

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)

Open to Public Inspection

Department of the Treasury Internal Revenue Service

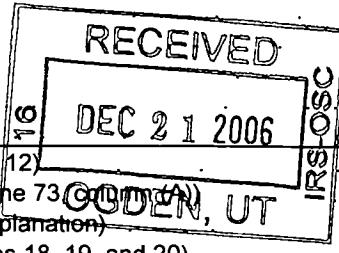
The organization may have to use a copy of this return to satisfy state reporting requirements

Form 990 header section including: A For the 2005 calendar year, or tax year beginning 10/1/2005, and ending 9/30/2006; B Check if applicable; C Name of organization Green Brook Swim Club, Inc; D Employer identification number 22-1666488; E Telephone number (732) 424-9833; F Accounting method X Cash; G Website: greenbrookswimclub.com; J Organization type X 501(c)(7); L Gross receipts 132,345.

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

Table with 21 rows and 4 columns: Description, Sub-Category, Amount, Total. Rows include: 1 Contributions, gifts, grants, and similar amounts received; 2 Program service revenue including government fees and contracts; 3 Membership dues and assessments; 4 Interest on savings and temporary cash investments; 5 Dividends and interest from securities; 6a Gross rents; 6b Less rental expenses; 6c Net rental income or (loss); 7 Other investment income; 8a Gross amount from sales of assets other than inventory; 8b Less cost or other basis and sales expenses; 8c Gain or (loss); 8d Net gain or (loss); 9 Special events and activities; 9a Gross revenue; 9b Less direct expenses; 9c Net income or (loss); 10a Gross sales of inventory; 10b Less cost of goods sold; 10c Gross profit or (loss); 11 Other revenue; 12 Total revenue; 13 Program services; 14 Management and general; 15 Fundraising; 16 Payments to affiliates; 17 Total expenses; 18 Excess or (deficit) for the year; 19 Net assets or fund balances at beginning of year; 20 Other changes in net assets or fund balances; 21 Net assets or fund balances at end of year.

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**Part II Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0			
25	Compensation of officers, directors, etc	0			
26	Other salaries and wages	38,651	38,651		
27	Pension plan contributions	0			
28	Other employee benefits	0			
29	Payroll taxes	9,897	9,897		
30	Professional fundraising fees	0			
31	Accounting fees	900	900		
32	Legal fees	0			
33	Supplies	0			
34	Telephone	1,511	1,511		
35	Postage and shipping	0			
36	Occupancy	0			
37	Equipment rental and maintenance	24,210	24,210		
38	Printing and publications	0			
39	Travel	0			
40	Conferences, conventions, and meetings	0			
41	Interest	7,297	7,297		
42	Depreciation, depletion, etc (attach schedule)	15,609	15,609	0	0
43	Other expenses not covered above (itemize)				
a	Insurance	18,229	18,229	0	0
b	Property Taxes	18,446	18,446	0	0
c	Utilities	6,969	6,969	0	0
d	Office Expenses	1,698	0	1,698	0
e	Bank Fees	844	0	844	0
f	Other Professional Fees	759	759	0	0
g		0	0	0	0
44	<b>Total functional expenses.</b> Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	145,020	142,478	2,542	0

**Joint Costs.** Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See the instructions )

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? ► <u>Swimming &amp; Recreation</u>	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs , and 4947(a)(1) trusts, but optional for others )
<p>All organizations must describe their exempt purpose achievements in a clear and concise manner State the number of clients served, publications issued, etc Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others )</p> <p><b>a</b> Providing swimming and recreational activities to members Current membership approximates 230 families</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ 0 ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	<b>142,478</b>
<p><b>b</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>c</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>d</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>e</b> Other program services (attach schedule)</p> <p>(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/></p>	
<p><b>f Total of Program Service Expenses</b> (should equal line 44, column (B), Program services) . ►</p>	<b>142,478</b>

**Part IV Balance Sheets (See the instructions)**

**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A)		(B)		
		Beginning of year		End of year		
Assets	45	Cash—non-interest-bearing	5,240	45	2,292	
	46	Savings and temporary cash investments	57,384	46	50,807	
	47 a	Accounts receivable	47a	0		
	b	Less allowance for doubtful accounts	47b	0	47c	0
	48 a	Pledges receivable	48a	0		
	b	Less allowance for doubtful accounts	48b	0	48c	0
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		0	50	0
	51 a	Other notes and loans receivable (attach schedule)	51a	0		
	b	Less allowance for doubtful accounts	51b	0	51c	0
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges			53	
	54	Investments—securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		0	54	0
	55 a	Investments—land, buildings, and equipment, basis	55a	0		
	b	Less accumulated depreciation (attach schedule)	55b	0	55c	0
56	Investments—other (attach schedule)		0	56	0	
57 a	Land, buildings, and equipment, basis	57a	520,839			
b	Less accumulated depreciation (attach schedule)	57b	96,674	439,774	57c	424,165
58	Other assets (describe <input type="checkbox"/> )		0	58	0	
<b>59 Total assets (must equal line 74) Add lines 45 through 58</b>			502,398	<b>59</b>	<b>477,264</b>	
Liabilities	60	Accounts payable and accrued expenses		60		
	61	Grants payable		61		
	62	Deferred revenue		62		
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		0	63	0
	64 a	Tax-exempt bond liabilities (attach schedule)		0	64a	0
	b	Mortgages and other notes payable (attach schedule)		117,581	64b	114,422
	65	Other liabilities (describe <input type="checkbox"/> Member Bonds Payable )		143,000	65	133,700
<b>66 Total liabilities. Add lines 60 through 65</b>			260,581	<b>66</b>	<b>248,122</b>	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>					
	67	Unrestricted		67		
	68	Temporarily restricted		68		
	69	Permanently restricted		69		
	<b>Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74</b>					
	70	Capital stock, trust principal, or current funds		70		
	71	Paid-in or capital surplus, or land, building, and equipment fund		71		
	72	Retained earnings, endowment, accumulated income, or other funds		241,817	72	229,142
73	<b>Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19, column (B) must equal line 21)</b>		241,817	<b>73</b>	<b>229,142</b>	
<b>74 Total liabilities and net assets/fund balances. Add lines 66 and 73</b>			502,398	<b>74</b>	<b>477,264</b>	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return** (See the instructions.)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	132,345
<b>b</b>	Amounts included on line a but not on Part I, line 12			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>		
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify) _____	<b>b4</b>	0	
	Add lines b1 through b4		<b>b</b>	0
<b>c</b>	Subtract line b from line a		<b>c</b>	132,345
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify) _____	<b>d2</b>	0	
	Add lines d1 and d2		<b>d</b>	0
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines c and d		<b>e</b>	132,345

**Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	145,020
<b>b</b>	Amounts included on line a but not on Part I, line 17			
<b>1</b>	Donated services and use of facilities	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify) _____	<b>b4</b>	0	
	Add lines b1 through b4		<b>b</b>	0
<b>c</b>	Subtract line b from line a		<b>c</b>	145,020
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify) _____	<b>d2</b>	0	
	Add lines d1 and d2		<b>d</b>	0
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines c and d		<b>e</b>	145,020

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See 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 plans	(E) Expense account and other allowances
Name <u>Simon Bintley</u> Str <u>341 Warrenville Rd.</u> City <u>Green Brook</u> ST <u>NJ</u> ZIP <u>08812</u>	Title <u>President</u> Hr/WK <u>2</u>	0	0	0
Name <u>Kim Hebestreit</u> Str <u>3 Maxal Street</u> City <u>Green Brook</u> ST <u>NJ</u> ZIP <u>08812</u>	Title <u>Secretary</u> Hr/WK <u>2</u>	0	0	0
Name <u>Connors, Charlie</u> Str <u>6 Douglas Road</u> City <u>Green Brook</u> ST <u>NJ</u> ZIP <u>08812</u>	Title <u>Treasurer</u> Hr/WK <u>2</u>	0	0	0
Name <u>Joseph Pantenella</u> Str <u>15 Maxal Street</u> City <u>Green Brook</u> ST <u>NJ</u> ZIP <u>08812</u>	Title <u>Vice President</u> Hr/WK <u>2</u>	0	0	0
Name <u>Linda Chehade</u> Str <u>34 Blue Ridge Ave.</u> City <u>Green Brook</u> ST <u>NJ</u> ZIP <u>08812</u>	Title <u>Board Member</u> Hr/WK <u>2</u>	0	0	0
Name <u>Daniel Moffitt</u> Str <u>9 Maxal Street</u> City <u>Green Brook</u> ST <u>NJ</u> ZIP <u>08812</u>	Title <u>Board Member</u> Hr/WK <u>2</u>	0	0	0
Name <u>Jean Valencia</u> Str <u>574 Oakridge Ave.</u> City <u>North Plainfield</u> ST <u>NJ</u> ZIP <u>07063</u>	Title <u>Board Member</u> Hr/WK <u>2</u>	0	0	0
Name <u>Maureen Ryan</u> Str <u>110 Emerson Ave.</u> City <u>Middlesex</u> ST <u>NJ</u> ZIP <u>08846</u>	Title <u>Board Member</u> Hr/WK <u>2</u>	0	0	0
Name <u>Steve Rizzoli</u> Str <u>206 Gold Street</u> City <u>Green Brook</u> ST <u>NJ</u> ZIP <u>08812</u>	Title <u>Board Member</u> Hr/WK <u>2</u>	0	0	0
Name _____ Str _____ City _____ ST _____ ZIP _____	Title _____ Hr/WK _____			

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)</b>		Yes	No
<b>75 a</b> Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings <span style="float: right;">9</span>			
<b>b</b> Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	<b>75b</b>	X	
<b>c</b> Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control? <b>Note.</b> Related organizations include section 509(a)(3) supporting organizations If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization	<b>75c</b>		X
<b>d</b> Does the organization have a written conflict of interest policy?	<b>75d</b>		X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				
Name _____ Str _____ City _____ ST _____ ZIP _____				

<b>Part VI Other Information (See the instructions.)</b>		Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<b>76</b>		X
<b>77</b> Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	<b>77</b>		X
<b>78 a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	<b>78a</b>		X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	<b>78b</b>	N/A	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>		X
<b>80 a</b> Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	<b>80a</b>		X
<b>b</b> If "Yes," enter the name of the organization <span style="float: right;">and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt</span>			
<b>81 a</b> Enter direct and indirect political expenditures (See line 81 instructions)	<b>81a</b>		None
<b>b</b> Did the organization file Form 1120-POL for this year?	<b>81b</b>		X

Part VI Other Information (continued)

		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)		
82b		N/A	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b		N/A	
85	501(c)(4), (5), or (6) organizations		
a	Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		
c	Dues, assessments, and similar amounts from members	85c	
d	Section 162(e) lobbying and political expenditures	85d	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f 0	
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86	501(c)(7) orgs. Enter:		
a	Initiation fees and capital contributions included on line 12	86a 0	
b	Gross receipts, included on line 12, for public use of club facilities	86b 0	
87	501(c)(12) orgs. Enter:		
a	Gross income from members or shareholders	87a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	501(c)(3) and 501(c)(4) orgs. 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 a statement explaining each transaction		
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	89b	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
90 a	List the states with which a copy of this return is filed	None	
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	90b 0	
91 a	The books are in care of: Name Charlie Connors Telephone no. (732) 424-9833 Located at 6 Douglas Road City Green Brook ST NJ ZIP + 4 08812		
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)? 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
91b			X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country:	91c	X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041— Check here and enter the amount of tax-exempt interest received or accrued during the tax year	92 N/A	

**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
<b>93</b> Program service revenue					
<b>a</b> <u>Swimming Lessons</u>					7,056
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					123,322
<b>95</b> Interest on savings and temporary cash investments					1,392
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events					
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue					
<b>a</b> <u>Miscellaneous</u>					575
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		0		0	132,345
<b>105</b> Total (add line 104, columns (B), (D), and (E))					132,345

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93-a	Swimming and related safety lesson fees charged to provide operating funds for the swim club
94	Membership fees assessed to provide operating funds for the swim club.
95	Miscellaneous interest revenue used as operating funds for the swim club
103-a	Other miscellaneous revenue used as operating funds for the swim club

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%		0	0
	%		0	0
	%		0	0
	%		0	0

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See the instructions.)

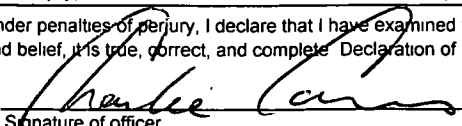
(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  Yes  No

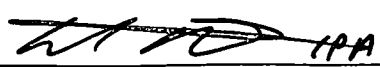
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

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 information furnished by taxpayer.

Please Sign Here

Signature of officer:   
 Charlie Connors - Treasurer  
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: Ward A. Scheiderman, CPA  
 15 Linda Lane, Green Brook NJ 08

**Line 42 (990) - Depreciation, Depletion, etc.**

15,609

15,609

0

0

Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Facilities	15,609	15,609		
2		0			
3		0			
4		0			
5		0			
6		0			
7		0			
8		0			
9		0			
10		0			
11		0			
12		0			
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

**Line 57 (990) - Land, buildings, and equipment**

Land (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1	Land	50,200	50,200
2			
3			
4			
5			
6	Total land (net of any amortization)	50,200	50,200

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	Machinery & Equipment	31,565	31,565	22,227	26,307
8	Buildings	254,100	254,100	0	0
9	Improvements	184,974	184,974	58,838	70,367
10					
11					
12					
13					
14					
15					
16					
17	Total buildings and equipment	470,639	470,639	81,065	96,674
18	Buildings and equipment (less accumulated depreciation)			389,574	373,965
19	Total land, buildings and equipment			439,774	424,165

Category or Item		Cost/Other Basis	Accumulated Depreciation	Book Value
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11	Total	0	0	0

**Line 64b (990) - Mortgages and other notes payable**

	Lender's name	Check if lender is a business	Original amount	Balance due beginning of year	Balance due end of year
1	Somerset Valley Bank	<input checked="" type="checkbox"/>	125,000	117,581	114,422
19	Totals	19	125,000	117,581	114,422

**Line 65 (990) - Other liabilities**

		143,000	133,700
		Beginning	End
1	Member Bonds Payable	143,000	133,700
2			
3			
4			
5			
6			
7			
8			
9			
10			

**Part V-A, Line 75b (990) - Officers, Directors, Trustees, and Key Employee Relationships**

Name				Title or Role	Name			Title or Role	Relationship	
1	Jean Valencia	<input checked="" type="checkbox"/>	Person		Board Member	Maureen Ryan	<input checked="" type="checkbox"/>	Person	Board Member	Sibling
2	Maureen Ryan	<input checked="" type="checkbox"/>	Person		Board Member	Jean Valencia	<input checked="" type="checkbox"/>	Person	Board Member	Sibling
3			Person					Person	Business	
4			Person					Person	Business	
5			Person					Person	Business	
6			Person					Person	Business	
7			Person					Person	Business	
8			Person					Person	Business	
9			Person					Person	Business	
10			Person					Person	Business	