

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 1545-0047

2019

Department of the Treasury
Internal Revenue Service

- 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

A For the 2019 calendar year, or tax year beginning

, 2019, and ending

, 20

B Check if applicable	C Name of organization ?1 SOCIABLES OF FOUR LAKES	D Employer identification number ?1 5 9 3 6 1 7 8 4 1
<input type="checkbox"/> Address change	Number and street (or P O box if mail is not delivered to street address) ?1 990 La Quinta Blvd,	Room/suite
<input type="checkbox"/> Name change	E Telephone number 8638754247	
<input type="checkbox"/> Initial return	F Group Exemption Number ► ?1	
<input type="checkbox"/> Final return/terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

G Accounting Method: Cash Accrual Other (specify) ►

I Website: ► N/A

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF). ?1J Tax-exempt status (check only one) — 501(c)(3) 501(c) (7) ◀ (insert no.) 4947(a)(1) or 527K Form of organization: Corporation Trust Association Other **Not for profit**

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. ► \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) ?1Check if the organization used Schedule O to respond to any question in this Part I ?1

Revenue	1	0.00
1 Contributions, gifts, grants, and similar amounts received	1	0.00
2 Program service revenue including government fees and contracts	2	0.00
3 Membership dues and assessments	3	123.00
4 Investment income	4	0.00
5a Gross amount from sale of assets other than inventory	5a	0.00
b Less: cost or other basis and sales expenses	5b	0.00
c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	0.00
6 Gaming and fundraising events:		
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	44,788.00
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	30,634.00
c Less: direct expenses from gaming and fundraising events	6c	23,827.00
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	51,595.00
7a Gross sales of inventory, less returns and allowances	7a	0.00
b Less: cost of goods sold	7b	0.00
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c	0.00
8 Other revenue (describe in Schedule O)	8	0.00
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	51,718.00
Expenses	10	0.00
10 Grants and similar amounts paid (list in Schedule O)	10	0.00
11 Benefits paid to or for members	11	0.00
12 Salaries, other compensation, and employee benefits ?1	12	0.00
13 Professional fees and other payments to independent contractors ?1	13	0.00
14 Occupancy, rent, utilities, and maintenance	14	2,405.00
15 Printing, publications, postage, and shipping	15	1,422.00
16 Other expenses (describe in Schedule O) ?1	16	44,248.61
17 Total expenses. Add lines 10 through 16	17	48,075.61
Net Assets	18	3,220.39
18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	3,220.39
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	20,484.38
20 Other changes in net assets or fund balances (explain in Schedule O)	20	0.00
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	23,704.77

SCANNED JUN 29 2020

Revenue

Expenses

Net Assets

12

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	20,484.38	22	23,704.77
23 Land and buildings	0.00	23	0.00
24 Other assets (describe in Schedule O)	0.00	24	0.00
25 Total assets	20,484.38	25	23,704.77
26 Total liabilities (describe in Schedule O)	0.00	26	0.00
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	20,484.38	27	23,704.77

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

Organize social events for Four Lakes residents

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 | The Party Committee plans monthly events (dinners, dances, parties) for the residents of Four Lakes Golf Club. We serve the community with an agenda of activities and entertainment that promotes a healthy, safe and active lifestyle. | | |
| 28a | (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/> | 0.00 | 28 |
| 29 | The Hamburger Night Committee plans a monthly night whereby hamburgers are served to the residents of Four Lakes | | |
| 29a | (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/> | 0.00 | 29 |
| 30 | The Coffee Talk Committee holds a weekly breakfast that includes coffee and donuts and has a guest speaker. | | |
| 30a | (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/> | 0.00 | 30 |
| 31 | Other program services (describe in Schedule O) | | |
| 31a | (Grants \$) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/> | 0.00 | 31 |
| 32 | Total program service expenses (add lines 28a through 31a) | | |
| 32 | | 0.00 | 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	(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
Corrine Waterman, President		0.00	0.00	0.00
Mark Polnak, Vice President		0.00	0.00	0.00
Patricia Knopick, Secretary		0.00	0.00	0.00
Gail Elden, Treasurer		0.00	0.00	0.00

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

- 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 33 ✓
- 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 34 ✓
- 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)? 35a ✓
- 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 35b ✓
- 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 35c ✓
- 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 36 ✓
- 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0.00 37b ✓
- b Did the organization file Form 1120-POL for this year? 38a ✓
- 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? 38b
- b If "Yes," complete Schedule L, Part II, and enter the total amount involved 39a 0.00
- 39 Section 501(c)(7) organizations. Enter: 39b
- a Initiation fees and capital contributions included on line 9 39b 0.00
- b Gross receipts, included on line 9, for public use of club facilities 39b 0.00
- 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ► 40b ✓
- 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 40c
- 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 40c
- d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization 40c
- 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 ✓
- 41 List the states with which a copy of this return is filed ► None 42a
- 42a The organization's books are in care of ► Gall Eiden Telephone no. ► 8638754247 Located at ► 2031 Wentworth Pl., Winter Haven, FL ZIP + 4 ► 33881-9740 42b ✓
- 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). 42c ✓
- 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
- 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
- 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a ✓
- 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 44b ✓
- c Did the organization receive any payments for indoor tanning services during the year? 44c ✓
- 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 44d ✓
- 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a ✓
- 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 45b ✓

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

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

	Yes	No
47		
48		
49a		
49b		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

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

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 ►

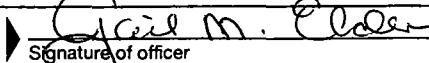
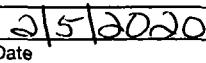
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(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 <input type="checkbox"/>	 Signature of officer Gail Elden, Treasurer of Sociables of Four Lakes Type or print name and title		Date 
	Print/Type preparer's name	Preparer's signature	Date

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 ►		Phone no.	
	Firm's address ►				

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

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2019

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Name of the organization

SOCIABLES OF FOUR LAKES

Employer identification number

593617841

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	(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 organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising 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 Holiday Party (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	5,975.00			5,975.00
	2 Less: Contributions	0.00			0.00
	3 Gross income (line 1 minus line 2)	5,975.00			5,975.00
Direct Expenses	4 Cash prizes	300.00			300.00
	5 Noncash prizes	92.00			92.00
	6 Rent/facility costs	0.00			0.00
	7 Food and beverages	2,562.00			2,562.00
	8 Entertainment	1,000.00			1,000.00
	9 Other direct expenses	584.17			584.17
	10 Direct expense summary. Add lines 4 through 9 in column (d)				4,538.17
	11 Net income summary. Subtract line 10 from line 3, column (d)				1,436.83

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			44,788.00	44,788.00
Direct Expenses	2 Cash prizes			22,630.00	22,630.00
	3 Noncash prizes			1,005.10	1,005.10
	4 Rent/facility costs				0.00
	5 Other direct expenses				434.89
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				24,069.99
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				20,718.01

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

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

- 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	100 %
b An outside facility	13b	0 %

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► Gall Elden

Address ► 2031 Wentworth Pl., Winter Haven, FL 33881-9740

- 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.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2019

Open to Public
Inspection

Name of the organization

SOCIABLES OF FOUR LAKES

Employer identification number

593617841

FORM 990-EZ, PART I, LINE 16 - Other expenses

Donations to other non-profit organizations within Four Lakes Golf Club	\$ 12,750.00
Purchase equipment and supplies for the community kitchen	5,472.54
Event expenses - not including amount on Schedule G, Part II, Column (a) and (d)	12,474.31
Office supplies	988.25
Storage Unit for Sociables event supplies	1,034.18
Tables for Great Room	846.54
Catering/Food - not including amount on Schedule G, Part II, Column (a) and (d)	10,048.79
Bond & liability insurance	634.00
TOTAL OTHER EXPENSES	\$44,248.61

Name of the organization	Employer identification number
THE AMERICAN CIVIL LIBERTIES UNION FOUNDATION, INC.	13-1673100