

Client Copy

**Federal Tax Return**  
**The Riverview Association, Inc.**  
**2025**  
**Fortis Advisors LLC**



Fortis Advisors LLC  
2831 Ringling Blvd Ste 101A  
Sarasota, FL 34237  
(941) 366-7466

The Riverview Association, Inc.  
2831 Ringling Blvd  
Sarasota, FL, 34237

Information about filing your 2025 federal form 1120H.

- Your tax obligation is exactly met. No additional tax is due.
- You selected to file your federal return electronically.
- DO NOT MAIL A PAPER COPY OF YOUR RETURN TO THE IRS.
- If you have any questions or concerns, please give us a call. We appreciate your business.

Sincerely,  
Margaret Kennedy

Client Copy

Tax Summary

| Income                              |              | Credit                     |        | Tax           |        | Payment               |        |
|-------------------------------------|--------------|----------------------------|--------|---------------|--------|-----------------------|--------|
| Wages & Salary                      | \$0.00       | Foreign tax                | \$0.00 | Tax on Income | \$0.00 | Income tax withheld   | \$0.00 |
| Interest & Dividend                 | \$0.00       | Child & dependent care     | \$0.00 | AMT           | \$0.00 | Estimated tax payment | \$0.00 |
| Business Income                     | \$0.00       | Elderly or disabled        | \$0.00 | Other taxes   | \$0.00 | Other payments        | \$0.00 |
| Capital Gain                        | \$0.00       | Education                  | \$0.00 | Total Tax     | \$0.00 | Estimated tax penalty | \$0.00 |
| Farm Income                         | \$0.00       | Retirement savings contri. | \$0.00 |               |        | Refundable credits    | \$0.00 |
| Total Income                        | \$371,219.00 | EIC                        | \$0.00 |               |        | Refund                | \$0.00 |
| Other Income                        | \$371,219.79 | CTC                        | \$0.00 |               |        |                       |        |
| Total Adjustment                    | \$380,439.00 | Adoption                   | \$0.00 |               |        |                       |        |
| AGI                                 | -\$9,220.00  | Additional child care      | \$0.00 |               |        |                       |        |
| Itemized / Std.Deduction            | \$0.00       | Other Credit               | \$0.00 |               |        |                       |        |
| Qualified business income deduction | \$0.00       | Total Credit               | \$0.00 |               |        |                       |        |
| Taxable income                      | -\$9,320.00  |                            |        |               |        |                       |        |

### E-file Authorization for Corporations

For calendar year 20 25, or tax year beginning \_\_\_\_\_, 20\_\_\_\_, ending \_\_\_\_\_, 20\_\_\_\_

(Rev. December 2024)

**For use with Form 1120 series returns.**

OMB No. 1545-0123

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
**Go to [www.irs.gov/Form8879CORP](http://www.irs.gov/Form8879CORP) for the latest information.**

Name of corporation

Employer identification number

The Riverview Association, Inc.

XX-XXX6193

#### Part I Information (Whole dollars only)

|   |   |   |   |
|---|---|---|---|
| 1 | Total income (Form 1120, line 11)               | 1 | 0 |
| 2 | Total income (Form 1120-F, Section II, line 11) | 2 | 0 |
| 3 | Total income (loss) (Form 1120-S, line 6)       | 3 | 0 |
| 4 | Total income (Form 1120, line _____)            | 4 |   |

#### Part II Declaration and Signature Authorization of Officer. Be sure to get a copy of the corporation's return.

Under penalties of perjury, I declare that I am an officer of the above corporation and that I have examined a copy of the corporation's electronic income tax return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amounts in Part I above are the amounts shown on the copy of the corporation's electronic income tax return. I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the corporation's return to the IRS and to receive from the IRS (a) an acknowledgment of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the corporation's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at **888-353-4537** no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the corporation's electronic income tax return and, if applicable, the corporation's consent to electronic funds withdrawal.

#### Officer's PIN: check one box only

I authorize Fortis Advisors LLC to enter my PIN 9 8 6 X X as my signature  
ERO firm name do not enter all zeros  
 on the corporation's electronically filed income tax return.

As an officer of the corporation, I will enter my PIN as my signature on the corporation's electronically filed income tax return.

Officer's signature \_\_\_\_\_ Date 03/08/2026 Title Manager

#### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 5 0 1 6 2 8 9 8 6 5 9  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the electronically filed income tax return for the corporation indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 3112**, IRS e-file Application and Participation, and **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_ Date 03/08/2026

**ERO Must Retain This Form — See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

Department of the Treasury  
Internal Revenue Service

For calendar year 2025 or tax year beginning 01/01, 2025, ending 12/31, 20 25  
Go to [www.irs.gov/Form1120H](http://www.irs.gov/Form1120H) for instructions and the latest information.

**2025**

Check if:

- (1)  Final return
- (2)  Name change
- (3)  Address change
- (4)  Amended return

Name  
The Riverview Association, Inc.

Number and street. If a P.O. box, see instructions. Room or suite number  
2831 Ringling Blvd

City or town State or province Country ZIP or foreign postal code  
Sarasota FL 34237

Employer identification number  
XX-XXX6193

Date association formed  
07/01/1971

|          |  |
|----------|--|
| <b>A</b> | Check type of homeowners association: <input checked="" type="checkbox"/> Condominium management association <input type="checkbox"/> Residential real estate association <input type="checkbox"/> Timeshare association |
| <b>B</b> | Total exempt function income. Must meet 60% gross income test. See instructions  |
| <b>C</b> | Total expenditures made for purposes described in 90% expenditure test. See instructions   |
| <b>D</b> | Association's total expenditures for the tax year. See instructions  |
| <b>E</b> | Tax-exempt interest received or accrued during the tax year  |

|   |          |   |            |
|---|----------|---|------------|
| <b>Gross Income</b><br>(excluding exempt function income) | <b>1</b> | Dividends   |            |
|   | <b>2</b> | Taxable interest  |            |
|   | <b>3</b> | Gross rents   |            |
|   | <b>4</b> | Gross royalties   |            |
|   | <b>5</b> | Capital gain net income (attach Schedule D (Form 1120))                       |            |
|   | <b>6</b> | Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)        |            |
|   | <b>7</b> | Other income (excluding exempt function income) (attach statement)            | 371,219.79 |
|   | <b>8</b> | <b>Gross income</b> (excluding exempt function income). Add lines 1 through 7 | 371,219    |

|   |           |   |         |
|---|-----------|---|---------|
| <b>Deductions</b><br>(directly connected to the production of gross income, excluding exempt function income) | <b>9</b>  | Salaries and wages  |         |
|   | <b>10</b> | Repairs and maintenance   |         |
|   | <b>11</b> | Rents   |         |
|   | <b>12</b> | Taxes and licenses  |         |
|   | <b>13</b> | Interest  |         |
|   | <b>14</b> | Depreciation (attach Form 4562)   | 0       |
|   | <b>15</b> | Other deductions (attach statement)   | 380,439 |
|   | <b>16</b> | <b>Total deductions.</b> Add lines 9 through 15                                 | 380,439 |
|   | <b>17</b> | Taxable income before specific deduction of \$100. Subtract line 16 from line 8 | -9,220  |
|   | <b>18</b> | Specific deduction of \$100   | \$100   |

|                         |  |  |        |
|-------------------------|--|--|--------|
| <b>Tax and Payments</b> | <b>19</b>  | <b>Taxable income.</b> Subtract line 18 from line 17   | -9,320 |
|                         | <b>20</b>  | Enter 30% (0.30) of line 19. (Timeshare associations, enter 32% (0.32) of line 19.)                | 0      |
|                         | <b>21</b>  | Tax credits (see instructions)   | 0      |
|                         | <b>22</b>  | <b>Total tax.</b> Subtract line 21 from line 20. See instructions for recapture of certain credits | 0      |
|                         | <b>23a</b>   | Preceding year's overpayment credited to the current year  |        |
|                         | <b>23b</b>   | Current year's estimated tax payments  |        |
|                         | <b>23c</b>   | Tax deposited with Form 7004   | 0      |
|                         | <b>23d</b>   | Credit for tax paid on undistributed capital gains (attach Form 2439)                              | 0      |
|                         | <b>23e</b>   | Credit for federal tax paid on fuels (attach Form 4136)  | 0      |
|                         | <b>23f</b>   | Elective payment election amount from Form 3800  | 0      |
|                         | <b>23g</b>   | <b>Total payments and credits.</b> Combine lines 23a through 23f                                   | 0      |
|                         | <b>24</b>  | <b>Amount owed.</b> Subtract line 23g from line 22. See instructions                               | 0      |
|                         | <b>25</b>  | <b>Overpayment.</b> Subtract line 22 from line 23g   | 0      |
| <b>26</b>               | Enter portion of line 25 you want: <b>a Credited to 2026 estimated tax</b> <b>b Refunded</b>                                   | 0  |        |
|                         | <b>c</b> Routing number <input type="text"/> <b>d</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |  |        |
|                         | <b>e</b> Account number <input type="text"/>   |  |        |

**Sign Here** 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 taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below? See instructions.  Yes  No

Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ Title \_\_\_\_\_

|                               |  |                      |                    |   |                  |
|-------------------------------|--|----------------------|--------------------|---|------------------|
| <b>Paid Preparer Use Only</b> | Preparer's name<br>Margaret Kennedy                              | Preparer's signature | Date<br>03/08/2026 | Check <input type="checkbox"/> if self-employed | PTIN<br>PXXXXXXX |
|                               | Firm's name<br>Fortis Advisors LLC                               | Firm's EIN           |                    |   |                  |
|                               | Firm's address<br>2831 Ringling Blvd Ste. 101A Sarasota FL 34237 | Phone no.            |                    |   |                  |

**Statement - 1120H - Line 7 - Other income**

| Description                  | Amount     |
|------------------------------|------------|
| Assessment Income            | 330,949.00 |
| Assessment Income Parking    | 1,690.00   |
| Misc Income                  | 2,293.79   |
| Reserve Contribution         | 32,346.00  |
| Reserve Contribution Parking | 3,941.00   |
| Total:                       | 371,219.79 |

**Statement - 1120H - Line 15 - Other deductions**

| Description                         | Amount  |
|-------------------------------------|---------|
| Sales & Lease Income                | 825     |
| Insurance                           | 88,807  |
| Accounting/ Audit/ Dues             | 6,375   |
| Legal Fees                          | 5,616   |
| Dues & Fees                         | 311     |
| Bank Charges                        | 16      |
| Office Expenses                     | 1,177   |
| Website                             | 132     |
| Management Fee                      | 18,195  |
| Electricity                         | 6,171   |
| Water / Sewer                       | 40,616  |
| Cable / Internet                    | 35,049  |
| Pest Control                        | 1,980   |
| Telephone                           | 1,505   |
| Maintenance/Handyman                | 22,266  |
| Building Repair/ Maintenance        | 61,362  |
| Janitorial Service                  | 11,250  |
| Janitorial Supplies                 | 371     |
| Maintenance Supplies                | 164     |
| Fire Alarm/ Extinguisher Inspection | 876     |
| Elevator Maintenance                | 685     |
| Elevator Repair                     | 5,220   |
| Plumbing Repairs                    | 14,488  |
| Lawn/ Landscaping Contract          | 4,175   |
| Landscape Repairs                   | 3,380   |
| Landscape Supplies                  | 1,127   |
| Electrical/ Sign/Irrigation         | 1,353   |
| Misc Expenses                       | 2       |
| Reserve Contribution                | 46,945  |
| Total:                              | 380,439 |