---	--

Additional Data**Software ID:****Software Version:****EIN:** 23-7017829**Name:** Cranford Jaycees Foundation Inc**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

(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
PeTER TAYLOR 8 CLAREMONT PLACE CRANFORD, NJ 07016	PRESIDENT 8 00	0	0	0
JAMES DESIMONE 209 BALMIERE ROAD CRANFORD, NJ 07016	VICE PRESIDENT 4 00	0	0	0
JEFFREY LEE 412 LEXINGTON AVENUE CRANFORD, NJ 07016	VICE PRESIDENT 4 00	0	0	0
ANDIS KALNINS 3 OMAHA DRIVE CRANFORD, NJ 07016	TREASURER 4 00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

		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		No
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		No
35	<i>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</i>		
35a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		No
35b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? <i>If "Yes," complete applicable parts of Schedule N</i>		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a _____ 0		
37b	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 unpaid at the start of the period covered by this return?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	<i>501(c)(7) organizations.</i> Enter		
39a	Initiation fees and capital contributions included on line 9		
39b	Gross receipts, included on line 9, for public use of club facilities		
40a	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ 0, section 4912 ▶ _____ 0, section 4955 ▶ _____ 0		
40b	<i>Section 501(c)(3) and (4) organizations.</i> 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? <i>If "Yes," complete Schedule L, Part I.</i>		No
40c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____ 0		
40d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____ 0		
40e	<i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		No
41	List the states with which a copy of this return is filed ▶ <u>NJ</u>		
42a	The books are in care of ▶ <u>ANDIS KALNINS</u> Telephone no ▶ <u>(908) 202-4318</u> PO BOX 271 Located at ▶ <u>CRANFORD, NJ</u> ZIP + 4 ▶ <u>07016</u>		
42b	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, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	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 ▶ _____		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____		
44	Did the organization maintain any donor advised funds? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ.</i>		No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes," Form 990 must be completed instead of Form 990-EZ.</i>		No

Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and

complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		No
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E		No
49a Did the organization make any transfers to an exempt non-charitable related organization?		No
49b If "Yes," was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are 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 & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000		

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: 2010-01-09

ANDIS KALNINS TREASURER
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Joseph A Fazio Date: 2009-12-08 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: FAZIOMANNUZZAROCHE TANKELLAPILUSALLC
20 COMMERCE DRIVE SUITE 301
CRANFORD, NJ 07016

Preparer's PTIN (See Gen Inst X):
EIN:
Phone no: (908) 272-6200

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2008

Department of the Treasury
Internal Revenue Service

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Name of the organization
Cranford Jaycees Foundation Inc

Employer identification number

23-7017829

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

- 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 a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H)
- 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(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **Section 170(b)(1)(A)(vi)** (Complete 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)
- 10 An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions)
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally Integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

- (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
- (ii) a family member of a person described in (i) above?
- (iii) a 35% controlled entity of a person described in (i) or (ii) above?

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Public Support

Calendar year (or fiscal year 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 any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from 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)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	
16a 33 1/3% Test - 2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% Test - 2007. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% Facts and Circumstances Test - 2008. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% Facts and Circumstances Test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private Foundation. If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year 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 any "unusual grants.")	2,465	2,667	2,285	4,440	4,250	16,107
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	41,672	41,539	76,076	76,165	81,417	316,869
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total Add lines 1-5	44,137	44,206	78,361	80,605	85,667	332,976
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Total of lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						332,976

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	44,137	44,206	78,361	80,605	85,667	332,976
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	41	41	25	45	40	192
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b	41	41	25	45	40	192
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total Support (Add lines 9, 10c, 11 and 12)						333,168

14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

Computation of Public Support Percentage

15 Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	99.940 %
16 Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16	99.940 %

Computation of Investment Income Percentage

17 Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	0.060 %
18 Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.060 %

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% Tests - 2007. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

TY 2008 Grants and Similar Amounts Paid Schedule

Name: Cranford Jaycees Foundation Inc

EIN: 23-7017829

Item No.	1
Class of Activity	SCHOLARSHIP
Donee's Name	SHANNON RASMUSSEN
Donee's Address	
Amount (FMV)	3,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	SCHOLARSHIP
Donee's Name	EVAN MAYER
Donee's Address	
Amount (FMV)	2,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	SCHOLARSHIP
Donee's Name	MICHELLE CANNON
Donee's Address	
Amount (FMV)	2,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	SCHOLARSHIP
Donee's Name	HANNAH JENKINS
Donee's Address	
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	5
Class of Activity	SCHOLARSHIP
Donee's Name	ERIKA BAUMANN
Donee's Address	
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	6
Class of Activity	SCHOLARSHIP
Donee's Name	SARA DANKOSKY
Donee's Address	
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	7
Class of Activity	SCHOLARSHIP
Donee's Name	GREGORY MEASE
Donee's Address	
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	8
Class of Activity	SCHOLARSHIP
Donee's Name	PATRICK RYAN
Donee's Address	
Amount (FMV)	750
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	9
Class of Activity	SCHOLARSHIP
Donee's Name	CONNOR LEAHEY
Donee's Address	
Amount (FMV)	750
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	10
Class of Activity	SCHOLARSHIP
Donee's Name	EMMA ILLARIA
Donee's Address	
Amount (FMV)	350
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	11
Class of Activity	SCHOLARSHIP
Donee's Name	JESSICA POLAND
Donee's Address	
Amount (FMV)	350
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	12
Class of Activity	SCHOLARSHIP
Donee's Name	CONNOR KOELLNER
Donee's Address	
Amount (FMV)	350
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	13
Class of Activity	SCHOLARSHIP
Donee's Name	RYAN ALBERT
Donee's Address	
Amount (FMV)	350
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	14
Class of Activity	DONATION
Donee's Name	CRANFORD SCHOOL DISTRICT ACADEMY
Donee's Address	
Amount (FMV)	1,875
Purpose of Payment to Affiliate	
Relationship	
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2008-09

Item No.	15
Class of Activity	DONATION
Donee's Name	TOWNSHIP OF CRANFORD FLAG POLE FUND
Donee's Address	
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2008-09

Item No.	16
Class of Activity	DONATION
Donee's Name	CRANFORD KNIGHTS OF COLUMBUS
Donee's Address	
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2008-11

Item No.	17
Class of Activity	DONATION
Donee's Name	CHS PTA PROJECT GRADUATION
Donee's Address	
Amount (FMV)	2,000
Purpose of Payment to Affiliate	
Relationship	
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-03

Item No.	18
Class of Activity	DONATION
Donee's Name	COLLEGE WOMEN'S CLUB OF CRANFORD
Donee's Address	
Amount (FMV)	50
Purpose of Payment to Affiliate	
Relationship	
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-04

Item No.	19
Class of Activity	DONATION
Donee's Name	CRANFORD KNIGHTS OF COLUMBUS
Donee's Address	
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

Item No.	20
Class of Activity	DONATION
Donee's Name	RELAY FOR LIFE
Donee's Address	
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

Item No.	21
Class of Activity	DONATION
Donee's Name	CRANFORD FUND FOR EDUCATIONAL EXCELLENCE
Donee's Address	
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

Item No.	22
Class of Activity	DONATION
Donee's Name	CRANFORD ATHLETIC TURF FUND
Donee's Address	
Amount (FMV)	5,000
Purpose of Payment to Affiliate	
Relationship	
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-06

Item No.	23
Class of Activity	DONATION
Donee's Name	CRANFORD WEST GROUP
Donee's Address	
Amount (FMV)	1,500
Purpose of Payment to Affiliate	
Relationship	
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-06

Item No.	24
Class of Activity	DONATION
Donee's Name	CRANFORD WTC MEMORIAL FUND
Donee's Address	
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-07

Item No.	25
Class of Activity	DONATION
Donee's Name	CRANFORD HISTORICAL SOCIETY
Donee's Address	
Amount (FMV)	750
Purpose of Payment to Affiliate	
Relationship	
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-07

Item No.	26
Class of Activity	DONATION
Donee's Name	CRANFORD FAMILY CARE
Donee's Address	
Amount (FMV)	2,000
Purpose of Payment to Affiliate	
Relationship	
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-07

Item No.	27
Class of Activity	DONATION
Donee's Name	CRANFORD HIGH SCHOOL SOFTBALL
Donee's Address	
Amount (FMV)	1,400
Purpose of Payment to Affiliate	
Relationship	
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-08

TY 2008 Other Expenses Schedule**Name:** Cranford Jaycees Foundation Inc**EIN:** 23-7017829

Description	Amount
MEETING EXPENSE	4,884
INSURANCE	366
OFFICE EXPENSE	144
MEMBERSHIP DRIVE & AWARDS	326
PROGRAM EXPENSES	6,886
LICENSES & FEES	85
BANK CHARGES	146
MEMBER SHIRTS	917