

Form 990-EZ

Department of the Treasury
Internal Revenue ServiceShort Form
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2018

Open to Public
Inspection

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

- Do not enter social security numbers on this form as it may be made public.
- Go to www.irs.gov/Form990EZ for instructions and the latest information.

A For the 2018 calendar year, or tax year beginning

, and ending

B Check if applicable

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C Name of organization

BOOMERS OF CLEARBROOK

Number and street (or P O box, if mail is not delivered to street address)

292-A Vernon Rd

Room/suite

City or town

MONROE TOWNSHIP

State

NJ

ZIP code
08831

07

Foreign country name

Foreign province/state/county

Foreign postal code

G Accounting Method

 Cash Accrual

Other (specify) ► _____

I Website: ► _____

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (7) (insert no) 4947(a)(1) or 527

K Form of organization

 Corporation Trust Association Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$ 41,366.

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

Check if the organization used Schedule O to respond to any question in this Part I

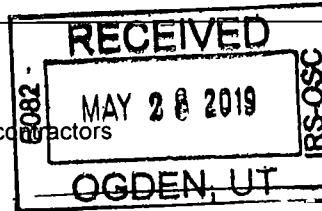
Revenue	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 1,260.
	4 Investment income	4 9,199.
	5a Gross amount from sale of assets other than inventory	5a
	b Less cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a 3,524.
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b 27,383.
	c Less direct expenses from gaming and fundraising events	6c 22,768.
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d 8,139.
	7a Gross sales of inventory, less returns and allowances	7a
	b Less cost of goods sold	7b
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe in Schedule O)	8
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 18,598.
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12
	13 Professional fees and other payments to independent contractors	13 584.
	14 Occupancy, rent, utilities, and maintenance	14 1,701.
	15 Printing, publications, postage, and shipping	15 112.
	16 Other expenses (describe in Schedule O)	16 2,272.
	17 Total expenses. Add lines 10 through 16	17 4,669.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 13,929.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 5,733.
Net Assets	20 Other changes in net assets or fund balances (explain in Schedule O)	20
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 19,662.

For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2018)

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Part II Balance Sheets. (see the instructions for Part II)'Check if the organization used Schedule O to respond to any question in this Part II

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	5,733.	22 19,662.
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	5,733.	25 19,662.
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	5,733.	27 19,662.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)'Check if the organization used Schedule O to respond to any question in this Part III What is the organization's primary exempt purpose? SOCIAL CLUB

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28 DINNER DANCES TO UNITE THE COMMUNITY OF CLEARBROOK

(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a
29			
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a
30			
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a
32	Total program service expenses. (add lines 28a through 31a)		► 32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated—see the instructions for Part IV)'Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and title	(b) Average hours per week devoted to position Hr/WK	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
FRANK CASEY PRESIDENT	1	0		
STEVE RUDIN VICE PRESIDENT	1	0		
ELIZABETH STRAZZA SECRETARY	1	0		
CHARLES STRULOVITZ TREASURER	1	0		
	Hr/WK			

BG

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V <input type="checkbox"/>		
	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule Q	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	
37a	37a	0
b	Did the organization file Form 1120-POL for this year?	
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	
39	Section 501(c)(7) organizations Enter	
a	Initiation fees and capital contributions included on line 9	
b	Gross receipts, included on line 9, for public use of club facilities	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____	
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____	
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	
41	List the states with which a copy of this return is filed ► _____	
42a	The organization's books are in care of ► CHARLES STRULOVITZ Telephone no ► 212-844-9510 Located at ► 277-2D CROSS City MONROE TOWNS ST NJ ZIP + 4 ► 08831	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	
c	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ► _____	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 <input type="checkbox"/>	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	
c	Did the organization receive any payments for indoor tanning services during the year?	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
46		

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47	47	
48	48	
49 a	49a	
b	49b	
50		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

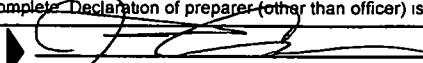
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name _____				
Title _____	Hr/WK			
Name _____				
Title _____	Hr/WK			
Name _____				
Title _____	Hr/WK			
Name _____				
Title _____	Hr/WK			
Name _____				
Title _____	Hr/WK			
f Total number of other employees paid over \$100,000. ► _____				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name _____	Str. _____	
City _____	ST. _____	ZIP _____
Name _____	Str. _____	
City _____	ST. _____	ZIP _____
Name _____	Str. _____	
City _____	ST. _____	ZIP _____
Name _____	Str. _____	
City _____	ST. _____	ZIP _____
Name _____	Str. _____	
City _____	ST. _____	ZIP _____
f d Total number of other independent contractors each receiving over \$100,000. ► _____		

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations must attach a completed Schedule A. ► Yes No

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 Here  **Date** 05/16/2019
Signature of officer **Date** 05/16/2019
FRANK CASEY **PRESIDENT**
Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name EVA ALICEA	Preparer's signature EVA ALICEA	Date 05/16/2019	Check <input type="checkbox"/> if self-employed	PTIN P00009183
	Firm's name ► ALICEA BUSINESS SOLUTIONS CORP			Firm's EIN ► 01-0653485	
	Firm's address ► 3131 PRINCETON PIKE LAWRENCE TOWNSHIP NJ 086			Phone no 609-895-7100	

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

	(a) Event #1 <u>DINNER DANCE</u> (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts 30,907.			30,907.
	2 Less Contributions			
	3 Gross income (line 1 minus line 2) 30,907.			30,907.
Direct Expenses	4 Cash prizes 1,990.			1,990.
	5 Noncash prizes 1,126.			1,126.
	6 Rent/facility costs 9,993.			9,993.
	7 Food and beverages 5,767.			5,767.
	8 Entertainment 985.			985.
	10 Direct expense summary Add lines 4 through 9 in column (d) ►			19,861.
	11 Net income summary Subtract line 10 from line 3, column (d) ►			11,046.

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor <input type="checkbox"/> Yes 0.0% <input type="checkbox"/> No	<input type="checkbox"/> Yes 0.0% <input type="checkbox"/> No	<input type="checkbox"/> Yes 0.0% <input type="checkbox"/> No	[REDACTED]
	7 Direct expense summary Add lines 2 through 5 in column (d) ►			
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ►			

9 Enter the state(s) in which the organization conducts gaming activities

a Is the organization licensed to conduct gaming activities in each of these states?
b If "No," explain

Yes No

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

Yes No

b If "Yes," explain

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

a The organization's facility	13a	0.00 %
b An outside facility	13b	0.00 %

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 revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a 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 IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions
