

## Short Form

OMB No 1545 1150

Form **990-EZ****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

**2005**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

A For the 2005 calendar year, or tax year beginning 7/01, 2005, and ending 6/30, 2006

|  |  |  |
|--|--|--|
| B Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | C<br>Please use IRS label or print or type. See Specific Instructions.<br><b>SUSSEX COUNTY CHRISTIAN HOMESCHOOLERS INC</b><br>PO BOX 49<br>GREENDELL, NJ 07839 | D Employer identification number<br>22-3675678   |
|  |  | E Telephone number<br>973-534-8890   |
|  |  | F Group Exemption Number   |
|  |  | G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual<br>Other (specify) ▶                 |
|  |  | H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) |

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Web site: ▶ HTTP://SCCHS.NAC.NET

J Organization type (check only one) — ☒ 501(c) ( 4 ) (insert no) 4947(a)(1) or 527K 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 chooses to file a return, be sure to file a complete return. **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 ▶ \$ 53,270.

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

|   |    |         |
|---|----|---------|
| 1 Contributions, gifts, grants, and similar amounts received  | 1  | 5,877.  |
| 2 Program service revenue including government fees and contracts   | 2  | 47,393. |
| 3 Membership dues and assessments   | 3  |         |
| 4 Investment income   | 4  |         |
| 5a Gross amount from sale of assets other than inventory  | 5a |         |
| b Less cost or other basis and sales expenses   | 5b |         |
| c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)  | 5c |         |
| 6 Special events and activities (attach schedule) If any amount from gaming, check here <input type="checkbox"/>                                    |    |         |
| a Gross revenue (not including \$ of contributions reported on line 1)  | 6a |         |
| b Less direct expenses other than fundraising expenses  | 6b |         |
| c Net income or (loss) from special events and activities (line 6a less line 6b)  | 6c |         |
| 7a Gross sales of inventory, less returns and allowances  | 7a |         |
| b Less cost of goods sold   | 7b |         |
| c Gross profit or (loss) from sales of inventory (line 7a less line 7b)   | 7c |         |
| 8 Other revenue (describe ▶ )   | 8  |         |
| 9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)   | 9  | 53,270. |
| 10 Grants and similar amounts paid (attach schedule)  | 10 |         |
| 11 Benefits paid to or for members  | 11 |         |
| 12 Salaries, other compensation, and employee benefits  | 12 | 33,460. |
| 13 Professional fees and other payments to independent contractors  | 13 |         |
| 14 Occupancy, rent, utilities, and maintenance  | 14 | 4,750.  |
| 15 Printing, publications, postage, and shipping  | 15 | 39.     |
| 16 Other expenses (describe ▶ )   | 16 | 13,393. |
| 17 Total expenses (add lines 10 through 16)   | 17 | 51,642. |
| 18 Excess or (deficit) for the year (line 9 less line 17)   | 18 | 1,628.  |
| 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) | 19 | 4,314.  |
| 20 Other changes in net assets or fund balances (attach explanation)  | 20 |         |
| 21 Net assets or fund balances at end of year (combine lines 18 through 20)   | 21 | 5,942.  |

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

(See Instructions)

|  | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments  | 4,314.                | 5,942.          |
| 23 Land and buildings  |                       |                 |
| 24 Other assets (describe ▶ )  |                       |                 |
| 25 Total assets  | 4,314.                | 5,942.          |
| 26 Total liabilities (describe ▶ )   | 0.                    | 0.              |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 4,314.                | 5,942.          |

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

TEEA0803L 02/01/06 Form 990-EZ (2005)

M  
8

**Part III Statement of Program Service Accomplishments** (See Instructions)**Expenses**

What is the organization's primary exempt purpose?

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.

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.)

|    |   |     |         |
|----|---|-----|---------|
| 28 | SEE STATEMENT 2   |     |         |
|    | (Grants \$ ) If this amount includes foreign grants, check here | 28a | 51,577. |
| 29 |   |     |         |
|    | (Grants \$ ) If this amount includes foreign grants, check here | 29a |         |
| 30 |   |     |         |
|    | (Grants \$ ) If this amount includes foreign grants, check here | 30a |         |
| 31 | Other program services (attach schedule)                        |     |         |
|    | (Grants \$ ) If this amount includes foreign grants, check here | 31a |         |
| 32 | Total program service expenses (add lines 28a through 31a)      | 32  | 51,577. |

**Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See 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 and deferred compensation | (E) Expense account and other allowances |
|--|--|---|---|--|
| JON OLINSKI<br>2 LAUREL LAKE<br>HIGHLAND LAKES, NJ 07422 | PRESIDENT<br>1   | 0.  | 0.  | 0.                                       |
| DIANE SCHMERBER<br>PO BOX 514<br>TRANQUILITY, NJ 07879   | SECRETARY<br>1   | 0.  | 0.  | 0.                                       |
| STEVEN YSAIS<br>17 WOODPORT ROAD<br>SPARTA, NJ 07871     | TREASURER<br>3   | 0.  | 0.  | 0.                                       |
| ANDREW BILLING<br>PO BOX 47<br>GREENDELL, NJ 07839       | SECRETARY<br>1   | 0.  | 0.  | 0.                                       |

**Part V Other Information** (Note the attachment requirement in the instructions)

SEE STATEMENT 3

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  |     | X  |
| 34  | Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes  | 34  |     | X  |
| 35  | If the organization had income from business activities, such as those reported on lines 2, 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 |     |     |    |
| a   | Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?  | 35a |     | X  |
| b   | If 'Yes,' has it filed a tax return on Form 990-T for this year?  | 35b | N/A |    |
| 36  | Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If 'Yes,' att a stmt)   | 36  |     | X  |
| 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 |     | X  |
| 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?                   | 38a |     | X  |
| b   | If 'Yes,' attach the sch specified in the In 38 instructions and enter the amount involved  | 38b | N/A |    |
| 39  | 501(c)(7) organizations Enter   |     |     |    |
| a   | Initiation fees and capital contributions included on line 9  | 39a | N/A |    |
| b   | Gross receipts, included on line 9, for public use of club facilities   | 39b | N/A |    |
| 40a | 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 N/A, section 4912 N/A, section 4955 N/A  |     |     |    |
| 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     | 40b |     | X  |
| c   | Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958  |     |     | 0. |
| d   | Enter amount of tax on line 40c reimbursed by the organization  |     |     | 0. |

**Part V Other Information** (Note the attachment requirement in the instructions) (Continued)**41** List the states with which a copy of this return is filed **▶ NONE****42 a** The books are in care of **▶ STEVEN J YSAIS**Telephone no **▶ 973-726-7077**Located at **▶ 17 WOODPORT ROAD, SPARTA NJ**ZIP + 4 **▶ 07871****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)?


|            | Yes | No |
|------------|-----|----|
| <b>42b</b> |     | X  |
| <b>42c</b> |     | X  |

If 'Yes,' enter the name of the foreign country **▶**

See the instructions for exceptions and filing requirements for Form TD F 90-22.1

**c** 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 **▶****43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here **▶ ☐ N/A**and enter the amount of tax-exempt interest received or accrued during the tax year **▶ 43****N/A****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.

**▶** **3/29/10**

Date

**▶ Jon Olinski Moderator/President**

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 **▶ STEVEN J YSAIS, CPA LLC  
17 WOODPORT ROAD, SECOND FLOOR  
SPARTA, NJ 07871**

Date

**11/18/09**Check if self-employed **▶ ☒**Preparer's SSN or PTIN (See General instruction W) **N/A**EIN **▶ N/A**Phone no **▶ (973) 726-7077**

BAA

TEEA0812L 02/06/06

Form 990-EZ (2005)

2005

## FEDERAL STATEMENTS

PAGE 1

CLIENT SUSSEX

SUSSEX COUNTY CHRISTIAN HOMESCHOOLERS  
INC

22-3675678

11/18/09

05 08PM

STATEMENT 1  
FORM 990-EZ, PART I, LINE 16  
OTHER EXPENSES

|                               |           |                |
|-------------------------------|-----------|----------------|
| ANNUAL CORPORATION FILING FEE | \$        | 65.            |
| ART/DRAMA/MUSIC SUPPLIES      |           | 9,951.         |
| BANK CHARGES                  |           | 40.            |
| INSURANCE                     |           | 2,135.         |
| PAYROLL SERVICE               |           | 874.           |
| SUPPLIES                      |           | 328.           |
| <b>TOTAL</b>                  | <b>\$</b> | <b>13,393.</b> |

STATEMENT 2  
FORM 990-EZ, PART III, LINE 28  
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

| DESCRIPTION  | GRANTS<br>AND<br>ALLOCATIONS | PROGRAM<br>SERVICE<br>EXPENSES |
|--|------------------------------|--------------------------------|
| THE FINE ARTS PROGRAM PROVIDED ART, DRAMA AND MUSIC<br>INSTRUCTION THROUGHOUT THE SCHOOL YEAR (SEPTEMBER 2005<br>THROUGH MAY 2006) ALONG WITH ELECTIVE ENRICHMENT PROGRAMS<br>TO CHILDREN GRADES K THROUGH 8TH GRADE |                              | 51,577.                        |
| INCLUDES FOREIGN GRANTS: NO  |                              |                                |
|  | \$ 0.                        | \$ 51,577.                     |

STATEMENT 3  
FORM 990-EZ, PART V  
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

|  |    |
|--|----|
| (A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR<br>INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? | NO |
| (B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR<br>INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?                      | NO |