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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public Inspection

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 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.

A For the 2009 calendar year, or tax year beginning 09-01-2009, and ending 08-31-2010

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

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

C Name of organization: Cranford Jaycees Foundation Inc
Number and street (or P O box, if mail is not delivered to street address) Room/suite: 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: NA

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

J Tax-Exempt status (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 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.

L 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 \$ 95,874

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

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes sub-rows for special events and inventory.

Part II Balance Sheets—If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

Table with 2 columns: (A) Beginning of year, (B) End of year. Rows 22-27: Cash, Land and buildings, Other assets, Total assets, Total liabilities, Net assets or fund balances.

Part V Other Information (Note the statement requirements in the instructions for Part 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 No

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes

34 No

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

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?

35a No

b If "Yes," has it filed a tax return on **Form 990-T** for this year?

35b

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N

36 No

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 outstanding at the end of the period covered by this return?

38a No

b If "Yes," complete Schedule L, Part II and enter the total amount involved

38b

39 Section 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

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 , section 4912 , 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 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

40b No

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 0

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0

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

40e No

41 List the states with which a copy of this return is filed

42a The organization's books are in care of Telephone no
PO BOX 271
Located at ZIP + 4

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 No

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.**

c At any time during the calendar year, did the organization maintain an office outside of the U S ?

42c No

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**

44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.

44 No

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 No

Part VI 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.

	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 a school 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 a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from 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 & deferred compensation	(e) Expense account and other allowances
NONE				

50(f) Total number of other employees paid over \$100,000

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

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

51(d) Total number of other independent contractors each 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: 2010-10-26

Type or print name and title: ANDIS KALNINS TREASURER

Paid Preparer's Use Only

Preparer's signature: Joseph A Fazio Date: 2010-10-26 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 070163618

Preparer's identifying number (See instructions):
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

2009

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
Cranford Jaycees Foundation Inc

Employer identification number

23-7017829

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches **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).**
- 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).**
- 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?
 (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 supported organization(s)

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

(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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 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						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV.) Do not include gain or loss from the sale of capital assets						
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**

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	
16a 33 1/3% support test—2009. 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% support test—2008. 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—2009. 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—2008. 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 a 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,667	2,285	4,440	4,250	4,208	17,850
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	41,539	76,076	76,165	81,417	91,640	366,837
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 through 5	44,206	78,361	80,605	85,667	95,848	384,687
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 Public Support (Subtract line 7c from line 6)						384,687

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	44,206	78,361	80,605	85,667	95,848	384,687
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	41	25	45	40	26	177
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	41	25	45	40	26	177
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)	44,247	78,386	80,650	85,707	95,874	384,864
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	99.950 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.940 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	0.050 %
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.060 %
19a 33 1/3% support tests—2009. 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 <input checked="" type="checkbox"/>		
b 33 1/3% support tests—2008. 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 <input type="checkbox"/>		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input type="checkbox"/>		

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

Part III Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		<u>ROAD RACE</u> (event type)	<u>BEEFSTEAK DINNER</u> (event type)	<u>11</u> (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	44,544	30,259	17,155	91,958
	2 Less Charitable contributions			318	318
	3 Gross income (line 1 minus line 2)	44,544	30,259	16,837	91,640
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	17,404	13,851	4,809	36,064
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				36,064
11 Net income summary Combine lines 3, column d, and line 10. ▶				55,576	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1, column d, and line 7 ▶					

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		Yes	No
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	13a		
b An outside facility	13b		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ _____			
Address ▶ _____			
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a	
b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____			
c If "Yes," enter name and address			
Name ▶ _____			
Address ▶ _____			
16 Gaming manager information			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____			

TY 2009 Grants and Similar Amounts Paid Schedule

Name: Cranford Jaycees Foundation Inc

EIN: 23-7017829

Item No.	1
Class of Activity	SCHOLARSHIP
Donee's Name	
Donee's Address	
Amount (FMV)	3,000
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	
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.	3
Class of Activity	SCHOLARSHIP
Donee's Name	
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.	4
Class of Activity	SCHOLARSHIP
Donee's Name	
Donee's Address	
Amount (FMV)	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	
Donee's Address	
Amount (FMV)	1,000
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	
Donee's Address	
Amount (FMV)	1,250
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	
Donee's Address	
Amount (FMV)	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	
Donee's Address	
Amount (FMV)	500
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	
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.	10
Class of Activity	SCHOLARSHIP
Donee's Name	
Donee's Address	
Amount (FMV)	1,000
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	
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.	12
Class of Activity	SCHOLARSHIP
Donee's Name	
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.	13
Class of Activity	SCHOLARSHIP
Donee's Name	
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.	14
Class of Activity	SCHOLARSHIP
Donee's Name	
Donee's Address	
Amount (FMV)	1,000
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	15
Class of Activity	SCHOLARSHIP
Donee's Name	
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.	16
Class of Activity	SCHOLARSHIP
Donee's Name	
Donee's Address	
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	17
Class of Activity	SCHOLARSHIP
Donee's Name	
Donee's Address	
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	NONE
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	18
Class of Activity	DONATION
Donee's Name	CRANFORD KNIGHTS OF COLUMBUS
Donee's Address	
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-10

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	2001-05

Item No.	20
Class of Activity	DONATION
Donee's Name	INFANTE FAMILY FOUNDATION
Donee's Address	
Amount (FMV)	1,088
Purpose of Payment to Affiliate	
Relationship	
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	1920-11

Item No.	21
Class of Activity	DONATION
Donee's Name	CRANFORD FUND FOR EDUCATIONAL EXCELLENCE
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	2010-04

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	2010-04

Item No.	23
Class of Activity	DONATION
Donee's Name	CRANFORD WEST GROUP
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	2010-06

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	2010-08

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	2010-08

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	2010-08

Item No.	27
Class of Activity	DONATION
Donee's Name	CRANFORD BOOSTER CLUB
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	2009-11

Item No.	28
Class of Activity	DONATION
Donee's Name	CHS PTA PROJECT GRADUATION
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	2010-01

Item No.	29
Class of Activity	DONATION
Donee's Name	BIG C CHALLENGE
Donee's Address	
Amount (FMV)	230
Purpose of Payment to Affiliate	
Relationship	
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-02

Item No.	30
Class of Activity	DONATION
Donee's Name	CRANFORD PLUNGERS
Donee's Address	
Amount (FMV)	200
Purpose of Payment to Affiliate	
Relationship	
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-02

Item No.	31
Class of Activity	DONATION
Donee's Name	NJ SPECIAL OLYMPICS
Donee's Address	
Amount (FMV)	200
Purpose of Payment to Affiliate	
Relationship	
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-02

Item No.	32
Class of Activity	DONATION
Donee's Name	PLAY BALL FOR MIRACLES
Donee's Address	
Amount (FMV)	425
Purpose of Payment to Affiliate	
Relationship	
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-04

Item No.	33
Class of Activity	DONATION
Donee's Name	CHS PTA PROJECT GRADUATION
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	2010-05

Item No.	34
Class of Activity	DONATION
Donee's Name	COLLEGE WOMENS 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	2010-05

Item No.	35
Class of Activity	DONATION
Donee's Name	GIRL SCOUT TROOP
Donee's Address	
Amount (FMV)	100
Purpose of Payment to Affiliate	
Relationship	
Description	CASH
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-05

Item No.	36
Class of Activity	DONATION
Donee's Name	CHS PERFORMING ARTS
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	2010-06

Item No.	37
Class of Activity	DONATION
Donee's Name	CRANFORD BOOSTER CLUB
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	2010-08

Item No.	38
Class of Activity	SCHOLARSHIP
Donee's Name	PATRICK ESMERADO
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	

Item No.	39
Class of Activity	DONATION
Donee's Name	CRANFORD BOYS LACROSSE ASSOCIATION
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	2010-08

Item No.	40
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	2010-08

TY 2009 Other Expenses Schedule**Name:** Cranford Jaycees Foundation Inc**EIN:** 23-7017829

Description	Amount
MEETING EXPENSE	4,581
INSURANCE	380
OFFICE EXPENSE	396
MEMBERSHIP DRIVE & AWARDS	153
PROGRAM EXPENSES	2,954
LICENSES & FEES	60
MEMBER SHIRTS	140

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: Cranford Jaycees Foundation Inc

EIN: 23-7017829

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

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
JEFFREY LEE 412 LEXINGTON AVENUE 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 STERLING 225 PAWNEE RD CRANFORD, NJ 07016	VICE PRESIDENT 4 00	0	0	0
ANDIS KALNINS 3 OMAHA DRIVE CRANFORD, NJ 07016	TREASURER 4 00	0	0	0