# Form **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 20**18** 

Department of the Treasury Internal Revenue Service

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

Open to Public

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection 20 19 For the 2018 calendar year, or tax year beginning 2018, and ending JUNE 30 JULY 1 D Employer identification number Check if applicable: C Name of organization NORTH ROYALTON HIGH SCHOOL BAND BOOSTERS Address change Doing business as 34-1817202 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return PO BOX 33506 216-496-5190 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated G Gross receipts \$ 102094 Amended return NORTH ROYALTON, OH 44133 Application pending F Name and address of principal officer: Kathy Payne H(a) Is this a group return for subordinates? Yes Vo No H(b) Are all subordinates included? Yes No If "No," attach a list. (see instructions) 501(c)(3) 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status: WWW.NORTHROYALTONBANDBOOSTERS.COM Website: ▶ H(c) Group exemption number > Form of organization: ✓ Corporation ☐ Trust ☐ Association ☐ Other ► L Year of formation: M State of legal domicile: 2002 OH Pala Briefly describe the organization's mission or most significant activities: The objectives of the North Royalton High School Band Boosters are to promote the instrumental music program in North Royalton schools and community, raise financial support Activities & Governance for the music program, provide scholarships, awards & recognition to band members & acquire & maintain instruments/uniforms Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) . . . . . 160 Number of independent voting members of the governing body (Part VI, line 1b) 4 160 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) . . . . . . 6 255 Total unrelated business revenue from Part VIII, column (C), line 12 7a 7b Net unrelated business taxable income from Form 990-T, line 38 Current Year Prior Year 8 Contributions and grants (Part VIII, line 1h) . 14212 10750 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . 1872 4388 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 11 81845 86956 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 97929 102094 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . 13 Benefits paid to or for members (Part IX, column (A), line 4) . . . . . . . 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 Professional fundraising fees (Part IX, column (A), line 11e) . . . 16a Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 87329 68464 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 87329 68464 Revenue less expenses. Subtract line 18 from line 12 . 10600 33630 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 291938 367138 21 Total liabilities (Part X, line 26) . . . 3993 45564 22 Net assets or fund balances. Subtract line 21 from line 20 287945 321574 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here Moo Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Paid Check [ if self-employed Preparer Firm's name Firm's EIN ► Use Only Firm's address ▶ Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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Part				
	Check if Schedule O contains a response	or note to any line in this Part III		<u> 0</u>
1	Briefly describe the organization's mission:			
	The objectives of the North Royalton High School Ba			
	Royalton schools & community, raise financial supp		cholarships, awards & recognition	to band
	members, and acquire, maintain, and repair uniforms	s and instruments	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
2	Did the organization undertake any significant pro	ogram services during the year wh	ich were not listed on the	
_	prior Form 990 or 990-EZ?			s 🗸 No
	If "Yes." describe these new services on Schedule		<del></del>	
3	Did the organization cease conducting, or mal	ke significant changes in how it	conducts, any program	
	services?			s 🗹 No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service according			
	expenses. Section 501(c)(3) and 501(c)(4) organiz		amount of grants and allocations	to others,
	the total expenses, and revenue, if any, for each p	program service reported.		
	//			
4a	(Code:) (Expenses \$ 68464 i	ncluding grants of \$	) (Revenue \$	)
4b	(Code:) (Expenses \$i	ncluding grants of \$	) (Revenue \$	)
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4c	(Code: ) (Expenses \$ in	ncluding grants of \$	) (Revenue \$	)
			**************************************	
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4d	Other program services (Describe in Schedule O.)			
40	(Expenses \$ including grants of \$		1	
4e	Total program service expenses ►	68464		

Part	V Checklist of Required Schedules			
1, 51 5	Oncokist of ricquired confedences		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		<b>✓</b>	
2	complete Schedule A	2	٧	1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		<i>,</i>
4	candidates for public office? If "Yes," complete Schedule C, Part I	4		<b>√</b>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<b>v</b> ✓
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		<b>√</b>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		✓
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		✓
ď	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓	
f	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		✓
12a	Schedule D, Parts XI and XII	12a		✓
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<b>√</b>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		<b>√</b>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		<b>√</b>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	1	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<b>✓</b>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		✓
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		/

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Part :	V 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 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	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 transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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):			60 (5) 11 (6)
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<b>✓</b>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<b>√</b>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<b>✓</b>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		<b>√</b>
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	ļ	✓
b	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		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
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		<b>√</b>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	1	
Part				
	Check if Schedule O contains a response or note to any line in this Part V	• •	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable   1a	175011		17/10/2/2
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	180		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	1	

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Г	T
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	SWEET	Yes	No
2a	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
£	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	100000	America Control
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		nikisilib,	185 (584)
0-	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		./
3a	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
b	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
4a	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		✓
b	If "Yes," enter the name of the foreign country:			46.57
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	11.54		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<b>✓</b>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<b>✓</b>
C	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	١.	١,	
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a	<b>✓</b>	
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	<b>√</b> d <i>S</i> ade	::5500K9/6
7	Organizations that may receive deductible contributions under section 170(c).	5 78		
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>√</b>	
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? .	7 <del>1</del>		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 <u>g</u>		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> 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.	1487	SEAN.	AUGUA.
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	17 13 12 17 12 17	- I Think the way it w
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		la la villa	
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 . 10b		1001/51	
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders		LE ST	
b	Gross income from other sources (Do not net amounts due or paid to other sources	100		
	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		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			History.
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	e legan		
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.			Syria
b	Enter the amount of reserves the organization is required to maintain by the states in which	2 (00) (5) (1) (1)		
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	PARKE!		i Sedia
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	ļ	<b>√</b>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	ļ	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15	C 1033945545	1 Sphilleton
	If "Yes," see instructions and file Form 4720, Schedule N.	2002		1 (15 mill)
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	19854800	E TERMINATIVE
	If "Yes," complete Form 4720, Schedule O.	William.	HEALT	

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S. Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ons.
Conti	on A. Governing Body and Management			
Secu	on A. Governing body and Management		Yes	No
4.0	Enter the number of voting members of the governing body at the end of the tax year 1a	Johl Gar	108 (5)	HINNE
1a				
	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 in Schedule O.			
				124 (254)
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		✓
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓
6	Did the organization have members or stockholders?	6	1	
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	<b>√</b>	
ь	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
U	stockholders, or persons other than the governing body?	7b	✓	68.939.763
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			A morradical
а	The governing body?	8a	<b>V</b>	L
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
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 in Schedule O	9		1
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		<b>✓</b>
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	<b>√</b>	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	145140	12152160	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<b>√</b>	- pargrelage
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	7	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	122	<u> </u>	
С	describe in Schedule O how this was done	12c	✓	
13	Did the organization have a written whistleblower policy?	13		<b>/</b>
14	Did the organization have a written document retention and destruction policy?	14		✓
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		New York House Care
b	Other officers or key employees of the organization	15b		
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	74616F		
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		<b>√</b>
t.	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	0749139	195451	il make
b	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	134.000 134.000	5,7556 5,453
Secti	on C. Disclosure	1,00	l .	!
17	List the states with which a copy of this Form 990 is required to be filed ▶ Ohio			
		r /e	tion	EU4/-,
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-  (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website	(Sec	non:	501(0)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	<b>&gt;</b>	
	Carrie Barnett, 13890 Stoney Creek Drive, North Royalton, OH 44133 216.496.5190			

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Part VII	Compensation of Officers,	Directors, Trus	stees, Key l	Employees,	Highest C	Compensated	Employees,	and
	Independent Contractors							

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.											
(A) Name and Title	(B) (C)  Average hours per hours per week (list any)					than o is both or/trust	ne an ee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)		Institutional trustee	fficer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) KATHY PAYNE PRESIDENT				✓				0	0		
(2) KEVIN SEXTON VICE-PRESIDENT				✓				0			
(3) CARRIE BARNETT TREASURER				1				О	0		
(4) NELLIE WISLOCKI RECORDING SECRETARY				✓				0	О		
(5) KRISTEN KOFFMAN CORRESPONDING SECRETARY				✓				0	0		
(6)											
(7)											
(8)											
(9)											
(10)											
(11)										-	
(12)											
(13)				_							
(14)											

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
					•	C)						
	(A)	(B)	(do n	ot ch		ition more	than c	ne	(D)	(E)		(F)
	Name and title	Average hours per					is both or/trust		Reportable compensation	Reportabl compensation		Estimated amount of
		week (list any						<u> </u>	from	related		other
		hours for related	Individual trustee or director	ıstitı	Officer	Key e	mpk antighe	Former	the organization	organizatio		compensation from the
		organizations	dual	tior	**	employee	st co	ª	(W-2/1099-MISC)	1	1	organization
		below dotted line)	٦ <u>.</u>	nal tr		oye	da de					and related organizations
		, <b>.</b> ,	stee	Institutional trustee			Highest compensated employee					-
				ib			ited	l				
(15)												
						ļ		L.				
(16)												
4>			ļ									
(17)												
(10)						╫		-	<u> </u>			
(18)	& 2 2 3 3 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		1				1					
(19)						<u> </u>		<u> </u>				
1			1				ļ					
(20)												
(21)												
					ļ	ļ	<u> </u>	ļ		ļ		
(22)								ŀ				
(00)				├	<u> </u>	-	-	-				· · · · · · · · · · · · · · · · · · ·
(23)												
(24)				<del> </del>		-		-				
3			1									
(25)						1						
						<u></u>						
1b	Sub-total											
C	Total from continuation sheets to Part			•				<b>&gt;</b>			0	0
d	Total (add lines 1b and 1c)							<u>&gt;</u>	<u> </u>		0	0
2	Total number of individuals (including bu		to ti	1056	e lis	tea	above	e) W	/ho received m	ore than \$1	00,000	OT
-	reportable compensation from the organ	zation										Yes No
	Did the organization list any former of	ficer direc	tor c	~r +,	auct	-00	leon e	2000	alovoo or high	seet compe	nested	NAME OF TAXABLE OF THE PARTY OF TAXABLE AND TAXABLE AN
3	employee on line 1a? If "Yes," complete								Joyee, or riigi	rest compe		3 🗸
4	For any individual listed on line 1a, is the								and other com	nensation fr	om the	Property and a section of the section is a second section of the
4	organization and related organizations	greater th	an \$	150,	.000	)? /	f "Ye	s,"	complete Sci	hedule J fa	r such	
	individual											4 ✓
5	Did any person listed on line 1a receive of											
	for services rendered to the organization	? If "Yes," c	comp	lete	Scl	hed	ule J i	for s	such person	<i></i>		5 √
Section	on B. Independent Contractors											
1	Complete this table for your five highest	compensat	ed in	dep	end	lent	contr	act	ors that receiv	ed more tha	ın \$100	,000 of
	compensation from the organization. Rep	ort compe	nsati	on t	or t	ne c	calenc	iar :	year ending wi	th or within	the org	anization's tax
	year.							1	(D)			(C)
	(A) Name and business add	Iress							(B) Description of	services	(	(C) Compensation
								$\vdash$	121111			
		<u> </u>										
2	Total number of independent contractor							o ti	nose listed ab	ove) who	#60 15 005 46 05 05	
	received more than \$100,000 of compens	ation from	the o	rgar	nizat	tion	<b>&gt;</b>					

Par	N/III	Statement of Reve Check if Schedule O			oneo er nete tr	any lina in this	· Dart VIII		<u> </u>
		Check ii Schedule O		1 (65)		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaigns	3	1a					
Grants nounts	b		[	1b	10750				
s, G	С	Fundraising events .	[	10				60 (20 16 (5) (1) (5) (6	
Sift lar	d	Related organizations	[	1d			insperval to to the		
in:	е	Government grants (con		1e					
itio) er S	f	All other contributions, gi					g glassely to make	a kan punga	电弧电流传播机场电
혈충		and similar amounts not inc	L	1f	***************************************				
Contributions, Giffs, Grants and Other Similar Amounts	g	Noncash contributions includ		•		40750			
-	<u>h</u>	Total. Add lines 1a-1	<u> </u>	<del></del> T	Business Code	10750			
eur	2a			ŀ	Daginegs oode	***************************************	ing neses process to an interpretation of the	1931 (230 1930) (1931 1930 1931 1931 1931 1931 1931 1931	Transportation and the second
Rev	b			·					
ice	C			· [					
Serv	d								
E	e								
Program Service Revenue	f	All other program sen		_					needles comme Ware, and Tanadam of a release that
<u> </u>	g	Total. Add lines 2a-2 Investment income					เมติดตุลสมเราสมเตาสม	Germanian in the state of the s	
	3	and other similar amo		aiviae 		4700			
	4	Income from investmen	•			4388			
	5		· · · ·						
		rtoyattioo	(i) Real		(ii) Personal	This gradus Estadolis Estado	0.00 50 00 00 000		
	6a	Gross rents			16568				
	b	Less: rental expenses							
	С	Rental income or (loss)						45.00.004.005160.05	Suremer of the correct
	d	Net rental income or (			📐	16568			
	7a	Gross amount from sales of	(i) Securiti	es	(ii) Other	entrukski pelicija	a desidate de la	program that help	sus presidents
		assets other than inventory							
	b	Less: cost or other basis	1						
	င	and sales expenses . Gain or (loss)				arga as led als qualific	it is no feel mini		
	ď	Net gain or (loss) .				-2-0-2-21:34.15 w [c:85-04349.52 v ] 251.2 p (c:804)	1973 150-94 (ne gl 1974 47 12 17 1974 18 14 Felli	\$500\$000\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$	BACTER AND STREET OF THE COMPANY SERVICES AND THE PARTY.
	_			[		2550 6000 0000 28000			religion de la companya de la compa
une	8a		ındraising						
Other Revel		events (not including \$				100 87 50 40 5600		je pokuženii suudendi	Politica englesi en cito
ŭ		of contributions reporte							
her					80706		oscale a grave		
ŏ	l	Less: direct expenses			19999		Salah Salah da		
	C	Net income or (loss) for Gross income from ga			events . 🕨	60707			n faran agama kasana canan k
	-			- 1				er sansa takan ana	
	Ь	Less: direct expenses	3						
	С	Net income or (loss) f			vities ▶				
	10a	Gross sales of in		ess		antigues hage strong strain antigues and all and strain			alle steed and the second way.
		returns and allowance	es	· a	22230	100 500 000		profitation activities	
		Less: cost of goods s			20486				
		Net income or (loss) f		of inve		1744	Philosophinessa adepoine-form-compaignd	and expense that is a big specific terms of the	i kajkara (arman dewisan an internalian palitikan di menyengan an in
	44-	Miscellaneous R			Business Code		inigoteni nini nii on	Parris dibilità i Salurania	knajacarjonijak paka ja jaka ka
	11a	SUMMER BAND CAMP		}	900099	3712	1		
	b	MISC			900099	4225			
	d	All other revenue .		}					
	e e	Total. Add lines 11a-	11d	· 1	▶	7937		50474051245146040	
	12	Total revenue. See in				102094	· · · · · · · · · · · · · · · · · · ·		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
Check if Schedule O contains a response or note to any line in this Part IX										
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to domestic organizations									
	and domestic governments. See Part IV, line 21			enskapping de et v						
2	Grants and other assistance to domestic individuals. See Part IV, line 22			ise sign chartly represented with an electric sign process of the electric	era de recipios de la como a Barrio de Carlos (Carlos de C					
3	Grants and other assistance to foreign									
	organizations, foreign governments, and foreign				Problems was Andrew					
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members				dilağındaketek orelaşısı kadılıkırı yeti il Başını					
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									
	persons described in section 4958(c)(3)(B) .									
7	Other salaries and wages									
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)									
_										
9 10	Other employee benefits									
10	Payroll taxes									
11	Fees for services (non-employees):  Management									
a b	<del>-</del>									
C	Legal									
d	Lobbying									
e	Professional fundraising services. See Part IV, line 17									
f	Investment management fees			- describes to the section of the se						
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	1471	1471							
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 .									
23	Insurance									
24	Other expenses. Itemize expenses not covered									
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column	da ku nga sakanika tang sebit	reminent production for a like	green dark or committee						
	(A) amount, list line 24e expenses on Schedule O.)	ratorialis va chiaris	r grotter groter fra M	APPENDING OF SERVICE	Regions Surject through					
а	MARCHING BAND SHOW	31639	31639							
b	INSTRUMENT REPAIR	16849	<del></del>							
C	UNIFORM REPAIR AND PURCHASES	6143	·							
d		0143	0 143							
e	All other expenses	12362	12362							
25	Total functional expenses. Add lines 1 through 24e	68464								
26	Joint costs. Complete this line only if the									
	organization reported in column (B) joint costs from a combined educational campaign and									
	fundraising solicitation. Check here									
	following SOP 98-2 (ASC 958-720)									

P	art X				
		Check if Schedule O contains a response or note to any line in this Pa	rt X		<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	62742	1	133554
	2	Savings and temporary cash investments	227224	2	231612
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,	erer eta niver eta ilena (1514) b. T. Singia de la companya (1614) b.		lan de blande en
		trustees, key employees, and highest compensated employees.			<u> 16. se sa o CS. as de mascules de la</u>
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and			
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
its		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net	,	7	
⋖	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	waanaanin/kunkallucunungkiste.	9	Ange Cocces a courage design of the co
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	niki kapaja da katika ili kila 12		
			Allahira Milada da Garante da Mara Anarah (Mara Anarah and Anarah Anarah and Anarah Anarah Anarah Anarah Anarah	10c	
	1			11	
	11	Investments—publicly traded securities		12	
	12 13	Investments—program-related, See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	1972	15	1972
	16	Total assets. Add lines 1 through 15 (must equal line 34)	291938		367138
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
S	22	Loans and other payables to current and former officers, directors,			
ij		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L		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	3993		45564
	26	Total liabilities. Add lines 17 through 25	3993	26	45564
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	287945	27	321574
Bai	28	Temporarily restricted net assets		28	
힏	29	Permanently restricted net assets		29	
Net Assets or Fund Balances	]	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
S O	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds.		32	
et	33	Total net assets or fund balances	287945		321574
_	34	Total liabilities and net assets/fund balances	291938		367138
					Form <b>990</b> (2018)

_	4	
Page	E	4

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Form 9	0 (2018)			Pa	ge <b>12</b>
Par	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		10	02094
2	Total expenses (must equal Part IX, column (A), line 25)	2		(	58464
3	Revenue less expenses. Subtract line 2 from line 1	3		;	33630
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		2	<u>87944</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		3:	<u> 21574</u>
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
			F3	Yes	No
1	Accounting method used to prepare the Form 990:  Cash  Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in	1 (12)	•idiridh	
	Schedule O.		0.000		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled or	1000		
	reviewed on a separate basis, consolidated basis, or both:		1296	ugrateli.	
	Separate basis Consolidated basis Both consolidated and separate basis				
þ	Were the organization's financial statements audited by an independent accountant?		2b		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on a	r gille		
	separate basis, consolidated basis, or both:			isis sin	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or				
	of the audit, review, or compilation of its financial statements and selection of an independent according	ıntant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, ex	cplain in	7046		
	Schedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in		1	
	the Single Audit Act and OMB Circular A-133?		3a	ļ	✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo		1		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b		

## SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization NORTH ROYALTON HIGH SCHOOL BAND BOOSTER 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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 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 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 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 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 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33½% 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 33½% 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.) 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 а 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) ď 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. ☐ Check this box if the organization received a written determination from the IRS that it is a Type II, Type III e functionally integrated, or Type III non-functionally integrated supporting organization. Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your governing other support (see (described on lines 1-10 support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

(E) **Total** 

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **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.

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

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

OMB No. 1545-0047

Open to Public Inspection

Name o	f the or	ganization		Employ	er identification number
NORTH	ROY	ALTON HIGH SCHOOL BAND BOOSTER			34-1817202
Par		Organizations Maintaining Donor Adv	ised Funds or Other Similar Fun	ids or a	Accounts.
		Complete if the organization answered			
			(a) Donor advised funds		(b) Funds and other accounts
1		number at end of year			
2		egate value of contributions to (during year)		<u> </u>	
3		egate value of grants from (during year) .		<u> </u>	
4	Aggr	egate value at end of year		1-1-1-1-	d advisad
5	Did t	he organization inform all donors and donor are the organization's property, subject to the	advisors in writing that the assets i	1910 IN 0	conor advised
6	Did t	he organization inform all grantees, donors, a for charitable purposes and not for the bene	and donor advisors in writing that gra	nt lunc: or any	other purpose
Ma. 2		Conservation Easements.		<u> </u>	
Par		Complete if the organization answered	"Ves" on Form 990 Part IV line 7		
	D	ose(s) of conservation easements held by the			
1	Purp	reservation of land for public use (e.g., recrea	tion or education) T Preservation of	of a histo	orically important land area
		rotection of natural habitat			ified historic structure
		reservation of open space			
2	Com	plete lines 2a through 2d if the organization h	eld a qualified conservation contributi	on in th	e form of a conservation
_		ment 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 easemen	ts <i>.</i>		2b
С		ber of conservation easements on a certified			2c
d		ber of conservation easements included in	(c) acquired after 7/25/06, and not	on a	
		*** ********			2d
3		ber of conservation easements modified, tran	sferred, released, extinguished, or ter	minated	d by the organization during the
		ear >			
4	Num	ber of states where property subject to conse	ervation easement is located		
5	Does	the organization have a written policy retions, and enforcement of the conservation ea	garding the periodic monitoring, in:	spection	n, nandling of
6	Staff	and volunteer hours devoted to monitoring, inspe	ecting, nandling of violations, and emorci	ig conse	ervacion easements during the year
	<b>▶</b>	unt of expenses incurred in monitoring, inspecti	ng bandling of violations, and enforcing	concer	vation assements during the year
7	Amoi ►\$	ant of expenses incurred in monitoring, inspecti	ng, handling of violations, and emoreing	COMSCI	valion easements during the year
8		e each conservation easement reported on line	e 2(d) above satisfy the requirements o	f sectio	n 170(h)(4)(B)(i)
U					
9		art XIII, describe how the organization reports	conservation easements in its revenu	e and e	
•	balar	nce sheet, and include, if applicable, the text	of the footnote to the organization's fi	nancial	statements that describes the
		nization's accounting for conservation easem			
Pari		Organizations Maintaining Collection	ns of Art, Historical Treasures, o	r Othe	r Similar Assets.
		Complete if the organization answered			
1a	If the	organization elected, as permitted under SF	AS 116 (ASC 958), not to report in it	s reven	ue statement and balance sheet
	work	s of art, historical treasures, or other simila	r assets held for public exhibition, e	ducatio	on, or research in furtherance of
		ic service, provide, in Part XIII, the text of the			
b	If the	e organization elected, as permitted under 5	SFAS 116 (ASC 958), to report in its	revenu	ue statement and balance sheet
		s of art, historical treasures, or other simila		ducatio	on, or researon in turtherance of
	•	ic service, provide the following amounts rela			<b>.</b> •
	(i) R	evenue included on Form 990, Part VIII, line 1		• •	📂 5
_	(ii) A	ssets included in Form 990, Part X			to for financial sain provide the
2	if the	e organization received or held works of an wing amounts required to be reported under s	i, historical treasures, or other simila SEAS 116 (ASC 958) relating to these	ıı assel iteme:	is ioi iiilaiiolai galii, piovide liie
_					<b>\$</b>
a		enue included on Form 990, Part VIII, line 1		• •	<b>&gt;</b> \$

68 8 8		0-11	lat Lint	asiaal T	`va.co	or Oil	har Similar Ac	cets (continued)
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Organizations Maintaining Using the organization's acquisition, a	Collections of A	Art, mist	oricai i	reasures,	of Oth	ing that are a c	denificant use of its
3	using the organization's acquisition, a collection items (check all that apply):	iccession, and ou						agrinicant use of its
а	☐ Public exhibition				or exchang			
b	☐ Scholarly research		е [	] Other				
С	☐ Preservation for future generations							
4	Provide a description of the organizati	on's collections a	nd explai	n how th	hey further	the org	anization's exer	npt purpose in Part
	XIII.							
5	During the year, did the organization	solicit or receive	donations	of art,	historical tr	easures	s, or other simila	ar
	assets to be sold to raise funds rather	than to be mainta	ined as p	art of the	e organizati	on's co	llection?	☐ Yes ☐ No
Part								
S. S. S. L.	Complete if the organization 990, Part X, line 21.		on Form	n 990, F	Part IV, line	9, or	reported an ar	nount on Form
1a	Is the organization an agent, trustee, included on Form 990, Part X?							ot Yes No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	te the fol	lowing ta	able:			
-	, , , , , , , , , , , , , , , , , , , ,	,		•			А	mount
С	Beginning balance					10		
_	Additions during the year					1d		
ď						1e		
e	Distributions during the year					1f		
f	Ending balance							√2 □ Vos □ No
2a	Did the organization include an amoun	it on Form 990, Pa	art A, IIIIe	21, 101 E	SCIOW OF G	JSLOUIAI	d on Dort VIII	Y: L res L No
	If "Yes," explain the arrangement in Pa	irt XIII. Check here	e if the ex	pianatioi	n nas been	provide	ed on Part Alli .	<u> </u>
Par	Endowment Funds.	1.054		000 5	5. IST 8	- 40		
	Complete if the organization						(n = 1	t. /
		(a) Current year	(b) Prio	r year	(c) Two year	's back	(d) Three years bac	k (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
	End of year balance						:	
g 2	Provide the estimated percentage of the	he current year en	d halance	/line 1c	r column (a	)) held :	ac.	
	Board designated or quasi-endowmer		0/ 0/	z (mile 19	,, <b>00</b> 1011111 (0	,,, noid	40.	
a			70					
b	Permanent endowment >	%						
C	l'emporarily restricted endowment	<del>7</del> 0	/					
	The percentages on lines 2a, 2b, and 2							
За	Are there endowment funds not in the	possession of the	e organiz	ation th	at are held	and ad	ministered for t	
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" on line 3a(ii), are the related or	ganizations listed	as requir	ed on So	chedule R?			3b
4	Describe in Part XIII the intended uses	of the organization	n's endo	wment f	unds.			
Pari	VI Land, Buildings, and Equip	ment.						
	Complete if the organization		on Forr	n 990, l	Part IV, line	e 11a.	See Form 990	, Part X, line 10.
	Description of property	(a) Cost or ot			or other basis		Accumulated	(d) Book value
	. ,	(investm			other)		epreciation	
1a	Land					to the first		
ia b	Buildings					- 2- CA 1578 ST 51557828	- august, muntus de le grande de ferfant für Feffe (b.	
	Leasehold improvements	•						
C.		·						
d	Equipment	·				<b></b>		
e	Other	·			/m) 11	<u></u>		
Total.	Add lines 1a through 1e. (Column (d) n	nust equal Form 9:	9υ. Part X	. columi	າ ( <i>B</i> ), line 10	JC.) .	🟲 📗	

Part VII	Investments-Other Securities.	_			441 0 5	000 Dark V. Bara 40
	Complete if the organization ansv	vered "Yes" on For	_			
	(a) Description of security or category (including name of security)		(b	) Book value		od of valuation: of-year market value
(1) Financial			<u> </u>			
• •	neld equity interests					
(3) Other						
(A)			<u> </u>			
(B) (C)			<u> </u>			
		***************************************				
(D) (E)			·			
(F)		*************************	·			
(G)			<b> </b>			
(H)	x 7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0					
	b) must equal Form 990, Part X, col. (B) line 12.) ▶		·			
Part VIII	Investments-Program Related					
	Complete if the organization answ	vered "Yes" on For	rm 990	0, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment			) Book value	(c) Meth	od of valuation: of-year market value
(1)						
(2)						
(3)						
<u>(4)</u> (5)						
(6)			<del>                                     </del>			
(7)						<u> </u>
(8)			1			
(9)						
	b) must equal Form 990, Part X, col. (B) line 13.) 🕨					and patricipation and the
Part IX	Other Assets.					-
	Complete if the organization ansv	wered "Yes" on For	rm 99	0, Part IV, lin	e 11d. See Form	
	(a	) Description				(b) Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)		ON THE RESERVE TO THE PERSON OF THE PERSON O				
(7)						
(8)						
Total (Colu	mn (b) must equal Form 990, Part X, co	ol. (B) line 15.)				
Part X	Other Liabilities.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	Complete if the organization answ	wered "Yes" on Fo	rm 99	0, Part IV, lir	ne 11e or 11f. See	Form 990, Part X,
	line 25.					
1.	(a) Description of liability	(b) Book value		Sicreo Colonia de Co	nigona naroga mataka da sak	edate igužija krežustika igu
(1) Federal in	ncome taxes		0		da Unidada Huga Isana	grafication and comes and the
(2) NORTH	ROYALTON MIDDLE SCHOOL FUNDS	·	3810			
(3) ADVANC	CE STUDENT FEES		41754	ings strong strong	eterantaria da estribula	
(4)		***************************************			pit of place waters an	
(5)						
(6)					propried to the second	anggapental kalang salebasis dan
(7)				azeldojenik	igg ago ago ago na cigo ago ago ano	Burio Salta dell'ombo (p. 15 etc.)
	(h) report agreed Form 1000 Post V and (D) the ACL					
		do the text of the fact-		the orașei-cei-	n'e financial etateme	nte that reporte the
(8) (9) Total. (Column (	(b) must equal Form 990, Part X, col. (B) line 25.) ▶ r uncertain tax positions. In Part XIII, provi	de the text of the footr	45564 note to	the organizatio	n's financial stateme	nts that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part				
	Complete if the organization answered "Yes" on Form 990,		2a.	
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	2a	AT 15	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
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:	1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b	,	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)	5	
Part				
	Complete if the organization answered "Yes" on Form 990,			
1				
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments			
	Other losses			
ç	Other (Describe in Part XIII.)	2d		
d	Add lines 2a through 2d	L	2e	
е	Subtract line 2e from line 1		3	
3	Amounts included on Form 990, Part IX, line 25, but not on line 1:	i 'i ' ' '		
4		10		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a   4b		
b	Other (Describe in Part XIII.)			
Ę.	Add lines 4a and 4b			
5 835-201		e 10.)		
Desir	XIII Supplemental Information. e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an	d 4: Dort IV lin	oc 1h and 2h: Bart V line 4: Par	t V line
2. Dar	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide an	vadditional information.	174, 11110
Z, 1 a	t XI, III 65 20 and 40, and 1 art XII, and 5 20 and 40.7 100 complete and part	to provide an	, accomonar information	
			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	•			•
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			

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

**Schools** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or Form 990-EZ.

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

NORTH ROYALTON HIGH SCHOOL BAND BOOSTERS 34-1817202 Pairt YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter. bylaws, other governing instrument, or in a resolution of its governing body? 1 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its 2 brochures, catalogues, and other written communications with the public dealing with student admissions, 2 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II . . . . . . . . . . . . . . . 3 Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . . 4a Records documenting that scholarships and other financial assistance are awarded on a racially 4b c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Copies of all material used by the organization or on its behalf to solicit contributions? . . . 4d If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: Students' rights or privileges? . . . . . . . . 5a J 5b Employment of faculty or administrative staff? . 5c Scholarships or other financial assistance? . 5d Educational policies? . 5e Use of facilities? 5f Athletic programs? . . . . . 5g b Other extracurricular activities? 5h If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. Does the organization receive any financial aid or assistance from a governmental agency? . . . . . 6a b Has the organization's right to such aid ever been revoked or suspended? . . . . . 6b If you answered "Yes" on either line 6a or line 6b, explain on Part II. Does the organization certify that it has complied with the applicable requirements of sections 4.01 through

4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II...

#### **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.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name o	f the organization					Employer identific	eation number
	H ROYALTON HIGH SCHOOL BAND	BOOSTERS					1817202
Part	Form 990-EZ filers are n	ot required to	complete	this part.			line 17.
1	Indicate whether the organization	n raised funds t					
а	Mail solicitations		е 🗆		on of non-governm	_	
b	Internet and email solicitation	ıs	f		on of government g	rants	
С	Phone solicitations		g√	] Special f	undraising events		
d	✓ In-person solicitations						
2a	Did the organization have a writt or key employees listed in Form	990, Part VII) o	r entity in co	onnection v	vith professional fur	ndraising services?	? ∐Yes ∐No
b	If "Yes," list the 10 highest paid compensated at least \$5,000 by	individuals or e the organizatio	entities (fund en.	draisers) pu	rsuant to agreeme	nts under which th	e fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total				>			
3	List all states in which the orga- registration or licensing.	nization is regis	stered or lic	ensed to s	olicit contributions	or has been notifi	ed it is exempt from
					pp,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
					~~~~~~~~		
	<u> </u>			vavunne			
			*********		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
		~~~~~~~					

Scheanle & (i	-orm 990 or 990-EZ) 2018				rage ∠
Part II	Fundraising Events. Con than \$15,000 of fundraising gross receipts greater that				
		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through

			(a) Event #1 FRUIT SALE (event type)	(b) Event #2  BAND FEST (event type)	(c) Other events  10 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	1 Gross receipts	15950	13984	50772	80706
m.	l	<ul><li>Less: Contributions</li><li>Gross income (line 1 minus line 2)</li></ul>				
	4	4 Cash prizes				
	5	5 Noncash prizes				
nses	6	6 Rent/facility costs				
Direct Expenses	7	7 Food and beverages				
Direc	8	8 Entertainment				
	9	9 Other direct expenses .	8384	2907	8708	19999
Pε	10 11	1 Net income summary. Subtra	act line 10 from line 3, c le organization answe	olumn (d)		19999 60707 or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1 Gross revenue				
enses		2 Cash prizes				
Direct Expenses		<ul><li>3 Noncash prizes</li><li>4 Rent/facility costs</li></ul>				
_	5	5 Other direct expenses .				
	ε	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes% ☐ No	
	7	7 Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		
	8	8 Net gaming income summar	y. Subtract line 7 from l	ine 1, column (d)		
		Enter the state(s) in which the or is the organization licensed to colf "No," explain:				
10		If "Yes," explain:	gaming licenses revoked	d, suspended, or termin	ated during the tax yea	r? . ☐ Yes ☐ No

chedu	ile G (Form 990 or 990-EZ) 2018		Page 3
11	Does the organization conduct gaming activities with nonmembers?	☐ Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	☐ Yes	□ No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility		%
b	An outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name ▶		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming	☐ Yes	□ N=
h	revenue?	□ 162	[] NO
þ	amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
Ū	a 100, Office flame and address of the and party.		
	Name ▶		
	Address▶	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
16	Gaming manager information:		
	Name ►		
	Gaming manager compensation ► \$		
	Description of services provided ►	**********	
	□ Director/officer □ Employee □ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
_	retain the state gaming license?	☐ Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or		
	spent in the organization's own exempt activities during the tax year ▶ \$		
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any addition See instructions.	iii) and ( nal infor	(v); and mation.

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

#### 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.

OMB No. 1545-0047
2018

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

NORTH ROYALTON HIGH SCHOOL BAND BOOSTERS	34-1817202
FORM 990 PART VI SECTION B LINE 11: THE ORGANIZATIONS FORM 990 IS POSTED TO THE BAND B	BOOSTERS WEBSITE AND A
NOTIFICATION FOR REVIEW IS E-MAILED TO ALL BAND FAMILIES PRIOR TO IT BEING SIGNED AND	FILED WITH THE IRS
FORM 990 PART VI SECTION B 12c: THE BAND BOOSTERS HAS A CONFLICT OF INTEREST POLICY I	NCLUDED IN ITS BYLAWS. THE
BYLAWS ARE POSTED TO THE BAND BOOSTERS WEBSITE AND A REVIEW NOTIFICATION IS EMAIL	ED ANNUALLY TO ALL BAND
FAMILIES. THE BAND BOOSTERS EXECUTIVE BOARD HAS ONE EXECUTIVE MEMBER WHO SITS ON	EACH COMMITTEE AND MONITORS
ANY CONFLICT OF INTEREST THAT NEEDS TO BE ADDRESSED	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
FORM 990 PART VI SECTION C LINE 19: EVERY MONTH, EXCEPT JUNE, JULY, AND DECEMBER, THE	BAND BOOSTERS HAVE A GENERAL
MEETING OPEN TO ALL OF ITS MEMBERS. AT THE MONTHLY MEETING, THE BAND BOOSTER TREA	SURER PRESENTS THE UPDATED
FINANCIAL STATEMENTS OF THE ORGANIZATION. THE FINANCIAL STATEMENTS ARE VOTED ON F	OR ACCEPTANCE AT THE NEXT
MEETING. EACH MONTHS MEETING MINUTES ARE KEPT AND POSTED TO THE WEBSITE FOR ALL N	NEMMBERS TO READ, WITH ANY
PROPOSED CHANGES AND APPROVAL SOUGHT AND VOTED ON AT THE NEXT MEETINGS, BYLAWS	S ARE POSTED TO THE BAND
BOOSTERS WEBSITE AND A REVIEW NOTIFICATION IS EMAILED TO ALL BAND FAMILIES. THE BYLA	AWS CONTAIN A CONFLICT OF
INTEREST POLICY	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
FORM 990 PART IX LINE 24e: ALL OTHER EXPENSES INCLUDE AWARDS & SCHOLARSHIPS (\$5,391)	& MISCELLANEOUS (\$6971)
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
***************************************	
<u></u>	