

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)

2019

**Open to Public
Inspection**

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.

A For the **2019** calendar year, or tax year beginning _____, and ending _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE RUXTON-RIDERWOOD LAKE ROLAND AREA IMPROVEMENT ASSOCIATION, INC. Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P.O. BOX 204 City or town, state or province, country, and ZIP or foreign postal code RIDERWOOD MD 21139	D Employer identification number 52-0660665 E Telephone number 410-494-7757 F Group Exemption Number u
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G Accounting Method: Cash Accrual Other (specify) **u** _____ **H** Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: **WWW.RRLRAIA.ORG**

J Tax-exempt status (check only one) — 501(c)(3) 501(c) (**4**) | (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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ **u** \$ **86,483**

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	Code	Amount
Revenue	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	83,979
	4 Investment income	4	1,113
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events:		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	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	
	c Less: direct expenses from gaming and fundraising events	6c	
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8	1,391	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	86,483	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	43,916
	13 Professional fees and other payments to independent contractors	13	950
	14 Occupancy, rent, utilities, and maintenance	14	7,819
	15 Printing, publications, postage, and shipping	15	13,517
	16 Other expenses (describe in Schedule O)	16	19,225
17 Total expenses. Add lines 10 through 16	17	85,427	
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 9)	18	1,056
	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	133,310
	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	134,366

For Paperwork Reduction Act Notice, see the separate instructions.

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	133,310	22	134,366
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	133,310	25	134,366
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	133,310	27	134,366

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?

SEE SCHEDULE O

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 NEWSLETTERS, FLYERS, DIRECTORY PRODUCED AND COMMUNITY FUNCTIONS PLANNED AS WELL AS NEGOTIATIONS OF COVENANTS AND REZONING RELATED TO REAL PROPERTY	(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	85,427
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)	<input type="checkbox"/>	32	85,427

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
WARD CLASSEN PRESIDENT	1.00	0	0	0
HARRY BOND VICE PRESIDENT	2.00	0	0	0
TRISH FALLON TREASURER	2.00	0	0	0
GUY WARFIELD SECRETARY	2.00	0	0	0
PEGGY SQUITIERI EXECUTIVE DIRECTOR	20.00	0	0	0
THOMAS BROWN BOARD MEMBER	1.00	0	0	0
JEFFREY BUDNITZ BOARD MEMBER	1.00	0	0	0
DEBBIE CODD BOARD MEMBER	1.00	0	0	0
ALEX GIBSON BOARD MEMBER	1.00	0	0	0
TOM GEORGE BOARD MEMBER	1.00	0	0	0
OWEN KNOTT BOARD MEMBER	1.00	0	0	0
BILL MANGELS BOARD MEMBER	1.00	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. Otherwise, explain the change on Schedule O. See instructions
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)?
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
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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
b 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?
b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on line 9
b 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: section 4911; section 4912; section 4955
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
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
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
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
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
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
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 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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
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
c Did the organization receive any payments for indoor tanning services during the year?
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)?
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

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

Table with 3 columns: Question, Yes, No. Row 46: Yes (empty), No (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

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

Table with 3 columns: Question, Yes, No. Row 47: Yes (empty), No (empty)

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

Table with 3 columns: Question, Yes, No. Row 48: Yes (empty), No (empty)

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

Table with 3 columns: Question, Yes, No. Row 49a: Yes (empty), No (empty)

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

Table with 3 columns: Question, Yes, No. Row 49b: Yes (empty), No (empty)

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."

Table with 5 columns: (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."

Table with 3 columns: (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 TRISH FALLON Date TREASURER Type or print name and title

Paid Preparer Use Only Print/Type preparer's name STU KEISER, CPA Preparer's signature STU KEISER, CPA Date 03/10/20 Check if self-employed PTIN P00294720 Firm's name KEISER & KEISER, CPA, P.A. Firm's EIN 52-1391703 Firm's address 7 ALLEGHENY AVENUE 2ND FLOOR TOWSON, MD 21204 Phone no. 410-494-6900

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

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

Table with columns (A) Beginning of year and (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

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?

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.)

Table for program service accomplishments with rows 28-32. Each row includes a description, a field for grants amount, a checkbox for foreign grants, and a column for expenses.

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

Table with 5 columns: (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.

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.

u Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

**THE RUXTON-RIDERWOOD LAKE ROLAND
AREA IMPROVEMENT ASSOCIATION, INC.**

Employer identification number

52-0660665

FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE

DESCRIPTION	AMOUNT
NEWSLETTER ADVERTISING	\$ 1,391
TOTAL	\$ 1,391

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
EXPENSES	
ADVERTISING	\$ 1,650
COMMUNITY CONTRIBUTIONS	\$ 5,651
COMMUNITY PROGRAMS	\$ 2,374
INSURANCE	\$ 2,844
OFFICE EXPENSE	\$ 432
PARKING	\$ 98
PAYROLL TAXES & PROCESSIN	\$ 4,055
WEBSITE DESIGN	\$ 1,021
MISCELLANEOUS	\$ 1,100
TOTAL	\$ 19,225

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
EQUIPMENT	\$ 127	\$ 127
LESS ACCUMULATED DEPRECIATION	\$ 127	\$ 127
TOTAL	\$ 0	\$ 0

Name of the organization

Employer identification number

THE RUXTON-RIDERWOOD LAKE ROLAND

52-0660665

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

**NEWSLETTERS, FLYERS, DIRECTORY PRODUCED AND COMMUNITY FUNCTIONS PLANNED AS
WELL AS NEGOTIATIONS OF COVENANTS AND REZONING RELATED TO REAL PROPERTY**