

APRIL DANIEL

PO BOX 295
Barnegat, NJ 08005
APRIL@APRILDANIEL.COM
Phone: (732)484-2920 | Fax: (800)934-6790

October 25, 2023

LACEY TOWNSHIP HS BOOSTER ASSOC INC PO BOX 20 FORKED RIVER, NJ 08731

Subject: Preparation of 2019 Tax Returns

LACEY TOWNSHIP HS BOOSTER ASSOCINC:

Thank you for choosing APRIL DANIEL to assist with the 2019 taxes for LACEY TOWNSHIP HS BOOSTER ASSOC INC. This letter confirms the terms of the engagement and outlines the nature and extent of the services we will provide.

We will prepare the 2019 federal and state income tax returns for LACEY TOWNSHIP HS BOOSTER ASSOC INC. We will depend on management to provide the information we need to prepare complete and accurate returns. We may ask management to clarify some items but will not audit or otherwise verify the data submitted.

We will perform accounting services only as needed to prepare the tax returns. Our work will not include procedures to find defalcations or other irregularities. Accordingly, our engagement should not be relied upon to disclose errors, fraud, or other illegal acts, though it may be necessary for management to clarify some of the information submitted. We will inform management of any material errors, fraud, or other illegal acts we discover.

The law imposes penalties when taxpayers underestimate their tax liability. Call us if there are any concerns about such penalties.

Should we encounter instances of unclear tax law, or of potential conflicts in the interpretation of the law, we will outline the reasonable courses of action and the risks and consequences of each. We will ultimately adopt, on the behalf of LACEY TOWNSHIP HS BOOSTER ASSOC INC, the alternative selected by management.

Our fee is based on the time required at standard billing rates plus out-of-pocket expenses. Invoices are due and payable upon presentation. All accounts not paid within thirty (30) days are subject to interest charges to the extent permitted by state law.

We will return the original records to management at the end of this engagement. Store these records, along with all supporting documents, in a secure location. We retain copies of your records and our work papers from your engagement for up to seven years, after which these documents will be destroyed.

If management has not selected to e-file the returns with our office, management will be solely responsible to file the returns with the appropriate taxing authorities. The tax matters representative should review all tax-return documents carefully before signing them. Our engagement to prepare the 2019 tax returns will conclude with the delivery of the completed returns to management, or with e-filed returns, with the tax matters representative's signature and our subsequent submittal of the tax return.

To affirm that this letter correctly summarizes the arrangements for this work, sign the enclosed copy of this letter in the space indicated and return it to us in the envelope provided.

Thank you for the opportunity to be of service. For further assistance with your tax return needs, contact our office at (732)484-2920.
Sincerely,
APRIL DANIEL APRIL DANIEL
Accepted By:
Officer
Date

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LACEY TOWNSHIP HS BOOSTER ASSOC INC PO BOX 20 FORKED RIVER, NJ 08731

LACEY TOWNSHIP HS BOOSTER ASSOC INC:

Enclosed is the 2019 federal return for a tax-exempt organization, prepared for LACEY TOWNSHIP HS BOOSTER ASSOC INC from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-EO, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (732)484-2920.

Sincerely,

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LACEY TOWNSHIP HS BOOSTER ASSOC INC PO BOX 20 FORKED RIVER, NJ 08731

Your privacy is important to us. Read the following privacy policy.

We collect nonpublic personal information about you from various sources, including:

- * Interviews regarding your tax situation
- * Applications, organizers, or other documents that supply such information as your name, address, telephone number, Social Security Number, number of dependents, income, and other tax-related data
- * Tax-related documents you provide that are required for processing tax returns, such as Forms W-2, 1099R, 1099-INT and 1099-DIV, and stock transactions

We do not disclose any nonpublic personal information about our clients or former clients to anyone, except as requested by our clients or as required by law.

We restrict access to personal information concerning you, except to our employees who need such information in order to provide products or services to you. We maintain physical, electronic, and procedural safeguards that comply with federal regulations to guard your personal information.

If you have any questions about our privacy policy, contact our office at (732)484-2920.

Sincerely,

APRIL DANIEL APRIL DANIEL

990

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Α	For the	e 2019 calendar y	ear, or tax year begin	ning	07-0	1, 2019 , a	nd end	ing	0 (5-30 , 20 20
В	Check if	applicable:	C Name of organizationLA	CEY TOWNSHIP HS	BOOSTER ASS	SOC INC			D Empl	oyer identification number
	Address	change	Doing business as							22-2397864
	Name ch	ange	Number and street (or P.	O. box if mail is not delivered to	street address)		Room/su	ite	E Telep	hone number
	Initial ret	urn	РО ВОХ 20							
	Final retu	urn/terminated	City or town, state or prov	rince, country, and ZIP or foreign	n postal code				G Gros	s receipts
$\overline{\sqcap}$	Amende	d return	FORKED RIVER, 1						\$	194,066
П	Application	on pending		ncipal officer: RITA FERR	ARA			H(a) Is this a	aroup return	for subordinates? Yes X No
			Same as C above	· •				H(b) Are all s	subordinat	es included? Yes No
ı	Tax-exer	mpt status: X 501			7(a)(1) or 52	27		1		st. (see instructions)
J		: ► N/A	(1)(1)	, (33 3 3 ,	(1)()1			1		n number 🕨
K		organization: X Cor	poration Trust Ass	ociation Other ►	L	Year of formati	ion: 198			gal domicile: NJ
	art I	Summary								
	1	<u> </u>	the organization's missi	on or most significant ac	tivities: FUND	AND ENH	ANCE	EDUCATI	ONAL	GOALS. THE
		•	•	DING AND SERVICE						
ce				STIDENTS OF LAC						
Activities & Governance			2 001122 01 1112							
Ver	2	Check this box	if the organization	discontinued its operation	ons or disposed o	f more than	25% of	its net asse	ts.	
တိ	3		_	rning body (Part VI, line	•	A			1	9
م س	4			s of the governing body (9
ties	5			calendar year 2019 (Pa						0
Έ	6			necessary)						<u> </u>
ĕ	7a			Part VIII, column (C), line						0
				from Form 990-T, line 39						0
		14Ct dill'Clated be	donicos taxable income	HOITT OITH 330-1, IIIC 3			· · · ·	Prior Year	. 15	Current Year
	8	Contributions an	d grants (Part VIII line	1h)				Pilor real	750	700
<u>o</u>	9			1h)					750	700
nue									40	41
Revenue	10			a), lines 3, 4, and 7d) .				25	40	41
ш	11			es 5, 6d, 8c, 9c, 10c, and					7,080	32,522
	12			must equal Part VIII, colu				3 /	7,870	33,263
	13			X, column (A), lines 1-3)						0
	14		or for members (Part I)		. (1) (1)					0
S	15			benefits (Part IX, colum						0
Expenses	16a			column (A), line 11e) .	• • • • • • • •					0
ă	1-6	1	expenses (Part IX, col			0				
ш	1			nes 11a-11d, 11f-24e)					1,363	34,027
	18			equal Part IX, column (A			•		1,363	34,027
	19 v	Revenue less ex	cpenses. Subtract line	18 from line 12			•		,493)	_
ts or	9 20	Tatal assets (Da	at V. line (O)					nning of Curre		End of Year
sset	20	,						147	7,717	146,953
Net Assets or	21	Total liabilities (F						1.45		146.053
	ert II			line 21 from line 20			•	147	7,717	146,953
		Signature		n, including accompanying sche	dules and statements	and to the heet	of my kno	wledge and hel	liof it is	
				cer) is based on all information of			or my mio	wicage and bei	1101, 11 10	
Sig	ın	Signature of o	officer						Da	te .
He				EGIDENE					20	
пе	16		ERRARA, VICE PR name and title	ESIDENT						
		Print/Type prepare		Preparer's signature		Date			.	PTIN
Da	id			sparor o signature				Check	_	
Pa		APRIL DAN				10-25-20		self-em	pioyed	P01415626
	epare		APRIL DA					Firm's EIN ►		
US	e Onl	y Firm's address ▶	PO BOX 2				F	Phone no.		404 0000
	. 44 - 15	O dia avera di i		NJ 08005	t:\				732-	484-2920
iviay	∕tne IR	5 aiscuss this retu	ım with the preparer sh	own above? (see instruc	lions)					X Yes No

Part IV

22-2397864

Checklist of Required Schedules

Yes No 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 Х 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions).?...... 2 х 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 x 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III. Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors 6 have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 Х 7 Did the organization receive or hold a conservation easement, including easements to preserve open space. the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Х 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a 9 custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Х 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," 11a Х b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b Х c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 11c х d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Х b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х 13 13 х 14a Х Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Х 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 х 20a Х b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?......... 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 x

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Pa	rt IV Checklist of Required Schedules (continued)		T.,	T
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	.	x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	· ·		
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24	a	x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24	0	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24	2	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		t	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25	a	x
b	Is the organization 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	251	b	x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26	;	x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
_	"Yes," complete Schedule L, Part IV	28	a	x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			x
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	280		x
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M.</i>			x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30	,	x
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>			x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"			
<u>-</u>	complete Schedule N, Part II	32	,	x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52	'	
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
٠.	or IV, and Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	1		x
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	00.	4	
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	351	,	x
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	00.		
00	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
<i>31</i>	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	.	x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	3/		
30	19? Note: All Form 990 filers are required to complete Schedule O.	38		
Pa-			X	
Par	Check if Schedule O contains a response or note to any line in this Part V			
	Oneth in Otherwise O Contains a response of hote to any line in this Part V		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0	res	INO
1a h		0		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
U	Did the organization comply with backup withholding rules for reportable payments to vendors and			

reportable gaming (gambling) winnings to prize winners?

1c

LACEY TOWNSHIP HS BOOSTER ASSOC INC 22-2397864

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
	Note : If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Х
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b 44				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			
a	Gross income from other sources (Do not net amounts due or paid to other sources			
b	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			

Part VI Go

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Governing Rody and Management
Check if Schedule O contains a response or note to any line in this Part VI
response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
4			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
_	committee, explain on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	,		
2	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct	•		
4	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5 6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
о 7а	Did the organization have members or stockholders?	•		Х
Ia	one or more members of the governing body?	7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1 a		
b	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			Λ
Ü	the year by the following:			
а	The governing body?	8a	х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
•	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		x
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		x
14	Did the organization have a written document retention and destruction policy?	14		х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		x
b	Other officers or key employees of the organization	15b		x
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	4.5		
	with a taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	406		
800	organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c))			
10	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website Donnerequest Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
13	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	RITA FERRARA (609)709-8220, PO BOX 20, FORKED RIVER, NJ 08731			
	TITE I THERETO (VOS) IVS OFFO, TO DON EV, FORRED KIVER, NO VOSSI			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

_ , ,								
				(C)				
(A)	(B)	(do t - 1		sition		(D)	(E)	(F)
Name and title	Average			ore than one son is both a		Reportable	Reportable	Estimated amount
	hours			rector/trustee		compensation	compensation	of other
	per week					from the organization	from related organizations	compensation from the
	(list any hours for	or o	Officer	em	Forme	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and
	related	vidu	ğ	oloye	E E			related organizations
	organizations	lor lor	5	employee Key employee	3			
	below	Individual trustee or director	1	96				
	dotted line)		3	employee Key employee				
					1			
	- 30							
(1) LISA LOCHA	5.00							
PRESIDENT			X			0	0	0
(2) RITA_FERRARA	5.00							
VICE PRESIDENT			X			0	0	0
(3) DANIELLE GUDZAK	5.00							
TREASURER			X			0	0	0
(4) ELLEN VIDAL	5.00							
RECORDING SECRETARY			X			0	0	0
(5) LISA GLOVER	5.00					_		_
CORRESPONDING SECRETARY			Х			0	0	0
(6) KIM CIDERN	5.00							
MEMBERSHIP CHAIRMAN	5.00		X			0	0	0
(7) TONI ANN PYLE WAYS AND MEANS CHAIRMAN	5.00					0	0	_
(8) JANINE TERRICONE	5.00		Х			U	0	0
SGT AT ARMS			x			0	0	0
(9) THERESA KILMURRAY	5.00		^			0	0	
PUBLICITY CHAIRMAN			x			0	0	0
(40)								
(10)								
(11)								
·								
(12)								
(13)								
(14)								
F.F.A.								Form 000 (2010)

	90 (2019) LACEY TOWNSHIP HS	BOOSTER	ASS	oc	INC	:				22-2397	864	Pa	age 8
Part	VII Section A. Officers, Directors, Trustee	es, Key Emp	loyee	s, an			est Co	mp	ensated Employe	ees (continued)			
	(A) Name and title	(B) Average hours per week (list any	box, offic	unles er and	Posi eck mo s pers I a dire	ore the	nan one s both ai /trustee))	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	coı	(F) lated amount of other mpensation the	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	_	nization a	
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
<u>(18)</u>													
<u>(19)</u>													
(20)													
<u>(21)</u>													
(22)													
(23)						1							
(24)													
(25)				4									
1b	Subtotal							٠ •					
c d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)			 				· •	0	0			0
2	Total number of individuals (including but not limit reportable compensation from the organization	ed to those I								of		V	0
3	Did the organization list any former officer, direc	tor, trustee,	key en	nploy	ee, d	or h	ighest	con	npensated			Yes	No
4	employee on line 1a? If "Yes," complete Schedul For any individual listed on line 1a, is the sum of re										3		х
	organization and related organizations greater th	an \$150,000)? If "Y	'es,"	com	plet	e Sch	edul	le J for such		_		
5	individual										4		х
Cooti	for services rendered to the organization? If "Yes	s," complete	Sched	ule J	for :	suc	h pers	on			5		х
<u>Secti</u>	on B. Independent Contractors Complete this table for your five highest compensa	ted independ	dent co	ntrac	tors	that	t recei	ved	more than \$100,00	00 of			
	compensation from the organization. Report comp												
	(A) Name and business addres	ss							(B) Description of service	ces	(C) Compens	ation	
									,				
2	Total number of independent contractors (includin received more than \$100,000 of compensation fro	-				ed a	above)) wh	0				

		Check if Schedule O contains a response or	note to any line in thi	s Part VIII			
			·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
ice Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f g h	Total. Add lines 1a-1f	700	700			sections 512–514
Program Service Revenue	c d e f	All other program service revenue					
	3 4 5 6a b	Investment income (including dividends, interest, other similar amounts)	and ceeds	41			41
Revenue	d 7a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(ii) Other				
Other Rev	8a b	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a 193,325	32,522			32,522
	9a b c	Gross income from gaming activities, See Part IV, line 19 9 Less: direct expenses 9	a b	32,322			32,322
Miscellanous Revenue	11a b c		Business Code				
N. N.	е	All other revenue		33,263	0	0	32,563

Part IX **Statement of Functional Expenses** Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and Fundraising 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . 9 10 11 Fees for services (nonemployees): b Legal...... d Professional fundraising services. See Part IV, line 17 f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion Office expenses 13 Information technology 14 15 Royalties 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 2,968 2,968 23 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) REGISTRATION AND FEES 508 508 b REPAIRS AND MAINT 8,921 8,921 С SCHOLARSHIP 17,115 17,115 d All other expenses e 4,515 4,515 Total functional expenses. Add lines 1 through 24e. . 25 34,027 20,083 13,944 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

if

following SOP 98-2 (ASC 958-720)

Form 990 (2019)

Part X **Balance Sheet**

		Check if Schedule O contains a response or note to any line in this Part X	 		
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	130,530	1	132,552
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	5		
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
ets	8	Inventories for sale or use		8	
Assets	9	Prepaid expenses and deferred charges		9	
-	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 51,524			
	b	Less: accumulated depreciation 10b 37,123	17,187	10c	14,401
	11	Investments - publicly traded securities	17,107	11	11,101
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	147 717	16	146 053
	17	Accounts payable and accrued expenses	147,717	17	146,953
	18	Grants payable		18	
				19	
	19	Deferred revenue			
	20	Tax-exempt bond liabilities	· · ·	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to any current or former officer, director,			
Ē		trustee, key employee, creator or founder, substantial contributor, or 35%			
Ë		controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow FASB ASC 958, check here ▶ 🗓			
es		and complete lines 27, 28, 32, and 33.			
anc	27	Net assets without donor restrictions	147,717	27	146,953
Bai	28	Net assets with donor restrictions		28	
2		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
s or	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net	32	Total net assets or fund balances	147,717	32	146,953
	33	Total liabilities and net assets/fund balances	147,717	33	146,953

Form **990** (2019) EEA

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4-	· 2		"	•	o	04	

Page 12		Page	1	1
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Pai	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					. 🗌
1	Total revenue (must equal Part VIII, column (A), line 12)	1			33,	263
2	2 Total expenses (must equal Part IX, column (A), line 25)				027	
3 Revenue less expenses. Subtract line 2 from line 1					(764)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			147,	717
5 Net unrealized gains (losses) on investments						
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		:	146,	953
Par	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other	_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		崖	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		崖	2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Single Audit Act and OMB Circular A-133?			3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

EEA

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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.

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

2019

Open to Public Inspection

OMB No. 1545-0047

LACEY TOWNSHIP HS BOOSTER ASSOC INC 22-2397864 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 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. **b** Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations

g Provide the following information about	ut the supported o	rganization(s).				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the o listed in you docum	r governing	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 **(e)** 2019 (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 **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) Public support. Subtract line 5 from line 4 Section B. Total Support **(b)** 2016 (c) 2017 (d) 2018 Calendar year (or fiscal year beginning in) ▶ (a) 2015 (e) 2019 (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 VI.) Total support. Add lines 7 through 10... 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2019. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2018. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support						
Cal	endar year (or fiscal year beginning in)▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1,700	1,745	2,037	750	700	6,932
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities fumished in any activity that is related to the						
	organization's tax-exempt purpose	45,801	46,057	49,836	37,080	32,522	211,296
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						
	Total. Add lines 1 through 5	47,501	47,802	51,873	37,830	33,222	218,228
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 \$5,000						
	or 1% of the amount on line 13 for the year	4					
	Add lines 7a and 7b		,				
8							
	line 6.)						218,228
	ction B. Total Support	(1) 0045	(1) 0010	() 0047	/ I) 0040	(.) 0040	(f) T ()
	endar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6	47,501	47,802	51,873	37,830	33,222	218,228
Tua	Gross income from interest, dividends,						
	payments received on securities loans, rents,		25	4.0	4.0	4.7	100
h	royalties, and income from similar sources Unrelated business taxable income (less	31	35	40	40	41	187
D							
	section 511 taxes) from businesses acquired after June 30, 1975						
_	Add lines 10a and 10b	31	35	40	40	41	187
	Net income from unrelated business	31	33	40	40	41	167
• •	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 VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	47,532	47,837	51,913	37,870	33,263	218,415
14	First five years. If the Form 990 is for the or						
	organization, check this box and stop here	•			•	٠,	` '
Sec	ction C. Computation of Public Suppo	rt Percentage	;				
15	Public support percentage for 2019 (line 8, c			column (f)) .		15	99.91 %
16	Public support percentage from 2018 Sched					16	99.93 %
	ction D. Computation of Investment In						
17	Investment income percentage for 2019 (line	e 10c, column (1	f), divided by li	ne 13, column	(f))	17	0.00 %
18	Investment income percentage from 2018 S	-	•			18	0.00 %
19a	33 1/3% support tests - 2019. If the organiz					than 33 1/3%,	
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2018. If the organiz	zation did not ch	neck a box on l	line 14 or line	19a, and line 1	6 is more than	33 1/3%, and
	line 18 is not more than 33 1/3%, check this	box and stop h	nere. The orga	nization qualifi	es as a publicly	y supported org	janization 🕨 🗌
<u>20</u>	Private foundation. If the organization did r	not check a box	on line 14, 19	a, or 19b, chec	ck this box and	see instruction	s ▶ 🗌

Part IV Suppo

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organization	Section A	n A. All Su	pporting O	rganizations
--	-----------	-------------	------------	--------------

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI**.
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
•		
2		
3a		
3b		
3с		
00		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
O.L.		
9b		
9с		
10a		
10L		
10b		

Schedule A (Form 990 or 990-EZ) 2019

LACEY TOWNSHIP HS BOOSTER ASSOC INC

Part IV Supporting Organizations (continued)

Га	Supporting Organizations (continued)		V	NI -
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a		446		
L	below, the governing body of a supported organization?	11a 11b		
	A family member of a person described in (a) above? A 25% controlled entity of a person described in (a) or (b) above? If "Yea" to a, b, or a provide detail in Part W	11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI . tion B. Type I Supporting Organizations	110		
5 00			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		<u>'</u>	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
200	supported organizations played in this regard.	3		
1	tion E. Type III Functionally Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in:	struct	ione	
' а		, a uci)	
	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
		see in	struct	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Organiza	tions	
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust or	Nov. 20, 1970 (expla	in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting org	anizations	must complete Sectio	ns A through E.
500	tion A. Adjusted Not Income		(A) Prior Year	(B) Current Year
Sec	tion A - Adjusted Net Income		(A) Phor real	(optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
со	llection of gross income or for management, conservation, or			
ma	aintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			(3) 337
ins	structions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
fa	actors (explain in detail in Part VI):			
	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amoun	nt,		
se	e instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integra	ted Type III supporting	g organization (see
	instructions)	, ,	71 11 1	

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Part V	Type III Non-Functionally	/ Integrated 509(a)(3) Supporting	Organizations (continued)
I all V	I VDC III I VOII - I UI I CHOHAII V		

Sec	tion D - Distributions			Current Year			
1	Amounts paid to supported organizations to accomplish exem	pt purposes					
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ons				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (prior IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the	organization is respons	ive				
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2019 from Section C, line 6						
10	Line 8 amount divided by line 9 amount		400				
S	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2019						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
	Excess distributions carryover, if any, to 2019						
	From 2014						
	From 2015						
	From 2016						
	From 2017						
	From 2018						
	Applied to underdistributions of prior years		¥				
	Applied to 2019 distributable amount						
i i	Carryover from 2014 not applied (see instructions)						
÷	Remainder. Subtract lines 3g, 3h, and 3i from 3f.						
4	Distributions for 2019 from	<u> </u>					
•	Section D, line 7:						
а	Applied to underdistributions of prior years						
	Applied to 2019 distributable amount						
	Remainder. Subtract lines 4a and 4b from 4.						
5	Remaining underdistributions for years prior to 2019, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI . See instructions.						
6	Remaining underdistributions for 2019. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2020. Add lines 3j						
	and 4c.						
	Breakdown of line 7:						
	Excess from 2015						
	Excess from 2016						
	Excess from 2017						
	Excess from 2018						
6	Excess from 2019						

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

LAC	EY TOWNSHIP HS BOOSTER ASSOC INC		22-2397864
Pa	rt I Organizations Maintaining Donor Advised Fo	unds or Other Similar Funds or Acco	ounts.
	Complete if the organization answered "Yes" or	Form 990, Part IV, line 6.	
	· •	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advised	
	funds are the organization's property, subject to the organizati		
6	Did the organization inform all grantees, donors, and donor ad	_	
	only for charitable purposes and not for the benefit of the dono		
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		
	Complete if the organization answered "Yes" o	n Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or edu	11.11	f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space	Treservation o	Ta certified Historic structure
2	Complete lines 2a through 2d if the organization held a qualified	A conservation contribution in the form of a co	onconvetion
2	easement on the last day of the tax year.	d conservation contribution in the form of a co	
•			Held at the End of the Tax Year 2a
a L	Total acreage restricted by conservation easements		
b			
C	Number of conservation easements on a certified historic stru-		20
d	Number of conservation easements included in (c) acquired a		24
•		and outinguished a terminated by the are	2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the org	janization during the
4	tax year	amount in Jacobad	
4	Number of states where property subject to conservation easi		
5	Does the organization have a written policy regarding the periodical strategy and approximately the approximation approximation and approxim		
	violations, and enforcement of the conservation easements it h		- -
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	indling of violations, and enforcing conservat	ion easements during the year
7	Amount of our proper insured in provitoring inspecting bondlin	on of violations, and enforcing concernation of	accompate during the year
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation e	easements during the year
•			4)/D)/:)
8	Does each conservation easement reported on line 2(d) above		
_			
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footnot	e to the organization's financial statements ti	nat describes the
Da	organization's accounting for conservation easements. In III Organizations Maintaining Collections	of Art Historical Transuras or C	Other Similar Access
Pa			other Similar Assets.
	Complete if the organization answered "Yes" (-l
та	If the organization elected, as permitted under FASB ASC 958		
	of art, historical treasures, or other similar assets held for publ		rance of public
	service, provide, in Part XIII the text of the footnote to its finan		
b	If the organization elected, as permitted under FASB ASC 958		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherar	nce of public service,
	provide the following amounts relating to these items:		_
		• • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·
	(ii) Assets included in Form 990, Part X		· · · · · · · · · · · · · · · · · · ·
2	If the organization received or held works of art, historical trea	_	in, provide the
	following amounts required to be reported under FASB ASC 9	-	
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ \$

Pai	rt III Organizations Maintaining Coll	ections of Art, His	torical Treasures	, or Other Similar <i>F</i>	Assets (continued)
3	Using the organization's acquisition, accession, and	other records, check any	of the following that ma	ake significant use of its	
	collection items (check all that apply):				
а	Public exhibition	d	Loan or exchange	programs	
b	Scholarly research	е	Other		
С	Preservation for future generations				
4	Provide a description of the organization's collection	s and explain how they t	urther the organization's	s exempt purpose in Part	
	XIII.	,	Ü		
5	During the year, did the organization solicit or receive	e donations of art, histori	cal treasures, or other s	similar	
•	assets to be sold to raise funds rather than to be ma				Yes No
Pai	rt IV Escrow and Custodial Arrangen		rgariizadorro concodorr.		
ı u	Complete if the organization answ 990, Part X, line 21.		n 990, Part IV, line	9, or reported an an	nount on Form
1a	Is the organization an agent, trustee, custodian or other	her intermediary for conti	ibutions or other assets	not	
		· ·			☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part XIII and co				
-	roo, oxpanitio analigement in arrytin and oc	p.oto tilo rollog tab.		Δ	mount
С	Beginning balance				arrount.
d	Additions during the year			· A	
e f	Ending balance			. 1f	
	Did the organization include an amount on Form 990				Yes No
2a	-				
b	If "Yes," explain the arrangement in Part XIII. Check	nere if the explanation r	ias been provided on Pa	art XIII	
Pai	rt V Endowment Funds.	\	000 Day IV San	40	
	Complete if the organization answ				
		Current year (b) Pr	ior year (c) Two years	s back (d) Three years bac	k (e) Four years back
1a	Beginning of year balance	· ·			
b	Contributions				
С	Net investment earnings, gains, and				
	losses				
d	Grants or scholarships				
е	Other expenditures for facilities and				
	programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the current year	r end balance (line 1g. co	olumn (a)) held as:		
а	Board designated or quasi-endowment	%	(-//		
b	Permanent endowment ▶ %				
c	Term endowment ▶ %				
·	The percentages on lines 2a, 2b, and 2c should equa	al 100%			
32	Are there endowment funds not in the possession of		a hald and administered	I for the	
3a		i ine organization that ar	e neiu anu auminisiereu	i ioi tiie	Voc. No.
	organization by:				Yes No
	(i) Unrelated organizations				3a(i)
	()				3a(ii)
b	If "Yes" on line 3a(ii), are the related organizations li	•			3b
4	Describe in Part XIII the intended uses of the organ		ds.		
Pai	t VI Land, Buildings, and Equipment				D
	Complete if the organization answ	ered "Yes" on Form	990, Part IV, line	11a. See Form 990,	, Part X, line 10.
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
		(investment)	(other)	depreciation	
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment	51,524		37,123	14,401
е	Other	,		, ,	, - <u>-</u>
_	I. Add lines 1a through 1e. (Column (d) must equal	Form 990. Part X. colun	nn (B), line 10c.)		14,401
			(- / , / 0.0.9		,

	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value) Method of valuation: end-of-year market value
(1) Financial c		• •		
. ,	ld equity interests	• • •		
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments - Program Related.	. •		
rait viii	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value) Method of valuation: end-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.	un Farm 000 Dart IV line	. 11d Coo Form	000 Dort V line 45
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e i iu. See roiiii	
(4)	(a) Description			(b) Book value
(1)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" of line 25.	on Form 990, Part IV, line	e 11e or 11f. See	e Form 990, Part X,
1.		b) Book value		
(1) Federal in		-,5		
(2)	isome taxes			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 25.) . ▶			
	uncertain tax positions. In Part XIII, provide the text of the foo	atnote to the organization's fina	ncial statements that	reports the
	and the text of the local state of the text of the local state of the	-		d in Part XIII [

Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Revenue pe	r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
а	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	
С	Recoveries of prior year grants	
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
а	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses	_
d	Other (Describe in Part XIII.)	
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5
	rt XIII Supplemental Information.	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; F	Part X, line
2; Pa	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	

EEA Schedule D (Form 990) 2019

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2019

Open to Public

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

	ame of the organization						unication number
Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants b Internet and email solicitations f Solicitation of government grants d In-person solicitations g Special fundralising events d In-person solicitations g Special fundralising events or key employees listed in Form 990, Part VII) or entity in connection with professional fundralising services? Yes No or key employees listed in Form 990, Part VII) or entity in connection with professional fundralising services? Yes No or key employees listed in Form 990, Part VIII) or entity in connection with professional fundralising services? Yes No or entity (fundraliser) (ii) Activity (iii) Did fundraliser have custody or control or control undralised in control or entity (fundraliser) (iv) Amount paid to (or retained by) undralised insect in col. (i) ves							
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a Mail solicitations e Solicitation of non-government grants f Solicitation of non-ment grants g Special fundraising events g Special fundraising services? Yes No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) G G G G G G G G G			_		wered "Yes" on Form 99	90, Part IV,	line 17.
a Mail solicitations e Solicitation of non-government grants b Interret and email solicitations f Solicitation of government grants g Special fundraising events d In-person solicitations g Special fundraising events d In-person solicitations g Special fundraising services? Yes No b ff 'Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (ii) Name and address of individual or entity (fundraiser) (iii) Did fundraiser have custody or control of contributions (iv) Gross receipts from activity or entity (fundraiser) (vi) Amount paid to (or retained by) organization (vi) Amount paid to (or retained by) organization Yes No Yes		•					
b Internet and email solicitations f Solicitation of government grants g Special fundraising events g Special fundraising services? Yes No b f Yes,* list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Amount paid to (or retained by) fundraiser listed in col. (i) (iii) Undraiser listed in col. (ii) (iv) Amount paid to (or retained by) (organization Yes No (iv) Amount paid to (or retained by) (organization Yes No (iv) Amount paid to (or retained by) (organization Iv) Activity (iv) Amount paid to (or retained by) (organization Iv) Activity (iv) Amount paid to (or retained by) (organization Iv) Activity (iv) Amount paid to (or retained by) (organization Iv) Activity (iv) Amount paid to (or retained by) (organization Iv) Activity Iv) Amount paid to (or retained by) (organization Iv) Activity Iv) Amount paid to (or retained by) (organization Iv) Activity Iv) Amount paid to (or retained by) (organization Iv) Activity Iv) Amount paid to (or retained by) (organization Iv) Activity Iv) Amount paid to (or retained by) (organization Iv) Activity Iv) Amount paid to (or retained by) (organization Iv) Activity Iv) Amount paid to (or retained by) (organization Iv) Amount paid to (organization	1 Indicate whether the organization rais	sed funds through a	any of the foll	owing activit	ies. Check all that apply.		
c Phone solicitations g Special fundraising events d In-person solicitations 22 Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b It "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5.000 by the organization. (i) Name and address of individual or entity (fundraiser have custody or control of contributions? Yes No Yes No Yes No 3	a Mail solicitations		e 🗌 S	Solicitation of	non-government grants		
d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts (v) Amount paid to (or retained by) (or retained by) organization Yes No	b Internet and email solicitations		f 🗌 S	Solicitation of	government grants		
d In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? (iv) Gross receipts (v) Amount paid to (or retained by) (or retained by) organization Yes No	c Phone solicitations		g 🗌 S	Special fundr	aising events		
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or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If Yes? list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No Yes No 3		r oral agreement w	ith any individ	dual (includin	a officers, directors, trustees.		
b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Name and address of individual or entity (fundraiser) (iii) Did fundraiser have custody or control of contributions? Yes No 1 Yes No 3 Is a lat states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from						□ Ye	s \square No
compensated at least \$5,000 by the organization. (i) Name and address of individual or entity (fundraiser) (ii) Did fundraiser have custody or control of contributions? Yes No Yes No List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from						_	_
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No No 1 2 3 4 5 5 5 5 5 5 5 5 5 5 5 5			indiaiscis) pe	il suarit to ag	recinents and a which the fair	diaisci is to be	
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(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Activity (iv) Gross receipts from activity (iv) Gross from activity					(u) Am	ount poid to	-
or entity (fundraiser) Yes No Yes No Solution from activity fundraiser listed in col. (i) Yes No List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from	(i) Name and address of individual						
Yes No Yes No 3 4 5 6 7 8 9 1 1 1 1 1 1 1 1 1 1 1 1	or entity (fundraiser)	(ii) Activity					
2 3 4 5 6 7 8 9 10 10 11 11 12 12 13 1 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from			00.11.10			col. (i)	
2 3 4 5 6 7 8 9 10 10 10 11 11 12 13 1 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from			Yes	No			
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		, and the second				·	
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LACEY TOWNSHIP HS BOOSTER ASSOC INC Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			VARIOUS		None	(add col. (a) through col. (c))
			(event type)	(event type)	(total number)	coi. (c))
Revenue						
eve	1	Gross receipts				
œ	2	Less: Contributions				
	3	Gross income (line 1 minus				
	•	line 2)				
		= /				
	4	Cash prizes				
	5	Noncash prizes				
ses	6	Rent/facility costs				
çper	7	Food and haverages				
ы́ Н	7	Food and beverages				
Direct Expenses	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines	-			
	11	Net income summary. Subtract line				
Pa	rt II		-	Yes" on Form 990, Part	IV, line 19, or reported	more than
		\$15,000 on Form 990-EZ,	iine oa.		Y	
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
<u> </u>	1	Gross revenue				
es	2	Cash prizes				
Direct Expenses	_	Name and primer				
Exp	3	Noncash prizes				
ect	4	Rent/facility costs				
₫	·	resilvadinity doctor 1.1.1.1.1				
	5	Other direct expenses				
			Yes %	☐ Yes %	☐ Yes %	
	6	Volunteer labor	No	☐ No	☐ No	
	7	Direct expense summary. Add lines	2 through 5 in column (d)	• • • • • • • • • • • • • • • • • • • •		
	۰	Net gaming income summary. Sub	tract line 7 from line 1, colu	mn (d)	_	
	8	ivet gaming income summary. Sub	raor inte i nom inte i, colu	ıııı (u)	· · · · · · · · · · · · · · · · · · ·	
9	En	ter the state(s) in which the organizat	tion conducts gaming activi	ties:		
а		the organization licensed to conduct o				Yes No
b	If "	No," explain:				
	_					
		ere any of the organization's gaming		_	•	U Yes U No
t) It "	Yes," explain:				

EEA

SCHEDULE 0 (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

22-2397864 LACEY TOWNSHIP HS BOOSTER ASSOC INC 01. Form 990 governing body review (Part VI, line 11) FORM 990 WAS AVAILABLE TO BE REVIEWED BY THE BOARD PRIOR TO FILING 02. Governing documents, etc, available to public (Part VI, line 19) DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST 03. List of other expenses (Part IX, line 24e) BANK FEE 1229 DONATIONS 3096 POSTAGE AND MAILING 190

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Business or activity to which this form relates

OMB No. 1545-0172 **2019**

Identifying number

Department of the Treasury
Internal Revenue Service (99)
Name(s) shown on return

Attachment Sequence No. 179

LACEY TOWNSHIP HS BOOSTER ASSOC FORM 990EZ - 1 22-2397864 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 1 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions)......... 3 3 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) 7 8 8 9 9 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 1.1. 12 Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line № Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 2,968 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (business/investment use (a) Classification of property placed in (e) Convention (f) Method (g) Depreciation deduction only-see instructions) 19a 3-year property b 5-year property 7-year property d 10-year property e 15-year property 20-year property 25-year property 25 yrs. Residential rental S/I 27.5 yrs. MM property 27.5 yrs. MM S/I 39 yrs. MM S/L Nonresidential real MM property Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year 12 yrs. S/L 30-year 30 yrs. MM S/L С d 40-year MM S/L Part IV **Summary** (See instructions.) Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 2,968 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

* Item is included in UBIA for Section 199A calculations. See "UBIA" in lower right corner.

Depreciation Detail Listing

990 EZ

2019

PAGE 1

Name(s) as shown on return

For your records only

Social security number/EIN

:	LACEY TOWNSHIP HS E	BOOSTER ASSOC	INC									22	-2397864		
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	EQUIPMENT	01012015	51,524		100.00			51,524	5	200 DB HY	5.76	34,337	2,968	37,305	4,292
	Totals		51,524					51,524				34,337	2,968	37,305	4,292

2,968

	Next '	Year's	Deprecia	ation \	Worksheet
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(Keep for your records)

2019

Name(s) as ahown on return Tax ID Number

		P HS BOOSTER ASSOC INC				22-2	397864
Form I	Multi-Form	Description	Date	Basis	Method	Life	Deduction
Form N	Multi-Form 1	Description EQUIPMENT	Date 01-01-2015	Basis 51,524	Method	Life 5	Deduction