

Short Form Return of Organization Exempt From Income Tax

2011

Open to Public
Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
- All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- ▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

Department of the Treasury
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning <u>01/01</u> , 2011, and ending <u>12/31</u> , 20 <u>11</u>	
B Check if applicable:	C Name of organization
<input type="checkbox"/> Address change	RIO VISTA CIVIC ASSOCIATION INC
<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
<input type="checkbox"/> Initial return	PO BOX 460386
<input type="checkbox"/> Terminated	City or town, state or country, and ZIP + 4
<input type="checkbox"/> Amended return	FORT LAUDERDALE, FL 33346
<input type="checkbox"/> Application pending	D Employer identification number
	59-1683534
	E Telephone number
	954-761-9349
	F Group Exemption Number ▶
G Accounting Method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶ _____	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).
I Website: ▶ <u>www.riovistaonline.com</u>	
J Tax-exempt status (check only one) – <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (<u>4</u>) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.	
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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 155,696	

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

	Description	Line	Amount
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	0
	2 Program service revenue including government fees and contracts	2	1,698
	3 Membership dues and assessments	3	152,946
	4 Investment income	4	77
	5a Gross amount from sale of assets other than inventory	5a	0
	b Less: cost or other basis and sales expenses	5b	0
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	0
	b Gross income from fundraising events (not including \$ <u>0</u> 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	0
c Less: direct expenses from gaming and fundraising events	6c	0	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0	
7a Gross sales of inventory, less returns and allowances	7a	0	
b Less: cost of goods sold	7b	0	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0	
8 Other revenue (describe in Schedule O)	8	975	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	155,696	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	0
	11 Benefits paid to or for members	11	0
	12 Salaries, other compensation, and employee benefits	12	0
	13 Professional fees and other payments to independent contractors	13	114,562
	14 Occupancy, rent, utilities, and maintenance	14	1,615
	15 Printing, publications, postage, and shipping	15	1,269
	16 Other expenses (describe in Schedule O) <u>See Schedule O, Statement 1</u>	16	18,541
	17 Total expenses. Add lines 10 through 16 ▶	17	135,987
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	19,709
	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	5,792
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	25,501

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	77,727	22 71,307
23 Land and buildings	0	23 0
24 Other assets (describe in Schedule O)	7,435	24 3,000
25 Total assets	85,162	25 74,307
26 Total liabilities (describe in Schedule O)	79,370	26 48,806
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	5,792	27 25,501

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? To promote general welfare of the residents of Rio Vista.

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 and section 4947(a)(1) trusts; optional for others.)

28 <u>Security Service - Collect subscriptions, hire off-duty officers to patrol neighborhood, pay lease on patrol car to City of Fort Lauderdale, In 2011, we had 300 subscribers and paid for patrols approx. 8hrs/day 7days/wk.</u>		
(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	124,019
29 <u>Social Activities - Holiday Party, Pizza in the park, Carti-Gras and Campout, Car show, general meetings pizza social. Attendance ranged from 50 to 150 residents for these events.</u>		
(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	7,242
30 <u>Maintenance of Common Areas - Maintained entrances and median strip plantings for 3 locations in the neighborhood.</u>		
(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	1,374
31 Other program services (describe in Schedule O)		
(Grants \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	0
32 Total program service expenses (add lines 28a through 31a)	32	132,635

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 address	(b) Title and 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>Warren Sturman</u> <u>PO Box 460386, Fort Lauderdale, FL 33346</u>	<u>President, 4</u>	0	0	0
<u>Nancy Messing</u> <u>PO Box 460386, Fort Lauderdale, FL 33346</u>	<u>Vice President, 4</u>	0	0	0
<u>Christina Currie</u> <u>PO Box 460386, Fort Lauderdale, FL 33346</u>	<u>Secretary, 4</u>	0	0	0
<u>Mark Snead</u> <u>PO Box 460386, Fort Lauderdale, FL 33346</u>	<u>Treasurer, 8</u>	0	0	0
<u>William Bodor</u> <u>PO Box 460386, Fort Lauderdale, FL 33346</u>	<u>Director, 1</u>	0	0	0
<u>Michael Orlando</u> <u>PO Box 460386, Fort Lauderdale, FL 33346</u>	<u>Director, 1</u>	0	0	0
<u>Fred Stresau</u> <u>PO Box 460386, Fort Lauderdale, FL 33346</u>	<u>Director, 1</u>	0	0	0
<u>Charles Tatelbaum</u> <u>PO Box 460386, Fort Lauderdale, FL 33346</u>	<u>Director, 1</u>	0	0	0
<u>Wingate Payne</u> <u>PO Box 460386, Fort Lauderdale, FL 33346</u>	<u>Director, 1</u>	0	0	0
<u>Luna Phillips</u> <u>PO Box 460386, Fort Lauderdale, FL 33346</u>	<u>Director, 1</u>	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

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.
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities...
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year?
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?
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year?
37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
37b 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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b 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:
40b Section 501(c)(3) and 501(c)(4) 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?
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?
41 List the states with which a copy of this return is filed.
42a The organization's books are in care of
42b 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...
42c At any time during the calendar year, did the organization maintain an office outside the U.S.?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041
44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)?

	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	<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts 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 address of each employee paid more than \$100,000	(b) Title and 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 address of each independent contractor paid more than \$100,000	(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 and 4947(a)(1) nonexempt charitable trusts 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	Date
	▶ Mark Snead, Treasurer Type or print name and title	

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

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.

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

RIO VISTA CIVIC ASSOCIATION INC

Employer identification number

59-1683534

Form 990-EZ, Part I, Line 8 - Newsletter Royalty Income

Form 990-EZ, Part II, Line 24 - Accounts Receivable

Form 990-EZ, Part II, Line 26 - Pre-Paid Security Services

Schedule O, Statement 1

Form: 990-EZ

Page: 1

Line Number: Part I Line 16

RIO VISTA CIVIC ASSOCIATION INC

59-1683534

Other Expenses Structured Explanation

Description	Amount
Bank Service Charges	150
Dues and Subscriptions	50
Licenses and Permits	61
Social Expenses	7,242
Meetings	258
Membership Costs	440
Patrol Phone	1,363
Patrol Car	6,379
Patrol Payment Processing Fees	2,506
Travel and Entertainment - Meals	92
Total:	18,541