

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2020

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundation): Do not enter social security numbers on this form as it may be made public.

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

Form 990 Department of the Treasury Internal Revenue Service

A For the 2020 calendar year, or tax year beginning 07-01-2020, and ending 06-30-2021

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

C Name of organization: RISEBORO COMMUNITY PARTNERSHIP INC. Doing business as: Number and street (or P.O. box if mail is not delivered to street address): 565 BUSHWICK AVENUE Room/suite: City or town, state or province, country, and ZIP or foreign postal code: BROOKLYN, NY 11206

D Employer identification number: 11-2453853 E Telephone number: (718) 821-0254 G Gross receipts \$ 47,379,281

F Name and address of principal officer: SCOTT SHORT, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206

H(a) Is this a group return for subordinates? H(b) Are all subordinates included? H(c) Group exemption number

I Tax-exempt status: 501(c)(3), 501(c) () (insert no.), 4947(a)(1) or 527

J Website: WWW.RISEBORO.ORG

K Form of organization: Corporation, Trust, Association, Other

L Year of formation: 1976 M State of legal domicile: NY

Part I Summary

1 Briefly describe the organization's mission or most significant activities: RCP'S MISSION IS TO SERVICE THE NEEDS OF THE ELDERLY RESIDENTS IN THE COMMUNITY, AND CONTAINS A COMMITMENT TO ELIMINATE OR REDUCE POVERTY IN BROOKLYN & QUEENS BY ENGAGING IN PLANNING, CREATING, COORDINATING, INITIATING, EVALUATING AND SUPERVISING COMMUNITY ACTION PROGRAMS.

Table with 2 columns: Description and Amount. Rows include: 2 Check this box if discontinued operations, 3 Number of voting members (15), 4 Number of independent voting members (15), 5 Total number of individuals employed (682), 6 Total number of volunteers (15), 7a Total unrelated business revenue (0), 7b Net unrelated business taxable income (0).

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8 Contributions and grants (32,678,010 / 35,688,523), 9 Program service revenue (7,013,987 / 1,862,686), 10 Investment income (420,035 / 1,424,151), 11 Other revenue (2,236,815 / 7,819,811), 12 Total revenue (42,348,847 / 46,795,171), 13 Grants and similar amounts paid (885,989 / 1,479,525), 14 Benefits paid (0 / 0), 15 Salaries, other compensation (24,827,131 / 30,589,324), 16a Professional fundraising fees (0 / 0), 16b Total fundraising expenses (196,009), 17 Other expenses (11,144,026 / 13,444,168), 18 Total expenses (36,857,146 / 45,513,017), 19 Revenue less expenses (5,491,701 / 1,282,154).

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows include: 20 Total assets (40,359,075 / 38,504,143), 21 Total liabilities (23,600,000 / 20,462,914), 22 Net assets or fund balances (16,759,075 / 18,041,229).

Part II Signature Block

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: 2022-05-16, D ALEXANDRA DYER CFO, Type or print name and title

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date: 2022-05-16, Check if self-employed, PTIN: P00543209, Firm's name: PKF O'CONNOR DAVIES LLP, Firm's EIN: 27-1728945, Firm's address: 500 MAMARONECK AVENUE SUITE 301, HARRISON, NY 105281633, Phone no. (914) 381-8900

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III



1 Briefly describe the organization's mission:

CONTINUALLY TO SEEK OUT AND IMPLEMENT NEW AND EFFECTIVE STRATEGIES TO IMPROVE THE AREA IN WHICH WE OPERATE AND PROVIDE THE NECESSARY RESOURCES TO LOCAL RESIDENTS SO THEY MAY IMPROVE THEIR PRESENT LIVING CONDITIONS AND WORK TOWARDS LONG-TERM SELF SUFFICIENCY. RCP IS COMMITTED TO CREATING PROGRAMS THAT OFFER A WIDE-RANGE APPROACH TO ASSISTING INDIVIDUALS AND FAMILIES ACHIEVE THEIR GOALS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 10,995,575 including grants of \$) (Revenue \$ 605,496)

RB EMPOWERMENT: FACED WITH A LONG-STANDING ISSUE OF HOMELESSNESS AND UNEMPLOYMENT IN THE COMMUNITY, RISEBORO EMPOWERMENT WAS ESTABLISHED IN 2009 TO PROVIDE COMMUNITY MEMBERS WITH THE RESOURCES THEY NEED TO THRIVE. OUR PROGRAMS TODAY SPAN FROM HOMELESS PREVENTION, RE-HOUSING FROM SHELTER, HOUSING LEGAL SERVICES AND TENANT ORGANIZING, AND ECONOMIC EMPOWERMENT SERVICES INCLUDING WORKFORCE AND FINANCIAL COACHING. ONCE WE SECURE HOUSING FOR INDIVIDUALS AND FAMILIES, OUR INNOVATIVE PROGRAMS OFFER ONGOING SUPPORT, INCLUDING TENANTS' RIGHTS AND FINANCIAL LITERACY FOR RESIDENTS. OUR DEDICATED STAFF AND INCLUSIVE APPROACH EQUIP EVERY INDIVIDUAL TO BE AN AGENT OF CHANGE IN THEIR LIFE AND THEIR COMMUNITY.KEY ACCOMPLISHMENTS: 1536 EVICTIONS PREVENTION CASES RESOLVED 763 HOUSEHOLD RECEIVED LEGAL SERVICES 775 HOUSEHOLDS ENROLLED IN SNAP

4b (Code:) (Expenses \$ 10,854,767 including grants of \$ 1,479,525) (Revenue \$ 639,292)

RB SENIORS IS A COMPREHENSIVE PROGRAM OF SENIOR SERVICES STRETCHING THROUGHOUT BROOKLYN. SINCE ITS INCEPTION IN A SINGLE SENIOR CENTER IN BUSHWICK, PROGRAMS HAVE EXPANDED TO NINE SENIOR CENTERS & CLUBS OFFERING NUTRITIOUS MEALS, PROMOTION, ARTS, EDUCATION AND RECREATION, AND MANY OPPORTUNITIES FOR SOCIALIZATION. OUR EVENTS BRING SENIORS FROM EVERY BACKGROUND TOGETHER TO TALK, LEARN, DANCE AND FIND MOMENTS OF JOY AND CONNECTION WITH PEOPLE OF ALL AGES. WE ALSO PREPARE AND DELIVER A NUTRITIOUS HOT MEAL TO OVER 1,800 FRAIL ELDERLY CLIENTS IN THEIR HOMES FROM NORTH BROOKLYN TO CROWN HEIGHTS AND SUNSET PARK. WE ALSO PROVIDE OVERNIGHT RESPITE, SOCIAL ADULT DAY CARE, AND CAREGIVER SUPPORT SERVICES. CASE MANAGEMENT SERVICES, PROVIDED IN THE HOME, CONNECT SENIORS TO NUTRITIOUS MEALS, BENEFITS ADVOCACY, HOME CARE SERVICES AND RESOURCES TO REDUCE SOCIAL ISOLATION SUCH AS FRIENDLY VISITING. OUR COMPREHENSIVE APPROACH IS A MODEL THAT EMPOWERS SENIORS TO FIND A RENEWED SENSE OF PURPOSE IN THEIR COMMUNITY AND A PASSION FOR LIFE.THE CENTERS TOGETHER DEVELOPED AND PROVIDED VIRTUAL CLASSROOMS AND CONFERENCE CALLS TO SENIORS ISOLATED AFTER THE CENTERS CLOSED. CLASSES RANGED FROM EVIDENCE BASED EXERCISE PROGRAMS, YOGA, TAI CHI, SPIRITUAL AND CURRENT EVENT DISCUSSIONS, NUTRITIONAL AND HEALTH RELATED TOPICS, AND SPECIAL EVENTS ON BLACK HISTORY AND WOMEN'S HISTORY MONTH. FOR EXAMPLE , BOTH GROUP AND INDIVIDUAL TECHNOLOGY CLASSES AND ONE ON ONE ASSISTANCE ON UTILIZING SMART PHONES AND TABLETS TO STAY CONNECTED.KEY ACCOMPLISHMENTS: 699,005 HOME DELIVERED MEALS TO 2,600 FRAIL HOME BOUND SENIORS. 950 CASE MANAGEMENT CLIENTS SERVED WITH 20,194 HOURS OF SERVICE. 5,489 UNDUPLICATED OLDER ADULTS PARTICIPATED IN OUR SENIOR CENTERS AND CLUBS VIRTUAL PROGRAMMING. IN FY21 CENTERS WERE CLOSED AND SO WE WERE NOT ABLE TO PROVIDE MEAL SERVICE.WE PROVIDED HEALTH PROMOTION AND EXERCISE CLASSES TO 21,265 (DUPLICATED COUNT) CLIENTS. NUTRITION EDUCATION WAS PROVIDED TO 1,754 (DUPLICATED COUNT) CLIENTS. 99,863 CONTACTS WERE MADE FOR CASE ASSISTANCE, INFORMATION AND REFERRAL, WELLNESS, AND ENROLLMENT. 3,969 EDUCATION AND RECREATION CLASSES WERE HELD IN VARIOUS SESSIONS INCLUDING TECHNOLOGY AND ARTS AND CULTURE PROGRAMMING.THE CENTERS TOGETHER CONTINUED TO DEVELOPED AND PROVIDE VIRTUAL CLASSROOMS AND CONFERENCE CALLS TO SENIORS ISOLATED AFTER THE CENTERS CLOSED. ON AVERAGE 29 CLASSES WERE ON OUR VIRTUAL CALENDAR AND ALL 10 CENTERS HAVE OLDER ADULTS PARTICIPATING IN CLASSES FROM TECHNOLOGY, ART, ESL, EXERCISE PROGRAMS, EVIDENCE BASED EXERCISE PROGRAMS, NUTRITION EDUCATION, GROUP MENTAL HEALTH SESSIONS, CURRENT EVENTS, THEOLOGY AND HEALTH EDUCATION AND MORE. WE WERE ALSO ABLE TO ASSIST 1,986 OLDER ADULTS IN FINDING VACCINE APPOINTMENTS AND SCHEDULING AND OFFERING TRANSPORTATION TO APPOINTMENTS.

4c (Code:) (Expenses \$ 6,362,161 including grants of \$) (Revenue \$ 338,984)

RB EDUCATION OFFERS YOUTH AND ADULTS IN NORTH BROOKLYN MORE THAN A PLACE TO GO; IT'S A PLACE WHERE THEY CAN DISCOVER THEIR TRUE POTENTIAL. FOR MORE THAN THREE DECADES, OUR EDUCATION & YOUTH DEVELOPMENT PROGRAMS HAVE TAKEN A HOLISTIC APPROACH THAT PROVIDES YOUTH AND ADULTS WITH THE SPACE, SKILLS AND SUPPORT THEY NEED TO SUCCEED, NO MATTER WHAT THEIR OBSTACLES ARE. WE BELIEVE THAT THE INDIVIDUALS WE WORK WITH EVERY DAY ARE THE KEY TO BUILDING THRIVING COMMUNITIES FOR THIS GENERATION AND THE NEXT.KEY ACCOMPLISHMENTS: 3,965 YOUTH SERVED, 1,101 YOUTH ENROLLED IN WORKFORCE DEVELOPMENT PROGRAMMING, 640 ADULT LEARNERS ATTENDED ADULT EDUCATION CLASSES, 942 YOUTH ATTENDED PREVENTION EDUCATION WORKSHOPS, 91% HIGH SCHOOL GRADUATES ENROLLED IN COLLEGE.

(Code:) (Expenses \$ 7,330,867 including grants of \$) (Revenue \$ 278,914)

4d Other program services (Describe in Schedule O.)

(Expenses \$ 7,330,867 including grants of \$) (Revenue \$ 278,914)

4e Total program service expenses 35,543,370

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Question text, and Yes/No response columns. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	36	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Main form area containing questions 2a through 16, with various input fields and checkboxes. Includes sub-sections for Organizations that may receive deductible contributions under section 170(c), Sponsoring organizations maintaining donor advised funds, and Section 501(c)(7) and 501(c)(12) organizations.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

Table with 3 main columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members... 2 Did any officer, director, trustee... 3 Did the organization delegate control... 4 Did the organization make any significant changes... 5 Did the organization become aware... 6 Did the organization have members... 7a Did the organization have members... 7b Are any governance decisions... 8 Did the organization contemporaneously document... 8a The governing body? 8b Each committee... 9 Is there any officer, director, trustee...

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 main columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters... 10b If "Yes," did the organization have written policies... 11a Has the organization provided a complete copy... 11b Describe in Schedule O the process... 12a Did the organization have a written conflict... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently... 13 Did the organization have a written whistleblower... 14 Did the organization have a written document... 15 Did the process for determining compensation... 15a The organization's CEO... 15b Other officers or key employees... 16a Did the organization invest in, contribute... 16b If "Yes," did the organization follow a written...

Section C. Disclosure

Table with 2 main columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed (NY) 18 Section 6104 requires an organization to make its Form 1023... 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents... 20 State the name, address, and telephone number of the person who possesses the organization's books and records (D ALEXANDRA DYER CFO 565 BUSHWICK AVENUE BROOKLYN, NY 11206 (718) 821-0254)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN D SHUCK CHAIRPERSON	0.50	X		X				0	0	0
(2) VIRGINIA TORRES SECRETARY	0.50	X		X				0	0	0
(3) LARRY FERNANDEZ TREASURER	0.50	X		X				0	0	0
(4) DR RONALD WILENSKY DIRECTOR, THRU APRIL 2021	0.50	X						0	0	0
(5) DAN MINERVA DIRECTOR	0.50	X						0	0	0
(6) JONATHAN HOLMAN DIRECTOR	0.50	X						0	0	0
(7) ROHAN MEHRA DIRECTOR	0.50	X						0	0	0
(8) ANGELA M BATTAGLIA DIRECTOR	0.50	X						0	0	0
(9) JOANN STOCK DIRECTOR	0.50	X						0	0	0
(10) SAM JOSEPH AMIRFAR DIRECTOR	0.50	X						0	0	0
(11) PAUL DEREOSA DIRECTOR	0.50	X						0	0	0
(12) GREGORY CALISTE DIRECTOR	0.50	X						0	0	0
(13) ANDREA TAN DIRECTOR	0.50	X						0	0	0
(14) JEANETTE CEPEDA DIRECTOR	0.50	X						0	0	0
(15) CATHERINE KIM DIRECTOR	0.50	X						0	0	0
(16) EGONDU M ONUOHA DIRECTOR	0.50	X						0	0	0
(17) SCOTT SHORT CEO	30.00 19.00			X				452,716	0	50,746

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) D ALEXANDRA DYER CFO	30.00 9.00			X				230,486	0	8,697
(19) EMILY KURTZ VP OF HOUSING	1.00 39.00					X		247,519	0	46,361
(20) NOVELETTE SCOTT VP OF FINANCE THRU MAY 2021	40.00 0.00					X		180,026	0	9,993
(21) MIRTHA SANTANA VP OF EMPOWERMENT	40.00 0.00					X		183,676	0	26,459
(22) MARIE ELENA ZULLO VP OF EDUCATION	50.00 0.00					X		199,786	0	10,336
(23) MARIA VIERA VP OF COMMUNITY AFFAIRS	40.00 0.00					X		188,466	0	10,097
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	1,682,675	0	162,689

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 4 2**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SYSKO LONG ISLAND INC 199 LOWELL AVE CENTRAL ISLIP, NY 11722	MEAL DELIVERY	1,228,990
MILES TECHNOLOGIES 100 MOUNT HOLLY BYPASS LUMBERTON, NJ 08048	INFORMATION TECHNOLOGY	290,431
PAYCOM 1 PENNSYLVANIA PLAZA NEW YORK, NY 10119	PAYROLL PROCESSING	257,074
HEALTHY HEART FOOD SERVICE INC PO BOX 377 CEDARHURST, NY 11516	MEAL DELIVERY	233,148
PKF O'CONNOR DAVIES LLP 500 MAMARONECK AVENUE SUITE 301 HARRISON, NY 10528	AUDIT AND TAX SERVICES	209,225

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 6**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a	243,202			
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c	353,080			
	d Related organizations	1d	642			
	e Government grants (contributions)	1e	30,692,045			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,399,554			
	g Noncash contributions included in lines 1a - 1f:\$	1g				
h Total. Add lines 1a-1f			35,688,523			

Program Service Revenue			Business Code			
	2a DEVELOPMENT FEE		531390	1,183,223	1,183,223	
b RENTAL INCOME FROM RELATED PARTY		531110	314,556	314,556		
c RENTAL INCOME GENERATED THRU LLC		531110	250,679	250,679		
d CLIENT FEES		900099	34,584	34,584		
e COMMUNITY SERVICE FACILITY FEES		531110	28,000	28,000		
f All other program service revenue.			51,644	51,644		
g Total. Add lines 2a-2f.			1,862,686			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,424,151			1,424,151	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real	1,794,863					
		(ii) Personal						
		6b Less: rental expenses	524,094					
		6c Rental income or (loss)	1,270,769					
	d Net rental income or (loss)			1,270,769			1,270,769	
	7a Gross amount from sales of assets other than inventory	(i) Securities						
		(ii) Other						
7b Less: cost or other basis and sales expenses								
7c Gain or (loss)								
d Net gain or (loss)								
8a Gross income from fundraising events (not including \$ 353,080 of contributions reported on line 1c). See Part IV, line 18								
	8a	0						
	8b Less: direct expenses	60,016						
c Net income or (loss) from fundraising events			-60,016			-60,016		
9a Gross income from gaming activities. See Part IV, line 19								
	9a							
	9b Less: direct expenses							
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less								

returns and allowances . . .	10a				
b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory . . .					
Miscellaneous Revenue	Business Code				
11a REIMBURSEMENT FROM AFFILIATES	900099	6,128,610			6,128,610
b OTHER INCOME	900099	480,448			480,448
c					
d All other revenue					
e Total. Add lines 11a-11d		6,609,058			
12 Total revenue. See instructions		46,795,171	1,862,686	0	9,243,962

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
 Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,479,525	1,479,525		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	721,100		721,100	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	23,719,399	19,505,499	4,074,777	139,123
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	956,007	835,344	111,571	9,092
9 Other employee benefits	2,819,705	2,398,188	395,437	26,080
10 Payroll taxes	2,373,113	1,997,670	353,729	21,714
11 Fees for services (non-employees):				
a Management	47,273	5,053	42,220	
b Legal	212,148	4,928	207,220	
c Accounting	561,767	365	561,402	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,604,222	1,337,042	1,267,180	
12 Advertising and promotion	37,303	7,099	30,204	
13 Office expenses	2,304,283	1,967,169	337,114	
14 Information technology	240,656	60,128	180,528	
15 Royalties				
16 Occupancy	2,388,969	1,603,763	785,206	
17 Travel	719,369	714,665	4,704	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,035	14,588	5,447	
20 Interest	54,463	450	54,013	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	242,683	52,095	190,588	
23 Insurance	362,935	261,644	101,291	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD	2,696,160	2,684,041	12,119	
b EQUIPMENT	315,844	313,363	2,481	
c MISCELLANEOUS	239,730	118,785	120,945	
d BAD DEBT EXPENSE	205,650		205,650	
e All other expenses	190,678	181,966	8,712	
25 Total functional expenses. Add lines 1 through 24e	45,513,017	35,543,370	9,773,638	196,009
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

Table with columns (A) Beginning of year, (B) End of year, and rows for Assets (1-16), Liabilities (17-26), and Net Assets or Fund Balances (27-33).

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	46,795,171
2	Total expenses (must equal Part IX, column (A), line 25)	2	45,513,017
3	Revenue less expenses. Subtract line 2 from line 1	3	1,282,154
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,759,075
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	18,041,229

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury

Internal Revenue Service
Name of the organization

RISEBORO COMMUNITY PARTNERSHIP INC

Employer identification number

11-2453853

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 Value of services or facilities furnished; 4 Total; 5 Portion of total contributions exceeding 2%; 6 Public support.

Section B. Total Support

Table with 7 columns: (a) 2016, (b) 2017, (c) 2018, (d) 2019, (e) 2020, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support.

12 Gross receipts from related activities, etc. (see instructions) 12 13,902,122
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2020 (86.130%); 15 Public support percentage for 2019 Schedule A, Part II, line 14 (88.660%); 16a 33 1/3% support test-2020; 16b 33 1/3% support test-2019; 17a 10%-facts-and-circumstances test-2020; 17b 10%-facts-and-circumstances test-2019; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33 1/3% support tests—2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
 - a** A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?
 - b** A family member of a person described in 11a above?
 - c** A 35% controlled entity of a person described in line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.*

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):

- a** The organization satisfied the Activities Test. Complete **line 2** below.
- b** The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- b** Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*

	Yes	No
2a		
2b		
3a		
3b		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No" provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI. the role played by the organization in this regard.*

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount

Current Year

1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

- 7** Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

(continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	OTHER INCOME - 2016 AMOUNT: \$ 578,461. 2017 AMOUNT: \$ 401,478. 2018 AMOUNT: \$ 952,829. 2019 AMOUNT: \$ 296,521. 2020 AMOUNT: \$ 480,448. RECOVERY OF BAD DEBT - 2019 AMOUNT: \$ 446,000. REIMBURSEMENT FROM AFFILIATES - 2016 AMOUNT: \$ 390,771. 2017 AMOUNT: \$ 1,536,781. 2018 AMOUNT: \$ 728,967. 2019 AMOUNT: \$ 305,737. 2020 AMOUNT: \$ 6,128,610. OTHER REIMBURSEMENTS - 2016 AMOUNT: \$ 17,905. EQUIPMENT BUYOUT - 2017 AMOUNT: \$ 140,505. FORFEITURES - 2017 AMOUNT: \$ 125,614.

Additional Data

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Software ID:

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Name of the organization RISEBORO COMMUNITY PARTNERSHIP INC	Employer identification number 11-2453853
--	---

Organization type (check one):

- | | |
|--------------------|---|
| Filers of: | Section: |
| Form 990 or 990-EZ | <input type="checkbox"/> 501(c)() (enter number) organization |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
| | <input type="checkbox"/> 527 political organization |
| Form 990-PF | <input type="checkbox"/> 501(c)(3) exempt private foundation |
| | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | <input type="checkbox"/> 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
RISEBORO COMMUNITY PARTNERSHIP INC

Employer identification number
11-2453853

Part I
Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
-		\$	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization
RISEBORO COMMUNITY PARTNERSHIP INC

Employer identification number
11-2453853

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____
-	_____ _____ _____	_____ \$	_____

Name of organization RISEBORO COMMUNITY PARTNERSHIP INC	Employer identification number 11-2453853
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	

Additional Data

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SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization RISEBORO COMMUNITY PARTNERSHIP INC	Employer identification number 11-2453853
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1** Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2** Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3** Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1** Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2** Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a** Was a correction made? Yes No
- b** If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1** Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3** Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... \$ _____
- 4** Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		5,221
j Total. Add lines 1c through 1i			5,221
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
PART II-B, LINE 1:	STAFF REQUEST SUPPORT REGARDING MULTI-FAMILY AFFORDABLE HOUSING DEVELOPMENT AND COMMUNITY FACILITIES.

Additional Data

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Software ID:

Software Version:

Supplemental Financial Statements

2020

Open to Public Inspection

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization

RISEBORO COMMUNITY PARTNERSHIP INC

Employer identification number

11-2453853

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- 4 Number of states where property subject to conservation easement is located ▶ _____
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ _____
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
▶ \$ _____
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Term endowment ▶
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,370,375	730,093	1,640,282
c Leasehold improvements				
d Equipment		1,618,756	1,084,278	534,478
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,174,760

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN RELATED LIMITED PARTNERSHIPS	4,826,307	C
(2) NOTE RECEIVABLE FROM RELATED PARTY	968,679	F
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	5,794,986	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) DEFERRED RENT RECEIVABLE	323,351
(2) DUE FROM AFFILIATES	4,714,299
(3) ESCROW	572,744
(4) SECURITY DEPOSITS	4,500
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	5,614,894

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	8,534,344

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	99,401,557
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	63,547,467	
e	Add lines 2a through 2d		2e	63,547,467
3	Subtract line 2e from line 1		3	35,854,090
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	10,941,081	
c	Add lines 4a and 4b		4c	10,941,081
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	46,795,171

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	106,898,153
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	70,814,670	
e	Add lines 2a through 2d		2e	70,814,670
3	Subtract line 2e from line 1		3	36,083,483
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	9,429,534	
c	Add lines 4a and 4b		4c	9,429,534
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	45,513,017

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
PART IV, LINE 2B:	THE ORGANIZATION HOLDS SECURITY DEPOSITS FOR TENANTS IN AN ESCROW ACCOUNT. THESE DEPOSITS ARE RETURNED TO COMMERCIAL TENANTS ONCE THEY VACATE THE PREMISES PER LEASE TERMS.
PART X, LINE 2:	RISBORO RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT RISBORO HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. RISBORO IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR YEARS PRIOR TO JUNE 30, 2018.
PART XI, LINE 2D - OTHER ADJUSTMENTS:	REVENUE ATTRIBUTED TO CONSOLIDATED AFFILIATES 62,963,357. RENTAL EXPENSES REPORTED ON PART VIII, LINE 6B 524,094. FUNDRAISING EVENT EXPENSES REPORTED ON PART VIII, PART 8B 60,016.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	ELIMINATIONS ON CONSOLIDATED FINANCIAL STATEMENTS 10,535,084. TOTAL REVENUE FROM DISREGARDED LLC'S INCLUDED IN 990 405,997.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	EXPENSES ATTRIBUTED TO CONSOLIDATED AFFILIATES 70,814,670.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	ELIMINATIONS ON CONSOLIDATED FINANCIAL STATEMENTS 8,988,384. FUNDRAISING EVENT EXPENSES REPORTED ON PART VIII, PART 8B 60,016. TOTAL EXPENSES FROM DISREGARDED LLC'S INCLUDED IN 990 381,134.

Additional Data

[Return to Form](#)

Software ID:
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**Supplemental Information Regarding
Fundraising or Gaming Activities**

2020

**Open to Public
Inspection**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
RISEBORO COMMUNITY PARTNERSHIP INC

Employer identification number
11-2453853

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.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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.

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
	VIRTUAL GALA (event type)	(event type)	(total number)	(add col. (a) through col. (c))
1 Gross receipts	353,080			353,080
2 Less: Contributions	353,080			353,080
3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes			
	5 Noncash prizes			
	6 Rent/facility costs	15,500		15,500
	7 Food and beverages	160		160
	8 Entertainment	33,350		33,350
	9 Other direct expenses	11,006		11,006
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				60,016
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-60,016

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.

Revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
	1 Gross revenue			
Direct Expenses	2 Cash prizes			
	3 Noncash prizes			
	4 Rent/facility costs			
	5 Other direct expenses			
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % .. <input type="checkbox"/> No
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

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

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	%
b An outside facility	13b	%

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

Name ▶ -----

Address ▶ -----

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 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.	
Return Reference	Explanation

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Name of the organization
RISEBORO COMMUNITY PARTNERSHIP INC

Employer identification number
11-2453853

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 3** Enter total number of other organizations listed in the line 1 table _____

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) DHS HOMEBASE-TO PREVENT AT RISK HOUSEHOLDS FROM BECOMING HOMELESS.	338	1,364,589			
(2) DYCD AT RISK YOUTH	391	50,781			
(3) OUTREACH CAMPAIGNS IN NEIGHBORHOOD	381	64,155			
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	EMPOWERMENT - ELIGIBLE CLIENTS ARE THOSE THAT ARE ELIGIBLE FOR HOMEBASE SERVICES. RISEBORO'S HOMEBASE PROGRAM HAS FUNDS TO PAY ARREARS DIRECTLY, BUT IS TYPICALLY USED WHEN A FAMILY CANNOT GET ACCESS TO AN HRA ONE SHOT DEAL. HHS ELIGIBLE ARE THOSE FAMILIES WITH CHILDREN LIVING BELOW 200% OF THE FEDERAL POVERTY LIMIT OR SINGLE/ADULT FAMILIES LIVING BELOW 30% AMI (MEANING, COLLECTIVE HOUSEHOLD INCOME). - PAYMENTS MADE FROM RB ARE MADE TO LANDLORDS ON BEHALF OF TENANTS THAT OWE BACK RENT. LANDLORDS MUST PROVIDE PROOF OF OWNERSHIP AND TENANT MUST RESIDE IN A LEGAL APARTMENT/ROOM. PAYMENT ARE ISSUED DIRECTLY TO LANDLORDS AND DO NOT PASS THROUGH THE TENANT. - THE PAYMENTS ARE USED TO SETTLE TENANTS' BACK RENT (IE RENT OWED TO LANDLORD DUE TO FINANCIAL HARDSHIP). SENIOR SERVICES: ELIGIBILITY FOR THE MOW PROGRAMS ARE 60 YEARS OLD AND ABOVE AND DECLARED TO BE HOMEBOUND HAVING SOME SORT OF MOBILITY LIMITATION. ASSISTANCE IS ALSO AVAILABLE FOR THOSE UNDER 60 THAT HAVE DISABILITIES THAT ARE ALSO HOMEBOUND AND QUALIFY. YOUTH SERVICES: OUR YOUTH PROGRAMS OFFER ASSISTANCE TO STUDENTS ATTENDING KINDERGARTEN TO 12TH GRADES. THREE OF THE PROGRAMS OFFER THEIR PARTICIPANTS WITH INCENTIVES: MENTORING, LEARN & EARN AND EDUCATIONAL SUPPORT FOR HIGH SCHOOL YOUTH PROGRAM. THE PARTICIPANTS IN THE MENTORING PROGRAM MUST COMPLETE ASSIGNED PROJECTS IN ORDER TO RECEIVE THEIR INCENTIVE. LEARN & EARN PARTICIPANTS MUST COMPLETE A WORK READINESS PORTFOLIO ASSIGNED TO THEM IN ORDER TO RECEIVE THEIR INCENTIVE. THE EDUCATIONAL SUPPORT FOR HIGH SCHOOL YOUTH PROGRAM PARTICIPANTS RECEIVE AN INCENTIVE BASED ON THEIR ATTENDANCE IN THE PROGRAM AND IN THEIR INTERNSHIP. THE PAYMENTS GO THROUGH A PROCESS WHERE THE PROGRAM DIRECTOR AND ACCOUNTS PAYABLE STAFF REVIEW AND APPROVE THE PAYMENTS TO RELEASE TO THE INDIVIDUALS.

Additional Data

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Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
RISEBORO COMMUNITY PARTNERSHIP INC

Employer identification number

11-2453853

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
 - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
 - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
 - b** Any related organization?
- If "Yes," on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7	Yes	
8		No
9		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SCOTT SHORT CEO	(i)	383,216	50,000	19,500	14,453	36,293	503,462	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
2 EMILY KURTZ VP OF HOUSING	(i)	227,519	20,000	0	11,887	34,474	293,880	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
3 D ALEXANDRA DYER CFO	(i)	230,486	0	0	260	8,437	239,183	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
4 MIRTHA SANTANA VP OF EMPOWERMENT	(i)	183,676	0	0	9,274	17,185	210,135	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
5 MARIE ELENA ZULLO VP OF EDUCATION	(i)	199,786	0	0	9,820	516	210,122	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
6 MARIA VIERA VP OF COMMUNITY AFFAIRS	(i)	188,466	0	0	9,274	823	198,563	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
7 NOVELETTE SCOTT VP OF FINANCE THRU MAY 2021	(i)	180,026	0	0	8,377	1,616	190,019	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 7	SCOTT SHORT AND EMILY KURTZ RECEIVED A DISCRETIONARY BONUS IN THEIR 2020 W-2. THESE AMOUNTS WERE BASED ON PERFORMANCE AND BOARD APPROVED.

Additional Data

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SCHEDULE O
(Form 990 or 990-
EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2020

Open to Public Inspection

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.

Department of the Treasury

Name of the organization

RISEBORO COMMUNITY PARTNERSHIP INC

Employer identification number

11-2453853

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	BUSHWICK GARDENS RETAIL LLC, A DISREGARDED ENTITY OF RISEBORO COMMUNITY PARTNERSHIP, PAYS ANOTHER AFFILIATE, RISEBORO MANAGEMENT CORP, FOR MANAGEMENT SERVICES. RETAIL LLC PAID THE MANAGEMENT CORP \$4,860 DURING THE FISCAL YEAR 2021. NO OFFICERS OR DIRECTORS WERE COMPENSATED BY THE MANAGEMENT COMPANY.
FORM 990, PART VI, SECTION B, LINE 11B	BEFORE THE FORM 990 IS FILED, IT IS REVIEWED BY THE AUDIT COMMITTEE. IN ADDITION, A COPY OF THE FORM 990 IS SENT TO EACH BOARD MEMBER ELECTRONICALLY OR BY HAND WITH AN OPPORTUNITY TO REVIEW AND COMMENT PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY AND UPON FIRST JOINING RCP, EACH DIRECTOR, OFFICER AND EMPLOYEE IS PROVIDED WITH A COPY OF RCP'S CONFLICT OF INTEREST POLICY. THE POLICY REQUIRES SUCH INDIVIDUAL TO SIGN AN ANNUAL DISCLOSURE FORM OF ANY INTEREST THAT COULD GIVE RISE TO A CONFLICT. DIRECTORS, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO SIGN A MORE COMPREHENSIVE DISCLOSURE FORM THAN ARE EMPLOYEES. THE POLICY AND DISCLOSURE FORM ARE DISTRIBUTED AND COLLECTED BY THE HR DEPARTMENT AND SUBMITTED TO THE GENERAL COUNSEL FOR REVIEW. ALL POTENTIAL CONFLICTS ARE REPORTED TO THE GENERAL COUNSEL WHO REPORTS DIRECTLY TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. POTENTIAL CONFLICTS OF INTEREST INVOLVING DIRECTORS ARE REPORTED TO THE FULL BOARD OF DIRECTORS. A DIRECTOR INVOLVED, DIRECTLY OR INDIRECTLY, IN AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST TRANSACTION MAY NOT PARTICIPATE IN ANY DISCUSSION OF THE RELEVANT TRANSACTION.
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE REVIEWS THE COMPENSATION OF THE COMPANY'S OFFICERS AND KEY EMPLOYEES. THE ENTIRE BOARD REVIEWS THE COMPENSATION OF THE COMPANY'S CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, AND GENERAL COUNSEL. IN CONDUCTING THESE REVIEWS, EACH MEMBER OF THE EXECUTIVE COMMITTEE AND THE BOARD RELIES ON APPROPRIATE COMPARABILITY DATA AND CONTEMPORANEOUSLY SUBSTANTIATES ITS DELIBERATION AND DETERMINATION. THESE REVIEWS WERE CONDUCTED IN 2020. THE TITLES ARE COMPARED TO 3 TO 5 LIKE TITLES TO ORGANIZATIONS OF LIKE BUDGET SIZE AND COMPARE TO THE MEDIAN SALARIES OF THE COMPANIES. THE BOARD APPROVES ALL SALARIES ANNUALLY AND IT IS REFLECTED IN THE BOARD MEETINGS.
FORM 990, PART VI, SECTION C, LINE 19	RCP MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION BY POSTING IT ON THE WEBSITE OF THE OFFICE OF THE ATTORNEY GENERAL OF THE STATE OF NY. THE RETURN IS ALSO POSTED ON THE WEBSITE WWW.GUIDESTAR.ORG AND OTHER SIMILAR TYPE WEBSITES. RCP'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND YEAR-END FINANCIAL STATEMENTS ARE AVAILABLE UPON WRITTEN REQUEST AT RCP'S BUSINESS ADDRESS DURING NORMAL BUSINESS HOURS.
FORM 990, PART VII & SCHEDULE J, PARTS II & III:	RCP IS A COMPLEX ORGANIZATION THAT OPERATES THROUGH THE FILING ORGANIZATION AS WELL AS THAT OF A NUMBER OF ITS RELATED ORGANIZATIONS. BUSINESS OF THE RELATED ORGANIZATIONS IS ATTENDED TO BY MANAGEMENT AND AT MEETINGS OF RCP'S BOARD AS REQUIRED. ON AVERAGE, THE BOARD MEMBERS SPEND AN HOUR A WEEK ON RCP AND THE RELATED ORGANIZATIONS THROUGH WHICH IT OPERATES. IN ADDITION, THE OFFICERS AND KEY EMPLOYEES WORK AN AVERAGE OF AT LEAST 35 HOURS PER WEEK ON THE FILING ORGANIZATION AND THE RELATED ORGANIZATIONS THROUGH WHICH IT OPERATES. ALTHOUGH RCP ISSUES THE W-2, THE PORTION OF AN EMPLOYEE'S COMPENSATION THAT RELATES TO HOURS SPENT WORKING FOR A RELATED ORGANIZATION IS ALLOCATED TO THAT ORGANIZATION AND IT REIMBURSES RCP FOR THAT ALLOCATED AMOUNT.
FORM 990, PART XII, LINE 2C:	THE ORGANIZATION HAS A COMMITTEE THAT IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Additional Data

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Software Version:

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
RISEBORO COMMUNITY PARTNERSHIP INC

Employer identification number

11-2453853

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BUSHWICK GARDENS LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-2830534	AFFORDABLE HOUSING	NY	0	6,353	RISEBORO COMMUNITY PARTNERSHIP INC
(2) BUSHWICK GARDENS RETAIL LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-3064193	REAL ESTATE	NY	405,997	2,062,484	RISEBORO COMMUNITY PARTNERSHIP INC
(3) BMH AFFILIATES LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 82-1103752	AFFORDABLE HOUSING	NY	0	0	RISEBORO COMMUNITY PARTNERSHIP INC
(4) ATLANTIC EAST MANAGER LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 82-2110526	AFFORDABLE HOUSING	NY	0	0	RISEBORO COMMUNITY PARTNERSHIP INC

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) BROOKLYN-QUEENS FAMILY RESPITE INC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-2931055	RESPIRE SERVICES, REAL ESTATE	NY	501(C)(3)	LINE 12A, I	RISEBORO COMMUNITY PARTNERSHIP INC	Yes	
(2) BUENA VIDA CORP 48 CEDAR ST BROOKLYN, NY 11221 11-3237619	NURSING HOME	NY	501(C)(3)	LINE 10	RISEBORO COMMUNITY PARTNERSHIP INC	Yes	
(3) CASA PASIVA HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 81-2591243	AFFORDABLE HOUSING	NY	501(C)(3)	LINE 12A, I	RISEBORO COMMUNITY PARTNERSHIP INC	Yes	
(4) CITIZENS FOR A BETTER NEIGHBORHOOD HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-2870431	AFFORDABLE HOUSING	NY	501(C)(3)	LINE 12A, I	RISEBORO COMMUNITY PARTNERSHIP INC	Yes	
(5) COMMUNITY IMPROVEMENT CORPORATION 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-2917169	REAL ESTATE	NY	501(C)(3)	LINE 12A, I	RISEBORO COMMUNITY PARTNERSHIP INC	Yes	
(6) CORETTA SCOTT KING HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 45-1534613	AFFORDABLE HOUSING	NY	501(C)(3)	LINE 10	RISEBORO COMMUNITY PARTNERSHIP INC	Yes	
(7) GATES GARDENS HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 02-0695628	AFFORDABLE HOUSING	NY	501(C)(3)	LINE 10	RISEBORO COMMUNITY PARTNERSHIP INC	Yes	
(8) GATES PLAZA HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-2001667	AFFORDABLE HOUSING	NY	501(C)(3)	LINE 10	RISEBORO COMMUNITY PARTNERSHIP INC	Yes	
(9) GOODWIN PLACE HDFC INC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-2906035	AFFORDABLE HOUSING	NY	501(C)(3)	LINE 12A, I	RISEBORO COMMUNITY PARTNERSHIP INC	Yes	
(10) MOFFAT GARDENS ALP INC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 27-2210184	ASSISTED LIVING	NY	501(C)(3)	LINE 10	RISEBORO COMMUNITY PARTNERSHIP INC	Yes	
(11) MOFFAT GARDENS HDFC 565 BUSHWICK AVENUE	AFFORDABLE HOUSING	NY	501(C)(3)	LINE 10	RISEBORO COMMUNITY PARTNERSHIP INC	Yes	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BROOKLYN, NY 11206 26-1191326							
(12) NORTHERN BUSHWICK RESIDENTS ASSOCIATION 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-2833441	AFFORDABLE HOUSING	NY	501(C)(3)	LINE 10	RISEBORO COMMUNITY PARTNERSHIP INC	Yes	
(13) PLAZA DE LOS ANCIANOS DE WILSON HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3198278	AFFORDABLE HOUSING	NY	501(C)(3)	LINE 10	RISEBORO COMMUNITY PARTNERSHIP INC	Yes	
(14) RISEBORO HOMECARE INC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-2521680	HOME ATTENDANTS	NY	501(C)(3)	LINE 10	RISEBORO COMMUNITY PARTNERSHIP INC	Yes	
(15) TROUTMAN EVERGREEN HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3534156	AFFORDABLE HOUSING	NY	501(C)(3)	LINE 10	RISEBORO COMMUNITY PARTNERSHIP INC	Yes	
(16) WEST BUSHWICK 203K 565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-2985867	AFFORDABLE HOUSING	NY	501(C)(4)		RISEBORO COMMUNITY PARTNERSHIP INC	Yes	

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) 420 STOCKHOLM ASSOCIATES LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3473745	AFFORDABLE HOUSING	NY	420 STOCKHOLM CORP	NA				No			No	
(2) ATLANTIC EAST AFFILIATES LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 47-5312901	AFFORDABLE HOUSING	NY	HARRY T NANCE APARTMENTS HDFC	N/A				No			No	
(3) ATLANTIC EAST APARTMENTS LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 81-4286539	AFFORDABLE HOUSING	NY	ATLANTIC EAST MANAGER LLC	N/A				No			No	
(4) BETHANY MH MANAGER LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 82-1116604	AFFORDABLE HOUSING	NY	BMH AFFILIATES LLC	N/A				No			No	
(5) BETHANY MH LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 82-1092921	AFFORDABLE HOUSING	NY	BETHANY MH MANAGER LLC	N/A				No			No	
(6) CASA PASIVA MANAGERS LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 82-2877945	AFFORDABLE HOUSING	NY	CASA PASIVA HDFC	N/A				No			No	
(7) CASA PASIVA LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 82-2865009	AFFORDABLE HOUSING	NY	CASA PASIVA HDFC	N/A				No			No	
(8) GOODWIN HIMROD ASSOCIATES LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 26-3586804	AFFORDABLE HOUSING	NY	GOODWIN HIMROD CORP	N/A				No			No	
(9) HIMROD STREET ASSOCIATES LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-5416766	AFFORDABLE HOUSING	NY	HIMROD STREET APARTMENTS CORP	N/A				No			No	
(10) KNICKERBOCKER COMMONS ASSOCIATES LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 27-2085350	AFFORDABLE HOUSING	NY	KNICKERBOCKER COMMONS CORP	N/A				No			No	
(11) KNICKERBOCKER SQUARE ASSOCIATES LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 14-1807635	AFFORDABLE HOUSING	NY	1435 GATES AVE CORP	N/A				No			No	
(12) LINDEN CENTRAL ASSOCIATES LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3511538	AFFORDABLE HOUSING	NY	LINDEN CENTRAL CORP	N/A				No			No	
(13) MELROSE APARTMENTS ASSOCIATES LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 59-2797137	AFFORDABLE HOUSING	NY	MELROSE STREET APARTMENTS CORP	N/A				No			No	
(14) MENNONITE UNITED REVIVAL APARTMENTS LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 27-5280574	AFFORDABLE HOUSING	NY	RBSCC MENNONITE CORP	N/A				No			No	
(15) NOLL STREET ASSOCIATES LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3638335	AFFORDABLE HOUSING	NY	NOLL STREET APARTMENTS CORP	N/A				No			No	
(16) OUR LADY OF LOURDES APARTMENTS LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 47-2721483	AFFORDABLE HOUSING	NY	OUR LADY OF LOURDES HDFC	N/A				No			No	
(17) OUR LADY OF LOURDES LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 47-2869010	AFFORDABLE HOUSING	NY	OUR LADY OF LOURDES HDFC	N/A				No			No	
(18) RENAISSANCE ESTATE APARTMENTS LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 56-2384905	AFFORDABLE HOUSING	NY	RENAISSANCE ESTATES APARTMENT CORP	N/A				No			No	
(19) RHEINGOLD GARDENS APARTMENTS LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 52-2385379	AFFORDABLE HOUSING	NY	RHEINGOLD CORP	N/A				No			No	
(20) RHEINGOLD HEIGHTS ONE ASSOCIATES LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 26-1455209	AFFORDABLE HOUSING	NY	RHEINGOLD HEIGHTS ONE CORP	N/A				No			No	
(21) RHEINGOLD HEIGHTS TWO ASSOCIATES LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 26-3613369	AFFORDABLE HOUSING	NY	RHEINGOLD HEIGHTS TWO CORP	N/A				No			No	
(22) STAMMTISCH ASSOCIATES LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 46-2150671	AFFORDABLE HOUSING	NY	STAMMTISCH CORP	N/A				No			No	
(23) WEST BUSHWICK NRP ASSOCIATES LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-2105532	AFFORDABLE HOUSING	NY	WEST BUSHWICK NRP HDFC	N/A				No			No	
(24) WOODLAWN AFFILIATES LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 81-4378280	AFFORDABLE HOUSING	NY	WOODLAWN SENIOR LIVING HDFC	N/A				No			No	
(25) WOODLAWN SENIOR LIVING LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 82-0860829	AFFORDABLE HOUSING	NY	WOODLAWN SENIOR LIVING HDFC	N/A				No			No	
(26) WOODLAWN SENIOR MANAGER LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 82-0853356	AFFORDABLE HOUSING	NY	WOODLAWN SENIOR LIVING HDFC	N/A				No			No	
(27) RISEBORO TPT X LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 83-1984663	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	N/A				No		Yes	100.00 %	
(28) RISEBORO SOLAR LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 82-5502379	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	N/A				No		Yes	100.00 %	
(29) 37 HILLSIDE MANAGERS LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 83-1511216	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	N/A				No		Yes	100.00 %	
(30) 37 HILLSIDE OWNERS LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 83-1511216	AFFORDABLE HOUSING	NY	37 HILLSIDE MANAGERS LLC	N/A				No			No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)100 THROOP CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 22-4022213	REAL ESTATE	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.00 %	Yes	
(2)104-110 GROVE STREET HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3324953	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C		534,063	100.00 %	Yes	
(3)116-120 GROVE STREET HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3104636	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C		17,198	100.00 %	Yes	
(4)1435 GATES AVE CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 14-1807634	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C	33,359	863	100.00 %	Yes	
(5)420 STOCKHOLM CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3556707	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C		1	2,080,279	100.00 %	Yes
(6)420 STOCKHOLM HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3465580	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.00 %	Yes	
(7)75 LINDEN STREET HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3143393	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C		16,456	100.00 %	Yes	
(8)857 HART STREET HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 65-1176428	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C	71,554	735,005	100.00 %	Yes	
(9)924 HART STREET HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3210216	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.00 %	Yes	
(10)93-95 STOCKHOLM STREET HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3327113	REAL ESTATE	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C		1,221	100.00 %	Yes	
(11)BETHANY MH HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 82-1136176	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.00 %	Yes	
(12)BUSHWICK 203 NHP HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-3221888	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.00 %	Yes	
(13)COMMUNITY PROPERTY MANAGEMENT INC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3288657	MANAGEMENT OF HOUSING CORPS	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.00 %	Yes	
(14)ESPERANZA TPT HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-0721695	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C	148,155	1,373,605	100.00 %	Yes	
(15)GOODWIN HIMROD CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 26-3586525	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C	765,379	4,746,849	100.00 %	Yes	
(16)GOODWIN HIMROD SENIOR HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 26-4399754	REAL ESTATE	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.00 %	Yes	
(17)HARMAN PLAZA HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3261868	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C	2,269	511,414	100.00 %	Yes	
(18)HARRY T NANCE APARTMENTS HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 82-1592480	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.00 %	Yes	
(19)HIMROD STREET APARTMENTS CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-5416661	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C		2,500	100.00 %	Yes	
(20)HIMROD STREET HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-5522469	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.00 %	Yes	
(21)JRWING STOCKHOLM HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 26-2707931	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.00 %	Yes	
(22)JEFFERSON SPI HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-8829278	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C		133,888	1,609,151	100.00 %	Yes
(23)KNICKERBOCKER COMMONS CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 27-2229522	REAL ESTATE	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.00 %	Yes	
(24)KNICKERBOCKER COMMONS HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 27-2193434	REAL ESTATE	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.00 %	Yes	
(25)KNICKERBOCKER SQUARE HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 06-1527802	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.00 %	Yes	
(26)LINDEN BUSHWICK HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3407212	REAL ESTATE	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.00 %	Yes	
(27)LINDEN CENTRAL CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3515047	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.00 %	Yes	
(28)LINDEN COURT HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3500443	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.00 %	Yes	
(29)MELROSE SPI HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-8829192	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C	177,713	1,968,292	100.00 %	Yes	
(30)MELROSE STREET APARTMENTS CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 59-3797139	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.00 %	Yes	
(31)MELROSE STREET HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 86-1142002	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.00 %	Yes	
(32)MENNONITE UNITED REVIVAL HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 45-2750860	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.00 %	Yes	
(33)MENNONITE UNITED REVIVAL HOUSING CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 27-5279074	AFFORDABLE HOUSING	NY	RBSCC MENNONITE CORP	C			50.00 %	No	
(34)NOLL STREET CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3638341	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C		-395	2,500	100.00 %	Yes
(35)NOLL STREET HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3638362	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.00 %	Yes	
(36)OUR LADY OF LOURDES HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 47-2459362	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.00 %	Yes	
(37)RBSCC MENNONITE CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 25-2787949	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.00 %	Yes	
(38)RENAISSANCE ESTATES APARTMENT CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 56-2384863	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C	1	1,446,469	100.00 %	Yes	
(39)RENAISSANCE ESTATES HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 56-2384866	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.00 %	Yes	
(40)RHEINGOLD CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 55-0799349	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C	1	25,466	100.00 %	Yes	
(41)RHEINGOLD GARDENS HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 54-2078061	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.00 %	Yes	
(42)RHEINGOLD HEIGHTS ONE CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 26-1287793	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C		167,178	100.00 %	Yes	
(43)RHEINGOLD HEIGHTS ONE HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 26-1287838	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.00 %	Yes	
(44)RHEINGOLD HEIGHTS TWO CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 26-3613143	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C		2,500	100.00 %	Yes	
(45)RHEINGOLD HEIGHTS TWO HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 26-3613221	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.00 %	Yes	
(46)RIDGEWOOD BUSHWICK HARMAN STREET HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 61-1627261	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C		19,594	100.00 %	Yes	
(47)RIDGEWOOD BUSHWICK MANAGEMENT CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3034922	MANAGING AGENT FOR LIMITED PARTNERSHIPS	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.00 %	Yes	
(48)SCHAEFFER APARTMENTS HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 26-3380721	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C	388,127	6,214,906	100.00 %	Yes	
(49)SOUTH BUSHWICK NEIGHBORHOOD HOMES HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-3221819	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.00 %	Yes	
(50)STAMMTISCH CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)
- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)
- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses
- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a	Yes	
1b		No
1c	Yes	
1d	Yes	
1e	Yes	
1f	Yes	
1g		No
1h		No
1i		No
1j	Yes	
1k	Yes	
1l		No
1m		No
1n	Yes	
1o	Yes	
1p	Yes	
1q	Yes	
1r		No
1s		No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) RHEINGOLD GARDENS	K	95,052	COST
(2) COMMUNITY IMPROVEMENT CORP	K	294,150	COST
(3) CITIZENS FOR A BETTER NEIGHBORHOOD HDFC	P	59,091	COST
(4) MOFFAT HDFC	P	560,435	COST
(5) RIDGEWOOD BUSHWICK MANAGEMENT CORP	P	525,165	COST
(6) RIDGEWOOD BUSHWICK MANAGEMENT CORP	P	486,797	COST
(7) COMMUNITY PROPERTY MANAGEMENT INC	P	305,646	COST
(8) PLAZA DE LOS ANCIANOS DE WILSON HDFC	P	222,705	COST
(9) GATES GARDENS HDFC	P	202,373	COST
(10) COMMUNITY MANAGEMENT PROPERTY INC	P	183,158	COST
(11) RHEINGOLD GARDENS	P	173,873	COST
(12) WEST BUSHWICK 203K	P	169,018	COST
(13) TROUTMAN EVERGREEN HDFC	P	155,814	COST
(14) RENAISSANCE ESTATES	P	599,226	COST
(15) SCHAEFFER APARTMENTS HDFC	P	148,358	COST
(16) MOFFAT GARDENS HDFC	P	140,877	COST
(17) GATES PLAZA HDFC	P	129,608	COST
(18) RENAISSANCE ESTATES	P	124,857	COST
(19) COMMUNITY IMPROVEMENT CORP	P	107,353	COST
(20) 420 STOCKHOLM CORP	P	106,273	COST
(21) GOODWIN PLACE FOR THE ELDERLY HDFC	P	103,400	COST
(22) OLD STANLEY HDFC	P	102,783	COST
(23) WEST BUSHWICK TPT HDFC	P	82,294	COST
(24) BUSHWICK GARDENS APARTMENT CORPORATION	P	71,514	COST
(25) MELROSE STREET APARTMENTS	P	63,240	COST
(26) CORETTA SCOTT KING HDFC	P	147,448	COST
(27) BETHANY MH HDFC	P	633,917	COST
(28) ESPERANZA TPT HDFC	Q	152,321	COST
(29) GOODWIN HIMROD CORP	Q	166,840	COST
(30) 924 HART STREET HDFC	Q	103,400	COST
(31) 315 WEST 94TH STREET	A	224,804	COST

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation
FORM 990, PART V, LINE 1A:	RISEBORO COMMUNITY PARTNERSHIP INC. RECEIVED RENTAL INCOME, WHICH IS A SPECIFIED PAYMENT, FROM ITS CONTROLLED SUBSIDIARIES. THESE PAYMENTS WERE MADE AT ARM'S LENGTH AND MEETS THE FAIR MARKET VALUE STANDARD.

Schedule R (Form 990) 2020

Additional Data[Return to Form](#)**Software ID:****Software Version:**