

# APRIL DANIEL

PO BOX 295
Barnegat, NJ 08005
APRIL@APRILDANIEL.COM
Phone: (609)228-6522 | Fax: (800)934-6790

December 07, 2023

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

Subject: Preparation of 2020 Tax Returns

#### LACEY TOWNSHIP HS BOOSTER ASSOC INC:

Thank you for choosing APRIL DANIEL to assist with the 2020 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 2020 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 2020 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 (609)228-6522.								
Sincerely,								
APRIL DANIEL APRIL DANIEL								
Accepted By:								
Officer								
Date								

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December 07, 2023

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

LACEY TOWNSHIP HS BOOSTER ASSOC INC:

Enclosed is the 2020 federal return for a tax-exempt organization, prepared for LACEY TOWNSHIP HS BOOSTER ASSOC INC from the information provided. The original should be signed and dated and mailed on or before November 15, 2021, to the following address:

Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027

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 (609)228-6522.

Sincerely,

APRIL DANIEL APRIL DANIEL

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December 07, 2023

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 (609)228-6522.

Sincerely,

APRIL DANIEL APRIL DANIEL

#### 990

# **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047 2020

Department of the Treasury

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

Open to Public

Intern	ternal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection									
Α	For the	e 2020 calendar	year, or tax year beginning 07-01, 2020, and	ending 0	6-30 , <b>20</b> 21					
В	Check if	applicable:	C Name of organization LACEY TOWNSHIP HS BOOSTER ASSOC INC	D Emp	loyer identification number					
	Address	change	Doing business as		22-2397864					
	Name ch	ange	oom/suite E Telep	phone number						
	Initial retu	urn	PO BOX 20							
	Final retu	ırn/terminated	City or town, state or province, country, and ZIP or foreign postal code	<b>G</b> Gros	s receipts					
	Amended	d return	FORKED RIVER, NJ 08731	\$	110,485					
	Application pending F Name and address of principal officer: RITA FERRARA H(a) Is this a group return for subordinates? Yes X No									
			Same as C above	H(b) Are all subordina	es included? Yes No					
ı	Tax-exen	npt status: X 50	01(c)(3)	If "No," attach a li	st. See instructions					
J	Website:	· ► N/A		H(c) Group exemption	number					
K	Form of c	organization: X Co	orporation ☐ Trust ☐ Association ☐ Other ▶ ☐ L Year of formation:	1981 M State of le	gal domicile: <b>NJ</b>					
Pa	rt I	Summary								
	1	Briefly describe	the organization's mission or most significant activities: FUND AND ENHAN	ICE EDUCATIONAL	GOALS. THE					
		ORGANIZATI	ON PROVIDES FUNDING AND SERVICES TO VARIOUS STUDENT	ACTIVITIES TO	BENEFIT THE					
Ce		EDUCATIONA	AL GOALS OF THE STIDENTS OF LACEY HIGH SCHOOL.							
Governance										
Ve	2	Check this box	▶ ☐ if the organization discontinued its operations or disposed of more than 25°	% of its net assets.						
	3	Number of voti	ng members of the governing body (Part VI, line 1a)	3	9					
<b>ა</b> ბ თ	4		ependent voting members of the governing body (Part VI, line 1b)		9					
Activities	5		f individuals employed in calendar year 2020 (Part V, line 2a)		0					
cţi	6		f volunteers (estimate if necessary)							
ĕ	7a		business revenue from Part VIII, column (C), line 12		0					
			ousiness taxable income from Form 990-T, Part I, line 11		0					
				Prior Year	Current Year					
	8	Contributions a	nd grants (Part VIII, line 1h)	700	1,040					
ne	9	Program service	e revenue (Part VIII, line 2g)		0					
Revenue	10	Investment inco	ome (Part VIII, column (A), lines 3, 4, and 7d)	41	35					
Re	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,522	43,147					
	12	Total revenue -	add lines 8 through 11 (must equal Part VIII, column (A), line 12)	33,263	44,222					
	13	Grants and sim	ilar amounts paid (Part IX, column (A), lines 1-3)		0					
	14	Benefits paid to	o or for members (Part IX, column (A), line 4)		0					
	15	Salaries, other	compensation, employee benefits (Part IX, column (A), lines 5-10)		0					
ses	16a		ndraising fees (Part IX, column (A), line 11e)		0					
Expenses	b	Total fundraisir	g expenses (Part IX, column (D), line 25) ▶ 0							
EXE	17		s (Part IX, column (A), lines 11a-11d, 11f-24e)	34,027	51,383					
	18	Total expenses	. Add lines 13-17 (must equal Part IX, column (A), line 25)	34,027	51,383					
	19		expenses. Subtract line 18 from line 12	(764	(7,161)					
-	S			Beginning of Current Year	End of Year					
t Assets or	20	Total assets (P	art X, line 16)	146,953	139,792					
Asse	21	Total liabilities	(Part X, line 26)	-	0					
Set Set	22	Net assets or f	und balances. Subtract line 21 from line 20	146,953	139,792					
	rt II	Signature	Block	-	·					
		ies of perjury, I declar	e that I have examined this return, including accompanying schedules and statements, and to the best of n	ny knowledge and belief, it is						
true	, correct,	and complete. Declar	ation of preparer (other than officer) is based on all information of which preparer has any knowledge.							
		I k								

Sign Signature of officer Here RITA FERRARA, VICE PRESIDENT

	Type of print name and th	uo							
	Print/Type preparer's name		Preparer's signature		Date		Check X if	PTIN	
Paid	APRIL DANIEL				12-07-2023		self-employed	P01415626	
Preparer	Firm's name ▶	NIEL				Firm's EIN ▶			
Use Only	Firm's address ▶ PO BOX 295			Phone no.					
		Barnegat	NJ 08005				609-	228-6522	
May the IRS	discuss this return with th	ne preparer sh	own above? (see instructions)					X Yes	No

Date

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 X 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 9 Х 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 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 X 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 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 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 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 x

22-2397864

Part IV **Checklist of Required Schedules** (continued) Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Х 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 23 Х 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 24a Х 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . . . . . . . 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit 25a Х 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? 25b х 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 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): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a Х Х A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . . . . . . . . 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. . . . . . . . 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 complete Schedule N, Part II 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 х 35a х If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . . . . . . . . . . . . . 35b Х Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 36 Х 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI. . . . . . . . . . . . . . . 37 Х 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O. 38 Х Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V . . . . . . . Yes No 1a 0 0 Did the organization comply with backup withholding rules for reportable payments to vendors and

reportable gaming (gambling) winnings to prize winners? .....

Form **990** (2020)

# Part 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 e-file (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 on 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		
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		
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		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7</b> f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7</b> g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	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	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	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			
C 140	Enter the amount of reserves on hand	1.4-		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b 15	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule</i> O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		•
	excess parachute payment(s) during the year?	15		Х
16	If "Yes," see instructions and file Form 4720, Schedule N.	16		v
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.			

Form 990 (2020) Part VI

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. 

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
	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			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		х
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	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	х	
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 Q	9		х
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		х
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		х
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?			
а	The organization's CEO, Executive Director, or top management official	15a		х
b	Other officers or key employees of the organization	15b		х
	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			
	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			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	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 ☒ Upon request ☐ 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,			
	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			

# 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)			osition		(D)	(E)	(F)
Name and title	Average				than one is both an	Reportable	Reportable	Estimated amount
riano dia dia	hours				r/trustee)	compensation	compensation	of other
	per week					from the	from related	compensation
	(list any	악 등	<u> </u>	2 2	9 H	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and
	hours for related	dire	Situ S	Officer	Highes	(W-2/1099-WI3C)	(11 2 1000 111100)	related organizations
	organizations	Individual trustee or director	Institutional trustee	Officer	ve st co			
	below	ruste	trug	, de	ng be			
	dotted line)	9	stee		Highest compensated employee			
					e			
(1) TONI ANN PYLE	5.00							
WAYS AND MEANS CHAIRMAN			x			0	0	0
(2) MARGARET CLEMENTE	5.00					-	-	
MEMBERSHIP CHAIRMAN			_ x			0	0	0
(3) JOANIE DONAHUE	5.00							
PUBLICITY CHAIRMAN			х			0	0	0_
(4) JANINE TERRICONE	5.00							
SGT AT ARMS			х			0	0	0
(5) LISA GLOVER	5.00							
CORRESPONDING SECRETARY			х	:		0	0	0
(6) RITA FERRARA	5.00							
VICE PRESIDENT			х	:		0	0	0
(7) LISA LOCHA	5.00							
PRESIDENT			Х			0	0	0
(8) ELLEN VIDAL	5.00							
RECORDING SECRETARY			Х			0	0	0
(9) DANIELLE GUDZAK	5.00							
TREASURER			Х			0	0	0
<u>(10)</u>								
<u>(11)</u>								
(42)								
(12)								
(13)								
<u>(14)</u>								

22-2397864

Part VII Section A. Officers, Directors, Truste	es, Key Emp	oloyees	s, ar			est Co	mp	ensated Employe	es (continued	d) 			
(A)	(B)			Pos	( <b>C)</b> sition			(D)	(E)			(F)	
Name and title	Average hours per week						an Reportable Reportable compensation compensation from the ground organization organization			ortable Es		Estimated amount of other compensation from 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-MIS	C)	-	nization : organiz	
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>													
(18)													
(19)													
(20)													
(21)													
(22)	-												
(23)													
(24)													
(25)			2										
to Total from continuation sheets to Part VII, Second Total (add lines 1b and 1c)  Total number of individuals (including but not lim reportable compensation from the organization	etion A	isted a	• • •		 		· <b>&gt;</b>	0 ore than \$100,000	of	0			0
		الماد معا	nla	,,,,	0 r b	ا مام		an an anta d		Γ		Yes	No
3 Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Schede	ule J for such	indivia	lual								3		х
4 For any individual listed on line 1a, is the sum of organization and related organizations greater t	han \$150,000	)? If "Y					•						
<ul><li>individual</li></ul>			 any	unr	· · elate	· · · ed orga	· · aniza	ation or individual		• •	4		Х
for services rendered to the organization? <i>If</i> "Yes Section B. Independent Contractors	es," complete	Sched	ule .	J for	suc	h pers	on				5		х
Complete this table for your five highest compens	ated independ	dent co	ntrac	ctors	tha	t recei	ved	more than \$100,00	0 of				
compensation from the organization. Report com										ear.			
(A) Name and business addre	ess							(B)  Description of service	es	Co	(C) ompensa	ation	
Total number of independent contractors (includi	na but not lim	ited to	thos	e lis	ted :	above)	) wh	0					
received more than \$100,000 of compensation fr	-					,	,	-					

Form 990 (2020) Part VIII

Statement of Revenue

		Check if Schedule O contains a response	or n	ote to any line in thi	s Part VIII			[
		·			(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512–514
	1a	Federated campaigns	1a					3601013 312-314
	1 .	, ,	1b	1 040				
ts ts	b	Membership dues		1,040				
oun on	C .	Fundraising events	1c					
s, G	d	Related organizations	1d					
Gift lar.≀	е	Government grants (contributions)	1e					
s, iii	f	All other contributions, gifts, grants,						
i Ei		and similar amounts not included above	1f					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in						
on t		lines 1a-1f	1g	\$				
ਹੱ ਛ	h	Total. Add lines 1a-1f			1,040			
				Business Code				
	2a							
9	b							
Program Service Revenue		-						
S c	C							
ran Sev	d							
В	е							
₫.		All other program service revenue						
	g	Total. Add lines 2a-2f						
	3	Investment income (including dividends, inte	rest, a	and				
		other similar amounts)			35			35
	4	Income from investment of tax-exempt bond	proce	eeds				
	5	Royalties						
		(i) Real		(ii) Personal				
	6a	Gross rents 6a						
		Less: rental expenses 6b						
	1	Rental income or (loss) 6c						
		` ' \						
		` ′						
	7a	Gross amount from (i) Securitie	s	(ii) Other				
		sales of assets						
		other than inventory 7a						
	b	Less: cost or other basis						
e		and sales expenses 7b						
en		Gain or (loss) 7c						
Re	d	Net gain or (loss)		<b>→</b>				
Other Revenue		Gross income from fundraising						
₽		events (not including \$	<b>\</b>					
•		of contributions reported on line						
		1c). See Part IV, line 18	8a	109,410				
	h	Less: direct expenses	8b					
	1	Net income or (loss) from fundraising events			43,147			43,147
	1		, <u> </u>	· · · · · · <b>▶</b>	43,14/			43,14/
	9a	Gross income from gaming						
		activities, See Part IV, line 19	9a					
	1	Less: direct expenses	9b					
	С	Net income or (loss) from gaming activities		<u></u>				
	10a	Gross sales of inventory, less						
		returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	1	Net income or (loss) from sales of inventory						
				Business Code				
s	11a							
no er	b							
llan ent								
Miscellanous Revenue	C	All other revenue						
≅is		All other revenue						
		Total. Add lines 11a-11d						
	12	<b>Total revenue.</b> See instructions			44,222	0	0	43,182

Form	1 990 (2020) LACEY TOWNSHIP HS BOO	OSTER ASSOC INC		22-23978	64 Page 10
Par	rt IX Statement of Functional Expenses				
Secti	tion 501(c)(3) and 501(c)(4) organizations must complete all	columns. All other orga	nizations must comple	te column (A).	
	Check if Schedule O contains a response or note to	o any line in this Part IX			<u>x</u>
Do n	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	<b>(D)</b> Fundraising
8b, 9	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages				
0	(' 404(1) 1400(1) 1 (') (')				
9	Section 401(k) and 403(b) employer contributions) Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
 а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,375	3,375		
23	Insurance	679	679		
24	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.)				
а	· · · · · · · · · · · · · · · · · · ·	111		111	
b	REPAIRS AND MAINT	1,191		1,191	
C	SCHOLARSHIP	44,265	44,265	-,-,-	
d		11,203	11,203		
e	All other expenses	1,762		1,762	
25	Total functional expenses. Add lines 1 through 24e	51,383	48,319	3,064	0
26	Joint costs. Complete this line only if the	,	•	,	<del>-</del>
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2020)

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	132,552	1	128,766
	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	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
¥	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	14,401	10c	11,026
	11	Investments - publicly traded securities		11	
	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)	146,953	16	139,792
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	<u> </u>	20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
Lial		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
	20	Organizations that follow FASB ASC 958, check here	0	20	<u> </u>
		and complete lines 27, 28, 32, and 33.			
ses	27	Net assets without donor restrictions	146,953	27	139,792
<u>a</u> uc	28	Net assets with donor restrictions	140,955	28	139,792
Ba	20	Organizations that do not follow FASB ASC 958, check here		20	
ဋ		and complete lines 29 through 33.			
Ę.	29	Capital stock or trust principal, or current funds		29	
ts o	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	
et A	32	Total net assets or fund balances	146,953	32	139,792
ž	33	Total liabilities and net assets/fund balances	146,953	33	139,792

EEA

Form **990** (2020)

 $\Delta \Delta \Delta$	(2020)	

2-				

F	Pag	ıe	1	

Pa	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)		44,	222
2	Total expenses (must equal Part IX, column (A), line 25)		51,	383
3	Revenue less expenses. Subtract line 2 from line 1		(7,	161)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))		146,	953
5	Net unrealized gains (losses) on investments			
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))		139,	792
Pa	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 Cash 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?	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	, i	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_	000 (	2000;
EEA		Form	990 (2	2020)

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

OMB No. 1545-0047

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.

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

**Open to Public** 

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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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. 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. **d** 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 Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes (A) (B) (C) (D) (E) Total

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

LACEY TOWNSHIP HS BOOSTER ASSOC INC 22-2397864 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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) 2016 **(b)** 2017 (c) 2018 (d) 2019 (e) 2020 (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 (c) 2018 (d) 2019 Calendar year (or fiscal year beginning in) ▶ (a) 2016 **(b)** 2017 (e) 2020 (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 2020 (line 6, column (f), divided by line 11, column (f)) . . . . . . . % % 16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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 supported 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

22-2397864

# Part III Support Schedule for Organizations Described in Section 509(a)(2)

(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) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	1,745	2,037	750	700	1,040	6,272
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	46,057	49,836	37,080	32,522	43,055	208,550
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						
	<b>Total.</b> Add lines 1 through 5	47,802	51,873	37,830	33,222	44,095	214,822
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	Public support. (Subtract line 7c from						
	line 6.)						214,822
	ction B. Total Support	(1) 0010	(1) 0017	(1) 0040	( I) 0040	(.) 0000	(O.T.)
	endar year (or fiscal year beginning in) ►	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	<b>(e)</b> 2020	(f) Total
	Amounts from line 6	47,802	51,873	37,830	33,222	44,095	214,822
Tua	Gross income from interest, dividends,						
	payments received on securities loans, rents,	2.	10	4.0	4.7	25	101
h	royalties, and income from similar sources Unrelated business taxable income (less	35	40	40	41	35	191
D	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b	35	40	40	41	35	 191
	Net income from unrelated business	33	40	40	41	35	
••	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.)	47,837	51,913	37,870	33,263	44,130	215,013
14	First 5 years. If the Form 990 is for the orga						
	organization, check this box and stop here						▶ □
Sec	ction C. Computation of Public Support	rt Percentage	•				
	Public support percentage for 2020 (line 8, c			column (f))		15	99.91 %
16	Public support percentage from 2019 Sched	ule A, Part III, li	ne 15	. <b></b>		16	99.98 %
	ction D. Computation of Investment In						
17	Investment income percentage for 2020 (line	e 10c, column (f	), divided by li	ne 13, column	(f))	17	0.00 %
	Investment income percentage from 2019 Se					18	0.00 %
19a	33 1/3% support tests - 2020. If the organiz	zation did not ch	neck the box o	n line 14, and l	ine 15 is more	than 33 1/3%, a	and line
	17 is not more than 33 1/3%, check this box						
b	33 1/3% support tests - 2019. If the organiz	zation did not ch	neck a box on	line 14 or line 1	19a, and line 1	6 is more than 3	3 1/3%, and
	line 18 is not more than 33 1/3%, check this						
<u>20</u>	Private foundation. If the organization did r	ot check a box	on line 14, 19	a, or 19b, chec	k this box and	see instructions	s ▶ □
							_

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 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 lines 3b and 3c 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 lines 4b and 4c 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 lines 5b and 5c 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		
4a		
4b		
4c		
5a		
5b		
5c		
_		
6		
7		
8		
0-		
9a		
9b		
•		
9с		
10a		
10b		

		22-2397864	F	Page
Par	rt IV Supporting Organizations (continued)			1
			Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, page 15.	rovide		
	detail in <b>Part VI.</b>	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of on	ne or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off	ficers,		
	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 su			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated amount			
	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	•		
2		n Bort		
	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		1.,	
			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 co			
	or management of the supporting organization was vested in the same persons that controlled or man	aged		
	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	f the		
	organization's tax year, (i) a written notice describing the type and amount of support provided during t			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copie			
	organization's governing documents in effect on the date of notification, to the extent not previously pro			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supp			
_	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Pa</i>			
_	the organization maintained a close and continuous working relationship with the supported organization			
3	By reason of the relationship described in line 2, above, did the organization's supported organizations			
	a significant voice in the organization's investment policies and in directing the use of the organization'			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization			
_	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	e year <b>(see instruc</b>	tions	).
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	nment entity (see ii	nstruc	tions
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purpo	ses of		
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI iden</b>			
	those supported organizations and explain how these activities directly furthered their exempt purp	-		
	how the organization was responsive to those supported organizations, and how the organization dete			
	that these activities constituted substantially all of its activities.	2a		
J.	•			
Ø	Did the activities described in line 2a, above, constitute activities that, but for the organization's involve			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," ex			
	Part VI the reasons for the organization's position that its supported organization(s) would have engage			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No," provide details in Part VI.

**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.

3a

chec	lule A (Form 990 or 990-EZ) 2020 LACEY TOWNSHIP HS BOOSTER ASSOC INC		22-2397	7864	Page
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gani	zations		
1	☐ Check here if the organization satisfied the Integral Part Test as a qualifying	trust	on Nov. 20, 1970 (explain	n in <b>Part VI</b> ).	See
	instructions. All other Type III non-functionally integrated supporting organi	izatior	ns must complete Section	s A through	E.
Se	ction A - Adjusted Net Income		(A) Prior Year	(B) Curre	
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 collection				
	of gross income or for management, conservation, or maintenance 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			
Se	ction B - Minimum Asset Amount		(A) Prior Year	(B) Curre (option	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):				
2	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 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Se	ction C - Distributable Amount			Curren	ıt Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

3

4

5

6

EEA

Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)								
Sec	Section D - Distributions Current Year							
_1_	Amounts paid to supported organizations to accomplish exem	1						
2	Amounts paid to perform activity that directly furthers exempt							
	organizations, in excess of income from activity	2						
_ 3	Administrative expenses paid to accomplish exempt purposes	3						
4	Amounts paid to acquire exempt-use assets	4						
5	Qualified set-aside amounts (prior IRS approval required) - pr	5						
6	Other distributions (describe in Part VI). See instructions.	6						
_7	<b>Total annual distributions.</b> Add lines 1 through 6.	7						
8	Distributions to attentive supported organizations to which the	organization is respons	ive					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2020 from Section C, line 6	9						
10	Line 8 amount divided by line 9 amount			10				
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020			
_1	Distributable amount for 2020 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2020							
	(reasonable cause required - explain in Part VI). See							
	instructions.							
3	Excess distributions carryover, if any, to 2020							
	From 2015							
	From 2016							
	From 2017							
d	From 2018							
	From 2019							
	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
	Applied to 2020 distributable amount							
i_	Carryover from 2015 not applied (see instructions)							
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2020 from							
	Section D, line 7:							
	Applied to underdistributions of prior years							
	Applied to 2020 distributable amount							
	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h							

7 Excess distributions carryover to 2021. Add lines 3j and 4c

	and 40.	
8	Breakdown of line 7:	

- **a** Excess from 2016 . . . .
- **b** Excess from 2017 ....
- **c** Excess from 2018 . . . . **d** Excess from 2019 . . . .
- e Excess from 2020

Schedule A (Form 990 or 990-EZ) 2020

Part VI	<b>Supplemental Information.</b> 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

2020

Open to Public Inspection

Employer identification number

LAC	EY TOWNSHIP HS BOOSTER ASSOC INC		22-2397864
Pa	rt I Organizations Maintaining Donor Advised Fu	ınds or Other Similar Funds or Acco	unts.
	Complete if the organization answered "Yes" on	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 organization	_	Yes No
6	Did the organization inform all grantees, donors, and donor adv	_	
	only for charitable purposes and not for the benefit of the dono		
	conferring impermissible private benefit?		
Pa	rt II Conservation Easements.		<del>_</del>
	Complete if the organization answered "Yes" or	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		f a historically important land area
	Protection of natural habitat		f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form of a co	onservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic struc	ture included in (a)	. 2c
d	Number of conservation easements included in (c) acquired at	ter 7/25/06, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the org	anization during the
	tax year ▶		
4	Number of states where property subject to conservation ease	ement is located ►	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it h	olds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	ndling of violations, and enforcing conservati	on easements during the year
	•		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conservation e	easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4	1)(B)(i)
			<del>-</del> -
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 th	nat describes the
_	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections		other Similar Assets.
	Complete if the organization answered "Yes" of	on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	•	
	of art, historical treasures, or other similar assets held for publi		ance 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 e	exhibition, education, or research in furtheran	ce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		•
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treas		n, provide the
	following amounts required to be reported under FASB ASC 9	58 relating to these items:	
а			
b	Assets included in Form 990, Part X		▶ \$

Pa	t 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	y 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	further the organization's	s exempt purpose in Part	
	XIII.	, , , , , , , , , , , , , , , , , , , ,	J		
5	During the year, did the organization solicit or receive	e donations of art histori	ical treasures, or other s	similar	
Ū	assets to be sold to raise funds rather than to be ma				
Pai	rt IV Escrow and Custodial Arrangem		rgariizations collection:		<u>  les   lao</u>
ı a	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 cont	ributions or other assets	s not	
·u		· ·			🗆 Yes 🗆 No
h	If "Yes," explain the arrangement in Part XIII and con				les   140
b	ii res, explain the arrangement in Fart Ain and co	implete the following table	€.	Δ.	maunt
_	Designing helenes				mount
С	Beginning balance				
d	Additions during the year				
е	<b>o</b> ,				
f	Ending balance			. 1f	
2a	Did the organization include an amount on Form 990				
b	If "Yes," explain the arrangement in Part XIII. Check	here if the explanation h	nas been provided on Pa	art XIII	
Pa	rt V Endowment Funds.				
	Complete if the organization answ	ered "Yes" on Forn	n 990, Part IV, line	10.	
	(a)	Current year (b) Pr	rior year (c) Two year	s back (d) Three years back	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		r and halanas (line 1 a. a	aluma (a)) hald as		
2	Provide the estimated percentage of the current year	end balance (line rg, c	olumn (a)) neid as:		
a	Board designated or quasi-endowment  Permanent endowment	70			
b	7 Similarioni Sinasimioni 7				
С	Term endowment				
	The percentages on lines 2a, 2b, and 2c should equa				
3a	Are there endowment funds not in the possession o	f the organization that ar	e held and administered	I for the	
	organization by:				Yes No
	(i) Unrelated organizations				3a(i)
	(ii) Related organizations				3a(ii)
b	If "Yes" on line 3a(ii), are the related organizations li	sted as required on Sch	edule R?		3b
4	Describe in Part XIII the intended uses of the organi	ization's endowment fun	ds.		
Pa	t VI Land, Buildings, and Equipment				
	Complete if the organization answ		n 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
	Doscription of property	(investment)	(other)	depreciation	(w) DOOK VAILE
10	Land	,,	()		
1a	Land				
b	Buildings				
С.	Leasehold improvements				
d	Equipment	51,524		40,498	11,026
e	Other				
Tota	I. Add lines 1a through 1e. (Column (d) must equal	Form 990, Part X, colun	nn (B), line 10.c.)	▶	11,026

Complete if the organization answered	d "Yes" on Forn	n 990, Part IV, li	ne 11b. See F	orm 990, Part X, line 12.
(a) Description of security or category (including name of security)		(b) Book value		(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B) (C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12	?.) ▶			
Part VIII Investments - Program Related. Complete if the organization answered	d "Yes" on Forn	n 990, Part IV, li	ne 11c. See F	Form 990, Part X, line 13.
(a) Description of investment		(b) Book value		(c) Method of valuation: Cost or end-of-year market value
(1)				
(2)				
(3)				
<u>(4)</u>				
(5)				
<u>(6)</u> (7)		<del></del>		<u>'</u>
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13	8.)			
Part IX Other Assets.			'	
Complete if the organization answered	d "Yes" on Forn	n 990, Part IV, li	ne 11d. See F	orm 990, Part X, line 15.
(a) De	escription			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)	*			
(6) (7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15	5.)			<b>&gt;</b>
Part X Other Liabilities.	,			
Complete if the organization answered line 25.	d "Yes" on Forn	n 990, Part IV, li	ne 11e or 11f.	See Form 990, Part X,
1. (a) Description of liability	(b) Book va	alue		
(1) Federal income taxes				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)  Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.).				
2. Liability for uncertain tax positions. In Part XIII, provide the tex	at of the footpote to	the organization's fir	nancial statements	s that reports the
== ======, for anothern text positions, in real text, provide the text		organization of th	IOIGI GIGIOTIOTIC	10porto trio

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. . . . . . .

Pa	t XI Reconciliation of Revenue per Audited Financial Statement	s 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 4a		
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	t XII Reconciliation of Expenses per Audited Financial Stateme		per Return.
	Complete if the organization answered "Yes" on Form 990, Par	t 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
	t XIII Supplemental Information.		
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1		Part X, line
2; Pa	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	litional information.	

EEA Schedule D (Form 990) 2020

#### 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

Open to Public

Department of the Treasury
Internal Revenue Service

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

Inspection

value of the organization						incation number		
ACEY TOWNSHIP HS BOOSTER AS					22-239			
		_		wered "Yes" on Form 99	90, Part IV, I	ine 17.		
Form 990-EZ filers are no								
1 Indicate whether the organization rais	ed funds through a	any of the foll	owing activit	ies. Check all that apply.				
a Mail solicitations		e 🗌 S	Solicitation of	non-government grants				
<b>b</b> Internet and email solicitations		f 🗌 S	Solicitation of	government grants				
c Phone solicitations		g $\square$ S	Special fundr	aising events				
d In-person solicitations				-				
2a Did the organization have a written or	oral agreement w	ith any individ	dual (includin	a officers, directors, trustees.				
or key employees listed in Form 990,					Yes	s No		
<b>b</b> If "Yes," list the 10 highest paid individ					_			
compensated at least \$5,000 by the compensated at least \$5,000 by the compensation of		naraiscis) pe	il suarit to ag	recinents and a which the fund	3141361 13 10 00			
compensated at least \$5,000 by the c	ngariization.							
				(v) Am	ount paid to			
(i) Name and address of individual	(T) A (1 1)		draiser have		tained by)	(vi) Amount paid to		
or entity (fundraiser)	(ii) Activity		control of utions?		ser listed in	(or retained by) organization		
				С	ol. (i)			
		Yes	No					
1								
2								
3								
4								
			1					
5								
6								
7								
0								
8								
9								
10								
「otal			•					
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from								
registration or licensing.								
-								
						-		
						-		
						-		

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 gross receipts greater than \$		d gross income on Form	990-EZ, lines 1 and 6b	List events with			
		grood roccipio groator marry	(a) Event #1  VARIOUS  (event type)	(b) Event #2 (event type)	(c) Other events  None (total number)	(d) Total events (add col. (a) through col. (c))			
Revenue	1	Gross receipts							
	2	Less: Contributions							
		line 2)							
	4	Cash prizes							
	5	Noncash prizes							
enses	6	Rent/facility costs							
Direct Expenses	7	Food and beverages							
Ξİ	8	Entertainment							
	9	Other direct expenses							
	10 11	Direct expense summary. Add lines Net income summary. Subtract line	-						
Pa	rt II	Gaming. Complete if the or \$15,000 on Form 990-EZ, li	-	Yes" on Form 990, Part	IV, line 19, or reported	more than			
Revenue		\$13,000 OH FOHH 990-EZ, II	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
<u> </u>	1	Gross revenue	4						
ses	2	Cash prizes							
t Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses	Yes %	Yes %	Yes %				
	6	Volunteer labor	No No	No No	No No				
	7	Direct expense summary. Add lines	2 through 5 in column (d)		▶				
	8	Net gaming income summary. Subtr	act line 7 from line 1, colur	mn (d)					
9 a b	Is								
	Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No  If "Yes," explain:								

#### **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 186 DONATIONS 1484 POSTAGE AND MAILING 92

**Depreciation and Amortization** 

(Including Information on Listed Property)

Attach to your tax return.

OMB No. 1545-0172

Attachment

Department of the Treasury Sequence No. 179 ▶ Go to www.irs.gov/Form4562 for instructions and the latest information. Internal Revenue Service (99) Name(s) shown on return Business or activity to which this form relates Identifying number 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 9 9 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 2021. Add lines 9 and 10, less line 12 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 3,375 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 2020 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 service 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 2020 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 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 . . . . . . . 3,375

For assets shown above and placed in service during the current year, enter the

23

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

# **Depreciation Detail Listing**

990 EZ

2020

PAGE 1

Name(s) as shown on return

For your records only

Social security number/EIN

Т	ACEY TOWNSHIP HS BOOST	TER ASSOC	TNC									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	Totals	01012015	51,524		100.00			51,524 51,524		200 DB HY	6.55	37,305	3,375	40,680	4,503
	ITOCATO	1	JI,324	1		1	1	J1,344		1		31,303	3,3/3	1 40,000	4,503

3,375

Next	Year's	<b>Depreciation</b>	Worksheet
IACVE	ı caı s	Depi edialion	AAOLVOLICE

2020 (Keep for your records) Tax ID Number Name(s) as ahown on return LACEY TOWNSHIP HS BOOSTER ASSOC INC 22-2397864 Deduction Form Multi-Form Description Date Basis Method Life EQUIPMENT 01-01-2015 ΕZ 51,524 M 10 3,375 TOTAL 3,375