

CRIVENTE
POSTMARK DATE MAY 13 2005

SCANNED JUN 26 2005

OMB No 1545-1150

2004

Open to Public Inspection

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)

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

The organization may have to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury
Internal Revenue Service

A For the 2004 calendar year, or tax year beginning Jan 1, 2004, and ending Dec 31, 2004

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

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

C Name of organization: Green Brook Education Foundation
 Number and street (or P O box, if mail is not delivered to street address): P O. BOX 4596
 City or town, state or country, and ZIP + 4: Warren, NJ 07059

D Employer identification number: 02-0678396
 E Telephone number: (732) 968 1172 x140
 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: Cash Accrual
 Other (specify)

I Website: WWW.GBEF.ORG
 H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one) — 501(c)(3) (insert no.) 4947(a)(1) or 527

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ. \$ 40763.41

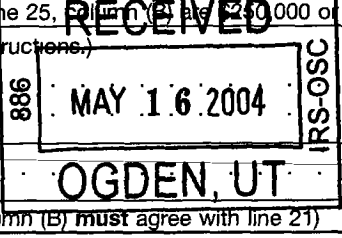
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

| Revenue | Expenses | Net Assets |
|--|---|---|
| 1 Contributions, gifts, grants, and similar amounts received | 10 Grants and similar amounts paid (attach schedule) | 18 Excess or (deficit) for the year (line 9 less line 17) |
| 2 Program service revenue including government fees and contracts | 11 Benefits paid to or for members | 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) |
| 3 Membership dues and assessments | 12 Salaries, other compensation, and employee benefits | 20 Other changes in net assets or fund balances (attach explanation) |
| 4 Investment income | 13 Professional fees and other payments to independent contractors | 21 Net assets or fund balances at end of year (combine lines 18 through 20) |
| 5a Gross amount from sale of assets other than inventory | 14 Occupancy, rent, utilities, and maintenance | |
| 5b Less: cost or other basis and sales expenses | 15 Printing, publications, postage, and shipping | |
| 5c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule) | 16 Other expenses (describe <u>Reimbursement for starting up cost</u>) | |
| 6 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/> | 17 Total expenses (add lines 10 through 16) | |
| 6a Gross revenue (not including \$ <u>14055.07</u> of contributions reported on line 1) | | |
| 6b Less: direct expenses other than fundraising expenses | | |
| 6c Net income or (loss) from special events and activities (line 6a less line 6b) | | |
| 7a Gross sales of inventory, less returns and allowances | | |
| 7b Less: cost of goods sold | | |
| 7c Gross profit or (loss) from sales of inventory (line 7a less line 7b) | | |
| 8 Other revenue (describe <u></u>) | | |
| 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) | | |

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

(See page 40 of the instructions.)

| | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments | 8190.34 | 13853.25 |
| 23 Land and buildings | 0 | 0 |
| 24 Other assets (describe <u></u>) | 0 | 0 |
| 25 Total assets | 8190.34 | 13853.25 |
| 26 Total liabilities (describe <u></u>) | 0 | 0 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 8190.34 | 13853.25 |



For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Cat No 106421 Form 990-EZ (2004)

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| Part III Statement of Program Service Accomplishments (See page 41 of the instructions.) | | Expenses | |
|--|---|---|----------------|
| What is the organization's primary exempt purpose? <i>To fund supplementary education programs</i> | | (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others) | |
| 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 | <i>Scholarships given to Green Brook Middle School and Watchung Hill Regional High School</i> (Grants \$ <i>750.00</i>) | 28a | <i>750.00</i> |
| 29 | <i>Grant given to fund auditorium project of Green Brook Middle School</i> (Grants \$ <i>4906.98</i>) | 29a | <i>4906.98</i> |
| 30 | <i>Grant for IEF School science projects etc.</i> (Grants \$ <i>1421.08</i>) | 30a | <i>1421.08</i> |
| 31 | Other program services (attach schedule) (Grants \$ _____) | 31a | <i>0</i> |
| 32 | Total program service expenses (add lines 28a through 31a) | 32 | <i>7078.06</i> |

| Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions.) | | | | |
|--|--|---|---|--|
| (A) Name and address | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
| <i>Denise Drabick</i> <i>45 Scheruman Terr, Warren, NJ 07059</i> | <i>President, 20 hrs/week</i> | <i>0</i> | <i>0</i> | <i>0</i> |
| <i>Jennifer Banko</i> <i>10 Red Bud Lane, Green Brook, NJ 08812</i> | <i>Vice President</i> <i>10 hrs/week</i> | <i>0</i> | <i>0</i> | <i>0</i> |
| <i>Jan Ohan</i> <i>22 Dogwood Hill, Warren, NJ 07059</i> | <i>Secretary</i> <i>10 hrs/week</i> | <i>0</i> | <i>0</i> | <i>0</i> |

| Part V Other Information (Note the attachment requirement in General Instruction V, page 14.) | | 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 | | <input checked="" type="checkbox"/> |
| 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. | | <input checked="" type="checkbox"/> |
| 35 | If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. | | <input checked="" type="checkbox"/> |
| a | Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? | | <input checked="" type="checkbox"/> |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | | <input checked="" type="checkbox"/> |
| 36 | Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.) | | <input checked="" type="checkbox"/> |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a | | <input checked="" type="checkbox"/> |
| b | Did the organization file Form 1120-POL for this year? | | <input checked="" type="checkbox"/> |
| 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? | | <input checked="" type="checkbox"/> |
| b | If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b | | <input checked="" type="checkbox"/> |
| 39 | 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a | | <input checked="" type="checkbox"/> |
| b | Gross receipts, included on line 9, for public use of club facilities 39b | | <input checked="" type="checkbox"/> |
| 40a | 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ _____, section 4912 ▶ _____; section 4955 ▶ _____ | | <input checked="" type="checkbox"/> |
| b | 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation. | | <input checked="" type="checkbox"/> |
| c | Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶ _____ | | <input checked="" type="checkbox"/> |
| d | Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶ _____ | | <input checked="" type="checkbox"/> |
| 41 | List the states with which a copy of this return is filed. ▶ <i>New Jersey</i> | | <input checked="" type="checkbox"/> |
| 42 | The books are in care of ▶ <i>Ross Yang</i> Telephone no. ▶ <i>(908) 740-2263</i> Located at ▶ <i>P.O. Box 4596, Warren, N.J.</i> ZIP + 4 ▶ <i>07059</i> | | <input checked="" type="checkbox"/> |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> | | <input checked="" type="checkbox"/> |

Under penalties of perjury, I declare that I have examined this return, in and belief, it is true, correct, and complete Declaration of preparer (other than the taxpayer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: *Ross Yang*

Type or print name and title: *Ross Yang, Treas*

Paid Preparer's Use Only

Preparer's signature: _____

Firm's name (or yours if self-employed), address, and ZIP + 4: _____