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Form **990-EZ**

Short Form
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 1545-1150

2017

- 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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2017 calendar year, or tax year beginning 3/01, 2017, and ending 2/28, 2018

- B** Check if applicable:
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Lakeridge Community Association
P O Box 120
Matawan, NJ 07747

D Employer identification number
11-2112782

E Telephone number
(732) 407-9781

F Group Exemption Number
07

G Accounting Method Cash Accrual Other (specify) _____

H Check if the organization is not required to attach Schedule B (Form 990, 990 EZ, or 990 PF)

I Website N/A

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) below) are \$500,000 or more, file Form 990 instead of Form 990 EZ. \$ 177,018

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

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	157,621
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
5b	Less cost or other basis and sales expenses	5b	
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
6b	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	988
6c	Less direct expenses from gaming and fundraising events	6c	
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	988
7a	Gross sales of inventory less returns and allowances	7a	
7b	Less cost of goods sold	7b	
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe in Schedule O) <u>See Schedule O</u>	8	18,409
9	Total revenue Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	177,018
10	Grants and similar amounts paid (list in Schedule O)	10	300
11	Benefits paid to or for members	11	
12	Salaries, other compensation and employee benefits	12	46,608
13	Professional fees and other payments to independent contractors	13	1,000
14	Occupancy rent utilities, and maintenance	14	11,032
15	Printing publications, postage, and shipping	15	959
16	Other expenses (describe in Schedule O) <u>See Schedule O</u>	16	106,424
17	Total expenses Add lines 10 through 16	17	166,323
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,695
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	113,938
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	124,633

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BAA For Paperwork Reduction Act Notice, see the separate instructions

Form 990-EZ (2017)

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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		113,970.	22	124,158
23 Land and buildings			23	
24 Other assets (describe in Schedule O)	See Schedule O		24	475
25 Total assets		113,970	25	124,633
26 Total liabilities (describe in Schedule O)	See Schedule O	32	26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		113,938	27	124,633

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

		Expenses
What is the organization's primary exempt purpose? <u>See Schedule O</u>		(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)
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.		
28 <u>Providing community events and swim team activities for everyone to enjoy</u>		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	141,879
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	141,879

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	(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
<u>John Ryan</u> President	5	0	0	0
<u>Kevin Bress</u> Vice President	5	0	0	0
<u>Diane Cahill</u> Treasurer	5	0	0	0
<u>Dauida DeMonte</u> Trustee	0	0	0	0
<u>Anthony Rondinelli</u> Trustee	5	0	0	0
<u>Teresa Franco</u> Secretary	5	0	0	0
<u>Ronald Simone</u> Trustee	5	0	0	0
<u>Anastasia Simone</u> Trustee	0	0	0	0
<u>Brenda Dunlop</u> Trustee	0	0	0	0

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

	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		X
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)		X
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)?		X
b If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O		
35c 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		X
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		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a 0		
b Gross receipts, included on line 9 for public use of club facilities 39b 0		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ N/A, section 4912 ▶ N/A, section 4955 ▶ N/A		
b 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 40b		
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 ▶ 0		
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
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 40e		X
41 List the states with which a copy of this return is filed ▶ None		

42a The organization's books are in care of **▶** Diane E Cahill Telephone no **▶** (732) 407-9781
 Located at **▶** 65 Lakeridge Drive Matawan NJ ZIP + 4 **▶** 07747

	Yes	No
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 ▶		X

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 ▶		X
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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 **▶** N/A N/A

	Yes	No
44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
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		X
c Did the organization receive any payments for indoor tanning services during the year?		X
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)?		X
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)		X

		Yes	No
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	46	X	

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 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If 'Yes' complete Schedule C, Part II	47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48		
49a Did the organization make any transfers to an exempt non-charitable related organization?	49 a		
b If 'Yes,' was the related organization a section 527 organization?	49 b		

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

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

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	Signature of officer: <u>Teresa Franco</u>	Date: <u>11/10/2019</u>
	Type or print name and title: <u>Teresa Franco Secretary</u>	

Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	<u>Non-Paid Preparer</u>			
Firm's name ▶				
Firm's address ▶				
	Firm's EIN ▶			
	Phone no			

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545 0047

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

2017

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

Name of the organization

Employer identification number

Lakeridge Community Association

11-2112782

Form 990-EZ, Part I, Line 8
Other Revenue

Reimbursed Expenses

Total	\$	18,409
	\$	<u>18,409</u>

Form 990-EZ, Part I, Line 16
Other Expenses

Activities Expense	\$	3,289
Bank Charges		13
Capital Improvements		29,477
Cleaning & Maintenance		1,267
Exterminator		48
Filing Fees		25
Insurance		23,073
Landscaping		18,521
Meeting Expenses		120
Office Expenses		140
Payroll Fees		1,580
Pool Expenses		18,219
Repair & Maintenance		4,420
Swim Team Expenses		6,028
Website expense		204
Total	\$	<u>106,424.</u>

Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 0	\$ 475
Total	<u>\$ 0</u>	<u>\$ 475</u>

Form 990-EZ, Part II, Line 26
Total Liabilities

	<u>Beginning</u>	<u>Ending</u>
Accounts Payable and Accrued Expenses	\$ 32	\$ 0
Total	<u>\$ 32</u>	<u>\$ 0</u>

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Community has 315 homes in the community We support the common areas including a pool, playground, tennis courts, and basketball courts We provide community events and swim team activities for everyone to enjoy