

Form **990EZ**
Department of the Treasury
Internal Revenue Service

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)

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

Go to www.irs.gov/Form990EZ for the latest information.

OMB No 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 03-01-2018, and ending 02-28-2019

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

C Name of organization
Lakeridge Community Association

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO Box 120

City or town, state or province, country, and ZIP or foreign postal code
Matawan, NJ 07747

D Employer identification number
11-2112782

E Telephone number
(732) 407-9781

F Group Exemption Number

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. \$ 104,920

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
2	Program service revenue including government fees and contracts
3	Membership dues and assessments 81,580
4	Investment income 40
5a	Gross amount from sale of assets other than inventory
5b	Less cost or other basis and sales expenses 0
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)
6	Gaming and fundraising events
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)
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) 4,110
6c	Less direct expenses from gaming and fundraising events 354
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 3,756
7a	Gross sales of inventory, less returns and allowances
7b	Less cost of goods sold 0
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)
8	Other revenue (describe in Schedule O) 19,190
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 104,566
Expenses	
10	Grants and similar amounts paid (list in Schedule O)
11	Benefits paid to or for members
12	Salaries, other compensation, and employee benefits 5,890
13	Professional fees and other payments to independent contractors 3,400
14	Occupancy, rent, utilities, and maintenance 14,321
15	Printing, publications, postage, and shipping 1,510
16	Other expenses (describe in Schedule O) 113,397
17	Total expenses. Add lines 10 through 16 138,518
18	Excess or (deficit) for the year (Subtract line 17 from line 9) -33,952
Net Assets	
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) 124,633
20	Other changes in net assets or fund balances (explain in Schedule O)
21	Net assets or fund balances at end of year Combine lines 18 through 20 90,681

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	124,158	22 90,681
23 Land and buildings		23
24 Other assets (describe in Schedule O)	475	24
25 Total assets	124,633	25 90,681
26 Total liabilities (describe in Schedule O).		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	124,633	27 90,681

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?
 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.

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 See Additional Data Table			
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>		28a	
29		29a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
30		30a	
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>			
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	128,863

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
Bridget Hlava Trustee	5 00	0		
Kevin Bress President	5 00	0		
Diane Cahill Treasurer	5 00	0		
Davida DeMonte Trustee	0	0		
Anthony Rondinelli Trustee	5 00	0		
Teresa Franco Secretary	5 00	0		
Ronald Simone Vice President	5 00	0		
Anastasia Simone Trustee	0	0		
Brenda Dunlop Trustee	2 00	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

Table with columns for question number, description, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41.

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

Table with columns for question number, description, and Yes/No columns. Rows include 42b and 42c.

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

Table with columns for question number, description, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, 45b.

	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	No

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?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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
NONE				

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
NONE		

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 Bndget Hlava President <small>Type or print name and title</small>	2020-01-15 <small>Date</small>
---	-----------------------------------

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

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

Additional Data

Software ID: 18007218

Software Version: 2018v3.1

EIN: 11-2112782

Name: Lakeridge Community Association

Form 990EZ, Part III - Statement of Program Service Accomplishments

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 Providing community events and swim team activities for everyone to enjoy (Grants \$ 128,863) <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	28a	

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.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization
Lakeridge Community Association

Employer identification number

11-2112782

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 1	Reimbursed Expenses \$19190

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$580

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1008	Interest \$34

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$9294

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	Pool Expenses \$74902

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	Landscaping \$12085

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	Repair & Maintenance \$4292

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	Activities & Entertainment \$3765

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	Swim Team Expenses \$2959

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	Cleaning & Maintenance \$2940

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	Exterminator \$982

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	Website expense \$682

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 10	Payroll Fees \$580

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 11	Meeting Expenses \$240

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 12	Filing Fees \$50

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 13	Bank Charges \$12

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1005	Accounts Receivable - Beginning \$475 Accounts Receivable - Ending \$0