

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2022

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.

Department of the Treasury Internal Revenue Service

A For the 2022 calendar year, or tax year beginning 07-01-2022, and ending 06-30-2023

- 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) Room/suite: 565 BUSHWICK AVENUE 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 \$ 82,896,570

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, Amount. Rows 2-7a: 2 Check this box, 3 Number of voting members (15), 4 Number of independent voting members (15), 5 Total number of individuals employed (824), 6 Total number of volunteers (353), 7a Total unrelated business revenue (0)

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-12: 8 Contributions and grants (50,406,821 / 51,705,206), 9 Program service revenue (4,156,433 / 25,238,580), 10 Investment income (1,157,673 / 276,382), 11 Other revenue (7,115,386 / 4,864,191), 12 Total revenue (62,836,313 / 82,084,359)

Table with 3 columns: Description, Prior Year, Current Year. Rows 13-19: 13 Grants and similar amounts paid (1,785,596 / 1,579,870), 14 Benefits paid (0 / 0), 15 Salaries, other compensation (33,114,455 / 36,841,928), 16a Professional fundraising fees (0 / 3,000), 16b Total fundraising expenses (53,149), 17 Other expenses (19,850,521 / 22,609,744), 18 Total expenses (54,750,572 / 61,034,542), 19 Revenue less expenses (8,085,741 / 21,049,817)

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets (48,886,621 / 128,271,476), 21 Total liabilities (22,759,654 / 87,748,072), 22 Net assets or fund balances (26,126,967 / 40,523,404)

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: SCOTT SHORT CEO, Date: 2024-05-15

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date: 2024-05-15, Check if self-employed, PTIN: P01603524, Firm's name: PKF O'CONNOR DAVIES ADVISORY LLC, Firm's EIN: 87-3231666, 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 \$ 26,452,493 including grants of \$ 1,579,870 ) (Revenue \$ 2,895,948 )

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. CASE MANAGEMENT CASE MANAGERS ENGAGE IN A COLLABORATIVE PRACTICE THAT PLANS, COORDINATES, MONITORS, AND EVALUATES A WIDE ARRAY OF SERVICES REQUIRED TO MEET THE SENIOR'S HEALTH AND OVERALL NEEDS. THIS INCLUDES, BUT IS NOT LIMITED TO, COORDINATING HOME CARE, AND APPLYING FOR SERVICES. THE OVERALL GOAL OF THE PROGRAM IS TO KEEP OLDER ADULTS LIVING INDEPENDENT LIVES, IN THEIR HOMES. 249 OPEN DAYS 1,165 CLIENTS SERVED 23,280 UNITS OF SERVICE 187 ITEMS PROVIDED FRIENDLY VISITING WITH THE GOAL OF COMBATting SOCIAL ISOLATION AND DEPRESSION, VOLUNTEERS PROVIDE POSITIVE SOCIAL CONTACT AND ENGAGE IN PURPOSEFUL ACTIVITIES WITH THEIR BUDDY EACH WEEK. FOR EXAMPLE, THEY PLAY CARDS OR BOARD GAMES, READ TOGETHER, KNIT OR CROCHET. 249 OPEN DAYS 1,502 CONTACTS 954 HOURS OF SERVICE HOME DELIVERED MEALS ON WHEELS PROGRAM PROVIDES A CONTINUOUS LIFELINE OF NOURISHING MEALS TO HOMEBOUND SENIORS ACROSS 12 COMMUNITIES IN BROOKLYN. THE AVERAGE PARTICIPANT RECEIVES 7 MEALS PER WEEK, INCLUDING HOLIDAYS. CLIENTS ARE ABLE TO CHOOSE FROM CULTURALLY APPROPRIATE MEAL CHOICES (I.E., GLATT KOSHER, CARIBBEAN) 365 OPEN DAYS 4,815 CLIENTS SERVED 1,011,939 MEALS SERVED 2,772 MEALS SERVED PER DAY OLDER ADULT CENTERS/CLUBS ACROSS 10 CENTERS, CULTURALLY AND DIETARY APPROPRIATE BREAKFAST, LUNCH, AND DINNER MEALS ARE PROVIDED TO OLDER ADULTS OVER THE AGE OF 60, AND THEIR ELIGIBLE GUESTS, ON A DAILY BASIS. STAFF ACROSS CENTERS ASSIST MEMBERS WITH VARYING SOCIAL SERVICE NEEDS THAT MAY INCLUDE INFORMATION, BENEFITS AND ENTITLEMENT COUNSELING, REFERRALS, ADVOCACY, AND HELP NAVIGATING SOCIAL SERVICE SYSTEMS. ACTIVITIES ARE CREATED AND TAILORED TO THE CULTURE OF EACH CENTER. AIMED TO INCREASE ENGAGEMENT, SOCIALIZATION, AND PROMOTE OVERALL HEALTH, EXAMPLES OF OFFERINGS INCLUDE: TAI CHI, BINGO, ZUMBA, CHAIR-OBICS, CHRONIC DISEASE MANAGEMENT, AND TECH CLASSES. TRANSPORTATION SERVICES HELPS OLDER ADULTS GET AROUND SAFELY, AND IS AVAILABLE SO THAT THEY CAN ATTEND ESSENTIAL MEDICAL AND SOCIAL SERVICE APPOINTMENTS. 249 OPEN DAYS 9,621 CASE CONTACTS 6,079 EDUCATION AND RECREATION EVENTS 88,657 HEALTH MANAGEMENT PARTICIPANTS 176,051 MEALS SERVED 707 MEALS PROVIDED PER DAY 6,751 TRANSPORT RIDES PROVIDED RESPITE AND SOCIAL ADULT DAY SERVICES THE RESPITE PROGRAM PROVIDES TEMPORARY SUBSTITUTE CARE AND SUPERVISION BY A HOME HEALTH AIDE USUALLY OVERNIGHT - IN THE ABSENCE OF THEIR CAREGIVER. SOCIAL ADULT DAYS SERVICES IS A STRUCTURED PROGRAM THAT PROVIDES FUNCTIONALLY IMPAIRED OLDER ADULTS SUPERVISION IN A PROTECTIVE SETTING. 365 OPEN DAYS/249 OPEN DAYS 64 OVERNIGHT STAYS 1,800 HOURS OF SOCIAL ADULT DAY SERVICES

4b (Code: ) (Expenses \$ 11,562,005 including grants of \$ ) (Revenue \$ 12,858,441 )

RB EMPOWERMENT: FACED WITH A LONG-STANDING ISSUE OF HOMELESSNESS AND UNEMPLOYMENT IN THE COMMUNITY, RISEBORO EMPOWERMENT WAS ESTABLISHED 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: 1,599 EVICTIONS PREVENTION CASES RESOLVED 829 HOUSEHOLDS RECEIVED LEGAL SERVICES 1,470 HOUSEHOLDS ENROLLED IN SNAP

4c (Code: ) (Expenses \$ 8,583,210 including grants of \$ ) (Revenue \$ 9,484,191 )

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: 3,600 YOUTH SERVED, 1,205 YOUTH ENROLLED IN WORKFORCE DEVELOPMENT PROGRAMMING, 774 ADULT LEARNERS ATTENDED ADULT EDUCATION CLASSES, 2,384 YOUTH ATTENDED PREVENTION EDUCATION WORKSHOPS, 100% HIGH SCHOOL GRADUATES ENROLLED IN COLLEGE.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 46,597,708

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 | <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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 the 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 line 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  | <b>Section 501(c)(3) organizations.</b> 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 on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> 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  | 160 |  |
| b  | Enter the number of Forms W-2G included on 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 17, including sub-questions like 2b, 3a, 3b, 4a, 5a, 5b, 5c, 6a, 6b, 7a, 7b, 7c, 7d, 7e, 7f, 7g, 7h, 8, 9a, 9b, 10a, 10b, 11a, 11b, 12a, 12b, 13a, 13b, 13c, 14a, 14b, 15, 16, 17. Includes a table with columns for question numbers and Yes/No responses.

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 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, or key employee listed in Part VII...

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

Table with 3 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 on Schedule O the process... 12a Did the organization have a written conflict of interest policy... 12b Were officers, directors, or trustees... 12c Did the organization regularly and consistently monitor... 13 Did the organization have a written whistleblower policy... 14 Did the organization have a written document retention... 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 assets to... 16b If "Yes," did the organization follow a written policy...

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed. 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.

**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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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)<br>Name and title                       | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                        |         |              |                              | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|--|---|------------------------|---------|--------------|------------------------------|---|--|---|
|   |  | Individual trustee or director  | Institutional Trustee; | Officer | Key employee | Highest compensated employee |   |  |   |
| (1) JOHN D SHUCK<br>CHAIRPERSON             | 0.50   | X   |                        | X       |              |                              | 0   | 0  | 0   |
| (2) VIRGINIA TORRES<br>SECRETARY            | 0.50   | X   |                        | X       |              |                              | 0   | 0  | 0   |
| (3) LARRY FERNANDEZ<br>TREASURER            | 0.50   | X   |                        | X       |              |                              | 0   | 0  | 0   |
| (4) DAN MINERVA<br>DIRECTOR                 | 0.50   | X   |                        |         |              |                              | 0   | 0  | 0   |
| (5) JONATHAN HOLMAN<br>DIRECTOR             | 0.50   | X   |                        |         |              |                              | 0   | 0  | 0   |
| (6) ROHAN MEHRA<br>DIRECTOR                 | 0.50   | X   |                        |         |              |                              | 0   | 0  | 0   |
| (7) ANGELA M BATTAGLIA<br>DIRECTOR          | 0.50   | X   |                        |         |              |                              | 0   | 0  | 0   |
| (8) JOANN STOCK<br>DIRECTOR                 | 0.50   | X   |                        |         |              |                              | 0   | 0  | 0   |
| (9) SAM JOSEPH AMIRFAR<br>DIRECTOR          | 0.50   | X   |                        |         |              |                              | 0   | 0  | 0   |
| (10) PAUL DEREOSA<br>DIRECTOR               | 0.50   | X   |                        |         |              |                              | 0   | 0  | 0   |
| (11) GREGORY CALISTE<br>DIRECTOR            | 0.50   | X   |                        |         |              |                              | 0   | 0  | 0   |
| (12) ANDREA TAN<br>DIRECTOR                 | 0.50   | X   |                        |         |              |                              | 0   | 0  | 0   |
| (13) JEANETTE CEPEDA<br>DIRECTOR            | 0.50   | X   |                        |         |              |                              | 0   | 0  | 0   |
| (14) CATHERINE KIM<br>DIRECTOR              | 0.50   | X   |                        |         |              |                              | 0   | 0  | 0   |
| (15) EGONDU M ONUOHA<br>DIRECTOR            | 0.50   | X   |                        |         |              |                              | 0   | 0  | 0   |
| (16) SCOTT SHORT<br>CEO                     | 30.00<br>19.00   |   |                        | X       |              |                              | 445,968   | 0  | 54,404  |
| (17) D ALEXANDRA DYER<br>CFO, THRU AUG 2022 | 30.00<br>9.00  |   |                        | X       |              |                              | 166,859   | 0  | 12,188  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                        |         |              |                              | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|------------------------|---------|--------------|------------------------------|---|--|---|
|  |  | Individual trustee or director  | Institutional Trustee; | Officer | Key employee | Highest compensated employee |   |  |   |
| (18) JENNIFER NHU NGUYEN<br>CFO, AS OF MARCH 2023              | 30.00<br>10.00   |   |                        | X       |              |                              | 0   | 0  | 0   |
| (19) EMILY KURTZ<br>VP OF HOUSING                              | 1.00<br>39.00  |   |                        |         | X            |                              | 213,624   | 0  | 46,484  |
| (20) MIRTHA SANTANA<br>C.P.O.                                  | 40.00<br>0.00  |   |                        |         | X            |                              | 178,754   | 0  | 23,881  |
| (21) MARIE ELENA ZULLO<br>VP OF EDUCATION                      | 50.00<br>0.00  |   |                        |         | X            |                              | 201,803   | 0  | 10,851  |
| (22) MARIA VIERA<br>VP OF COMMUNITY AFFAIRS                    | 40.00<br>0.00  |   |                        |         | X            |                              | 199,365   | 0  | 11,307  |
| (23) SANDHYA BOYD<br>GENERAL COUNSEL                           | 40.00<br>0.00  |   |                        |         | X            |                              | 255,214   | 0  | 13,375  |
| (24) SANDRA CHRISTIAN<br>VP OF SENIORS                         | 40.00<br>0.00  |   |                        |         | X            |                              | 192,382   | 0  | 20,472  |
| (25) GRAIKELIS MORALES<br>COO                                  | 40.00<br>0.00  |   |                        |         | X            |                              | 231,034   | 0  | 10,950  |
| (26) JOSCELYN TRUITT<br>VP OF EMPOWERMENT                      | 40.00<br>0.00  |   |                        |         | X            |                              | 170,783   | 0  | 27,553  |
| (27) KENT ARTHUR<br>DIRECTOR OF LEGAL EMPOWERMENT              | 40.00<br>0.00  |   |                        |         |              | X                            | 167,913   | 0  | 9,352   |
| (28) FRANCESCA BOWEN<br>DIRECTOR OF AUDITS                     | 40.00<br>0.00  |   |                        |         |              | X                            | 181,201   | 0  | 9,769   |
| (29) RYAN CASSIDY<br>DIRECTOR OF SUSTAINABILITY                | 40.00<br>0.00  |   |                        |         |              | X                            | 162,885   | 0  | 8,505   |
| (30) ROBERT SANTOS<br>DIRECTOR OF OPERATIONS AND FACILITIES    | 40.00<br>0.00  |   |                        |         |              | X                            | 165,373   | 0  | 39,621  |
| (31) RITHA PIERRE<br>ASSOCIATE GENERAL COUNSEL                 | 40.00<br>0.00  |   |                        |         |              | X                            | 153,775   | 0  | 29,857  |
| <b>1b Sub-Total</b>  |  |   |                        |         |              |                              |   |  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |  |   |                        |         |              |                              |   |  |   |
| <b>d Total (add lines 1b and 1c)</b>                           |  |   |                        |         |              |                              | 3,086,933   | 0  | 328,569   |

**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 |
|--|-----|----|
| <b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>  |     | No |
| <b>4</b> 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 |    |
| <b>5</b> 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)<br>Name and business address   | (B)<br>Description of services | (C)<br>Compensation |
|--|--------------------------------|---------------------|
| HEALTHY HEART FOOD SERVICE INC<br>PO BOX 377<br>CEDARHURST, NY 11516       | MEAL DELIVERY                  | 2,581,196           |
| MILES TECHNOLOGIES<br>100 MOUNT HOLLY BYPASS<br>LUMBERTON, NJ 08048        | INFORMATION TECHNOLOGY         | 508,448             |
| PAYCOM<br>1 PENNSYLVANIA PLAZA<br>NEW YORK, NY 10119                       | PAYROLL PROCESSING             | 239,081             |
| PROTIVITI<br>2613 CAMINO RAMON<br>SAN RAMON, CA 94583                      | CONSULTANT                     | 211,250             |
| PKF O'CONNOR DAVIS LLP<br>245 PARK AVENUE 12TH FLOOR<br>NEW YORK, NY 10167 | AUDIT & TAX SERVICES           | 189,300             |

**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 **▶ 1 1**

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants, and Other Similar Amounts, and Federated campaigns, Membership dues, Fundraising events, etc.

Table for Program Service Revenue with columns for Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include DEVELOPMENT FEE, RENTAL INCOME FROM RELATED PARTY, RENTAL INCOME GENERATED THRU LLC, CLIENT FEES, MARKETING FEES, and Total.

Table for Other Revenue with columns for (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include Investment income, Income from investment of tax-exempt bond proceeds, Royalties, Rental income, Net gain or loss from sales of assets, Gross income from fundraising events, Net income or loss from gaming activities, and Net income or loss from sales of inventory.

Table for Other Revenue Misc Amt with columns for Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include REIMBURSEMENT FROM AFFILIATES, SETTLEMENT INCOME, OTHER INCOME, All other revenue, and Total revenue.

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  |                       |                                 |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   | 1,579,870             | 1,579,870                       |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | 2,677,473             | 1,097,106                       | 1,533,626                              | 46,741                      |
| <b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages  | 27,630,614            | 22,141,223                      | 5,489,391                              |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 868,656               | 719,502                         | 148,314                                | 840                         |
| <b>9</b> Other employee benefits   | 2,717,014             | 2,167,182                       | 549,811                                | 21                          |
| <b>10</b> Payroll taxes  | 2,948,171             | 2,334,735                       | 610,889                                | 2,547                       |
| <b>11</b> Fees for services (non-employees):   |                       |                                 |  |                             |
| <b>a</b> Management  | 131,382               | 4,860                           | 126,522                                |                             |
| <b>b</b> Legal   | 246,019               | 25,765                          | 220,254                                |                             |
| <b>c</b> Accounting  | 545,626               | 200                             | 545,426                                |                             |
| <b>d</b> Lobbying  | 77,816                |                                 | 77,816                                 |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   | 3,000                 |                                 |  | 3,000                       |
| <b>f</b> Investment management fees  |                       |                                 |  |                             |
| <b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)  | 3,551,051             | 1,869,191                       | 1,681,860                              |                             |
| <b>12</b> Advertising and promotion  | 73,971                | 54,231                          | 19,740                                 |                             |
| <b>13</b> Office expenses  | 2,982,001             | 2,560,954                       | 421,047                                |                             |
| <b>14</b> Information technology   | 358,130               | 149,028                         | 209,102                                |                             |
| <b>15</b> Royalties  |                       |                                 |  |                             |
| <b>16</b> Occupancy  | 4,632,204             | 3,477,435                       | 1,154,769                              |                             |
| <b>17</b> Travel   | 161,235               | 152,035                         | 9,200                                  |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings   | 129,351               | 66,737                          | 62,614                                 |                             |
| <b>20</b> Interest   | 108,415               | 184                             | 108,231                                |                             |
| <b>21</b> Payments to affiliates   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization  | 117,036               | 34,231                          | 82,805                                 |                             |
| <b>23</b> Insurance  | 306,736               | 96,258                          | 210,478                                |                             |
| <b>24</b> 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.)  |                       |                                 |  |                             |
| <b>a</b> FOOD  | 5,543,383             | 5,463,440                       | 79,943                                 |                             |
| <b>b</b> REPAIRS & MAINTENANCE   | 1,616,010             | 1,614,762                       | 1,248                                  |                             |
| <b>c</b> BAD DEBT EXPENSE  | 820,689               |                                 | 820,689                                |                             |
| <b>d</b> MISCELLANEOUS   | 320,930               | 219,504                         | 101,426                                |                             |
| <b>e</b> All other expenses  | 887,759               | 769,275                         | 118,484                                |                             |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e  | 61,034,542            | 46,597,708                      | 14,383,685                             | 53,149                      |
| <b>26</b> <b>Joint costs.</b> 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

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year   |
|---|--|--------------------------|-------------|----------------------|
| <b>Assets</b>   | <b>1</b> Cash-non-interest-bearing . . . . .   | 868,854                  | <b>1</b>    | 1,235,354            |
|   | <b>2</b> Savings and temporary cash investments  | 855,063                  | <b>2</b>    | 509,491              |
|   | <b>3</b> Pledges and grants receivable, net . . . . .  | 25,650,050               | <b>3</b>    | 19,145,837           |
|   | <b>4</b> Accounts receivable, net . . . . .  | 7,759,159                | <b>4</b>    | 20,303,328           |
|   | <b>5</b> Loans and other receivables from 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 |                          | <b>5</b>    |                      |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)   |                          | <b>6</b>    |                      |
|   | <b>7</b> Notes and loans receivable, net . . . . .   |                          | <b>7</b>    |                      |
|   | <b>8</b> Inventories for sale or use . . . . .   |                          | <b>8</b>    |                      |
|   | <b>9</b> Prepaid expenses and deferred charges . . . . .   | 1,468,553                | <b>9</b>    | 4,201,855            |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D   | <b>10a</b> 4,081,520     |             |                      |
|   | <b>b</b> Less: accumulated depreciation  | <b>10b</b> 2,108,645     | 2,035,885   | <b>10c</b> 1,972,875 |
|   | <b>11</b> Investments—publicly traded securities . . . . .   |                          | <b>11</b>   |                      |
|   | <b>12</b> Investments—other securities. See Part IV, line 11 . . . . .   |                          | <b>12</b>   |                      |
|   | <b>13</b> Investments—program-related. See Part IV, line 11 . . . . .  | 5,226,697                | <b>13</b>   | 6,651,523            |
|   | <b>14</b> Intangible assets . . . . .  |                          | <b>14</b>   |                      |
|   | <b>15</b> Other assets. See Part IV, line 11   | 5,022,360                | <b>15</b>   | 74,251,213           |
| <b>16 Total assets:</b> Add lines 1 through 15 (must equal line 33) . . . . . | 48,886,621   | <b>16</b>                | 128,271,476 |                      |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses . . . . .  | 9,306,261                | <b>17</b>   | 10,806,049           |
|   | <b>18</b> Grants payable . . . . .   |                          | <b>18</b>   |                      |
|   | <b>19</b> Deferred revenue . . . . .   |                          | <b>19</b>   | 28,544               |
|   | <b>20</b> Tax-exempt bond liabilities . . . . .  |                          | <b>20</b>   |                      |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D  | 104,765                  | <b>21</b>   | 205,826              |
|   | <b>22</b> Loans and other 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     |                          | <b>22</b>   |                      |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .   | 1,097,095                | <b>23</b>   | 4,044,169            |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .   | 2,686,438                | <b>24</b>   | 2,644,181            |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D  | 9,565,095                | <b>25</b>   | 70,019,303           |
|   | <b>26 Total liabilities:</b> Add lines 17 through 25 . . . . .   | 22,759,654               | <b>26</b>   | 87,748,072           |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>   |                          |             |                      |
|   | <b>27</b> Net assets without donor restrictions . . . . .  | 26,126,967               | <b>27</b>   | 40,523,404           |
|   | <b>28</b> Net assets with donor restrictions   |                          | <b>28</b>   |                      |
|   | <b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>  |                          |             |                      |
|   | <b>29</b> Capital stock or trust principal, or current funds . . . . .   |                          | <b>29</b>   |                      |
|   | <b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .  |                          | <b>30</b>   |                      |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds   |                          | <b>31</b>   |                      |
|   | <b>32</b> Total net assets or fund balances  | 26,126,967               | <b>32</b>   | 40,523,404           |
| <b>33</b> Total liabilities and net assets/fund balances                      | 48,886,621   | <b>33</b>                | 128,271,476 |                      |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 82,084,359 |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 61,034,542 |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 21,049,817 |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 26,126,967 |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |            |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain in Schedule O)   | <b>9</b>  | -6,653,380 |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A)) | <b>10</b> | 40,523,404 |

**Part XII Financial Statements and Reporting**

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

|           |   | Yes | No |
|-----------|---|-----|----|
| <b>1</b>  | Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.   |     |    |
| <b>2a</b> | Were the organization's financial statements compiled or reviewed by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| <b>2b</b> | Were the organization's financial statements audited by an independent accountant?<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input checked="" type="checkbox"/> Both consolidated and separate basis                | Yes |    |
| <b>2c</b> | 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?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.  | Yes |    |
| <b>3a</b> | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?   | Yes |    |
| <b>3b</b> | 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**

**Public Charity Status and Public Support**

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

**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).)
- 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:

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- 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 on 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 |   |   |
|                                    |          |  |   |    |   |   |
|                                    |          |  |   |    |   |   |
| <b>Total</b>                       |          |  |   |    |   |   |

**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**

| Calendar year<br>(or fiscal year beginning in) ▶   | (a) 2018   | (b) 2019   | (c) 2020   | (d) 2021   | (e) 2022   | (f) Total   |
|--|------------|------------|------------|------------|------------|-------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .   | 29,128,722 | 32,678,010 | 35,688,523 | 50,406,821 | 51,705,206 | 199,607,282 |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .   |            |            |            |            |            |             |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge..   |            |            |            |            |            |             |
| <b>4 Total.</b> Add lines 1 through 3  | 29,128,722 | 32,678,010 | 35,688,523 | 50,406,821 | 51,705,206 | 199,607,282 |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . |            |            |            |            |            |             |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |            |            |            |            |            | 199,607,282 |

**Section B. Total Support**

| Calendar year<br>(or fiscal year beginning in) ▶  | (a) 2018   | (b) 2019   | (c) 2020   | (d) 2021   | (e) 2022   | (f) Total   |
|---|------------|------------|------------|------------|------------|-------------|
| <b>7</b> Amounts from line 4. . . . .   | 29,128,722 | 32,678,010 | 35,688,523 | 50,406,821 | 51,705,206 | 199,607,282 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . . | 2,468,757  | 2,183,312  | 3,219,014  | 2,863,073  | 2,139,109  | 12,873,265  |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on. . . . .                              |            | 57,181     |            |            |            | 57,181      |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . . . .                                | 1,681,796  | 1,048,258  | 6,609,058  | 6,175,933  | 3,641,439  | 19,156,484  |
| <b>11 Total support.</b> Add lines 7 through 10   |            |            |            |            |            | 231,694,212 |

**12** Gross receipts from related activities, etc. (see instructions) . . . . . **12** 41,054,768

**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**

|  |           |          |
|--|-----------|----------|
| <b>14</b> Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f)) . . . . . | <b>14</b> | 86.150 % |
| <b>15</b> Public support percentage for 2020 Schedule A, Part II, line 14 . . . . .                        | <b>15</b> | 85.260 % |

- 16a 33 1/3% support test—2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- b 33 1/3% support test—2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .
- 17a 10%-facts-and-circumstances test—2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .
- b 10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . .
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .

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

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support; 14 First 5 years.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2021 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests-2022. 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.
b 33 1/3% support tests-2021. 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.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**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 |
|------------|---|-----|----|
| <b>1</b>   | Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.  |     |    |
| <b>2</b>   | Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).   |     |    |
| <b>3a</b>  | Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.   |     |    |
| <b>b</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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.   |     |    |
| <b>c</b>   | Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.  |     |    |
| <b>4a</b>  | Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.   |     |    |
| <b>b</b>   | Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.  |     |    |
| <b>c</b>   | 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)? If "Yes," explain in <b>Part VI</b> 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.   |     |    |
| <b>5a</b>  | Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b> , 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). |     |    |
| <b>b</b>   | <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| <b>c</b>   | <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
| <b>6</b>   | 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? If "Yes," provide detail in <b>Part VI</b> .   |     |    |
| <b>7</b>   | 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? If "Yes," complete Part I of Schedule L (Form 990).  |     |    |
| <b>8</b>   | Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).   |     |    |
| <b>9a</b>  | 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))? If "Yes," provide detail in <b>Part VI</b> .   |     |    |
| <b>b</b>   | Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .   |     |    |
| <b>c</b>   | Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .  |     |    |
| <b>10a</b> | 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)? If "Yes," answer line 10b below.   |     |    |
| <b>b</b>   | Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).  |     |    |

**Part IV Supporting Organizations** (continued)

- |            | Yes | No |
|------------|-----|----|
|            |     |    |
| <b>11a</b> |     |    |
| <b>11b</b> |     |    |
| <b>11c</b> |     |    |
- 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 on lines 11b and 11c below, the governing body of a supported organization?
- b** A family member of a person described on 11a above?
- c** A 35% controlled entity of a person described on line 11a or 11b above? *If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.*

**Section B. Type I Supporting Organizations**

- |          | Yes | No |
|----------|-----|----|
|          |     |    |
| <b>1</b> |     |    |
|          |     |    |
| <b>2</b> |     |    |
- 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.*

**Section C. Type II Supporting Organizations**

- |          | Yes | No |
|----------|-----|----|
|          |     |    |
| <b>1</b> |     |    |
- 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).*

**Section D. All Type III Supporting Organizations**

- |          | Yes | No |
|----------|-----|----|
|          |     |    |
| <b>1</b> |     |    |
|          |     |    |
| <b>2</b> |     |    |
|          |     |    |
| <b>3</b> |     |    |
- 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.*

**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.**

- |           | Yes | No |
|-----------|-----|----|
|           |     |    |
| <b>2a</b> |     |    |
|           |     |    |
| <b>2b</b> |     |    |
- 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 on line 2a, above 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.*

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

- |           | Yes | No |
|-----------|-----|----|
|           |     |    |
| <b>3a</b> |     |    |
|           |     |    |
| <b>3b</b> |     |    |
- 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)

- |   |          |  |  |
|---|----------|--|--|
| <b>1</b> Net short-term capital gain  | <b>1</b> |  |  |
| <b>2</b> Recoveries of prior-year distributions   | <b>2</b> |  |  |
| <b>3</b> Other gross income (see instructions)  | <b>3</b> |  |  |
| <b>4</b> Add lines 1 through 3  | <b>4</b> |  |  |
| <b>5</b> Depreciation and depletion   | <b>5</b> |  |  |
| <b>6</b> 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) | <b>6</b> |  |  |
| <b>7</b> Other expenses (see instructions)  | <b>7</b> |  |  |
| <b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)  | <b>8</b> |  |  |

**Section B - Minimum Asset Amount**

(A) Prior Year

(B) Current Year  
(optional)

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

**Section C - Distributable Amount**

Current Year

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

- 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 |
|--|-----------|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>  |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity             | <b>2</b>  |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>  |              |
| <b>4</b> Amounts paid to acquire exempt-use assets   | <b>4</b>  |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required - provide details in <b>Part VI</b> )  | <b>5</b>  |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions   | <b>6</b>  |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.  | <b>7</b>  |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions | <b>8</b>  |              |
| <b>9</b> Distributable amount for 2022 from Section C, line 6  | <b>9</b>  |              |
| <b>10</b> Line 8 amount divided by Line 9 amount   | <b>10</b> |              |

| Section E - Distribution Allocations<br>(see instructions)   | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2022 | (iii)<br>Distributable<br>Amount for 2022 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2022 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in <b>Part VI</b> ). See instructions.   |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2022:  |                             |  |   |
| <b>a</b> From 2017. . . . .  |                             |  |   |
| <b>b</b> From 2018. . . . .  |                             |  |   |
| <b>c</b> From 2019. . . . .  |                             |  |   |
| <b>d</b> From 2020. . . . .  |                             |  |   |
| <b>e</b> From 2021. . . . .  |                             |  |   |
| <b>f Total</b> of lines 3a through e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2022 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2017 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                             |  |   |
| <b>4</b> Distributions for 2022 from Section D, line 7:<br>\$  |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2022 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |  |   |
| <b>7 Excess distributions carryover to 2023.</b> Add lines 3j and 4c.  |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2018. . . . .   |                             |  |   |
| <b>b</b> Excess from 2019. . . . .   |                             |  |   |
| <b>c</b> Excess from 2020. . . . .   |                             |  |   |
| <b>d</b> Excess from 2021. . . . .   |                             |  |   |
| <b>e</b> Excess from 2022. . . . .   |                             |  |   |

**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 - 2018 AMOUNT: \$ 952,829. 2019 AMOUNT: \$ 296,521. 2020 AMOUNT: \$ 480,448. 2021 AMOUNT: \$ 712,342. 2022 AMOUNT: \$ 148,124. RECOVERY OF BAD DEBT - 2019 AMOUNT: \$ 446,000. REIMBURSEMENT FROM AFFILIATES - 2018 AMOUNT: \$ 728,967. 2019 AMOUNT: \$ 305,737. 2020 AMOUNT: \$ 6,128,610. 2021 AMOUNT: \$ 5,401,703. 2022 AMOUNT: \$ 3,208,695. IRS TAX REIMBURSEMENT - 2021 AMOUNT: \$ 61,888. OTHER REIMBURSEMENTS - 2022 AMOUNT: \$ 11,103. SETTLEMENT - 2022 AMOUNT: \$ 273,517. |

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**Schedule B**

**Schedule of Contributors**

OMB No. 1545-0047

(Form 990)  
Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990, 990-EZ, or 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

**2022**

|  |  |
|--|--|
| Name of the organization<br>RISEBORO COMMUNITY PARTNERSHIP INC | Employer identification number<br>11-2453853 |
|--|--|

Organization type (check one):

**Filers of:**

**Section:**

- Form 990 or 990-EZ
  - 501(c)( ) (enter number) organization
  - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
  - 527 political organization
- Form 990-PF
  - 501(c)(3) exempt private foundation
  - 4947(a)(1) nonexempt charitable trust treated as a private foundation
  - 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 33<sup>1</sup>/<sub>3</sub>% 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)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
|------------|-----------------------------------|----------------------------|--|
| RESTRICTED |                                   | \$ RESTRICTED              | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
| -          |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
| -          |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
| -          |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
| -          |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(Complete Part II for noncash contributions.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution  |
| -          |                                   | \$                         | <input type="checkbox"/> Person<br><input type="checkbox"/> Payroll<br><input type="checkbox"/> Noncash<br>(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)<br>No. from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions) | (d)<br>Date received |
|---------------------------|--|--|----------------------|
| -                         | _____<br>_____<br>_____                      | _____<br>\$                                    | _____                |
| -                         | _____<br>_____<br>_____                      | _____<br>\$                                    | _____                |
| -                         | _____<br>_____<br>_____                      | _____<br>\$                                    | _____                |
| -                         | _____<br>_____<br>_____                      | _____<br>\$                                    | _____                |
| -                         | _____<br>_____<br>_____                      | _____<br>\$                                    | _____                |
| -                         | _____<br>_____<br>_____                      | _____<br>\$                                    | _____                |
| -                         | _____<br>_____<br>_____                      | _____<br>\$                                    | _____                |
| -                         | _____<br>_____<br>_____                      | _____<br>\$                                    | _____                |
| -                         | _____<br>_____<br>_____                      | _____<br>\$                                    | _____                |

Name of organization  
RISEBORO COMMUNITY PARTNERSHIP INC

Employer identification number

11-2453853

**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)<br>No. from<br>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)<br>No. from<br>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)<br>No. from<br>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)<br>No. from<br>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**

**Return to Form**

**Software ID:**

**Software Version:**

**Political Campaign and Lobbying Activities**

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://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<br>RISEBORO COMMUNITY PARTNERSHIP INC | <b>Employer identification number</b><br><br>11-2453853 |
|--|---|

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

|          |   |   |          |
|----------|---|---|----------|
| <b>1</b> | Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities." |   |          |
| <b>2</b> | Political campaign activity expenditures. See instructions .....  | ▶ | \$ _____ |
| <b>3</b> | Volunteer hours for political campaign activities. See instructions .....   |   | _____    |

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

|           |   |  |  |
|-----------|---|--|--|
| <b>1</b>  | Enter the amount of any excise tax incurred by the organization under section 4955 .....      |  | \$ _____   |
| <b>2</b>  | Enter the amount of any excise tax incurred by organization managers under section 4955 ..... |  | \$ _____   |
| <b>3</b>  | If the organization incurred a section 4955 tax, did it file Form 4720 for this year? .....   |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>4a</b> | Was a correction made? .....  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</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).**

|          |   |   |  |
|----------|---|---|--|
| <b>1</b> | Enter the amount directly expended by the filing organization for section 527 exempt function activities .....  |   | \$ _____   |
| <b>2</b> | Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities .....   | ▶ | \$ _____   |
| <b>3</b> | Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.....   |   | \$ _____   |
| <b>4</b> | Did the filing organization file <b>Form 1120-POL</b> for this year? .....  |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>5</b> | 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-. |
|----------|-------------|---------|---|--|
| <b>1</b> |             |         |   |  |
| <b>2</b> |             |         |   |  |
| <b>3</b> |             |         |   |  |
| <b>4</b> |             |         |   |  |
| <b>5</b> |             |         |   |  |
| <b>6</b> |             |         |   |  |

**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.

| <b>Limits on Lobbying Expenditures</b><br><b>(The term "expenditures" means amounts paid or incurred.)</b>   | <b>(a)</b> Filing organization's totals                  | <b>(b)</b> Affiliated group totals        |                    |                               |   |  |   |  |  |   |                   |              |  |  |
|--|--|---|--------------------|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grass roots lobbying) .....   |  |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying) .....   |  |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b) .....   |  |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>d</b> Other exempt purpose expenditures .....   |  |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d) .....   |  |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>f</b> 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%; text-align:left;"><b>If the amount on line 1e, column (a) or (b) is:</b></th> <th style="width:65%; text-align:left;"><b>The lobbying nontaxable amount is:</b></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> | <b>If the amount on line 1e, column (a) or (b) is:</b>   | <b>The lobbying nontaxable amount is:</b> | 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. |  |  |
| <b>If the amount on line 1e, column (a) or (b) is:</b>   | <b>The lobbying nontaxable amount is:</b>                |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| 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.   |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f) .....   |  |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0- .....   |  |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0- .....   |  |   |                    |                               |   |  |   |  |  |   |                   |              |  |  |
| <b>j</b> 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.)**

| <b>Lobbying Expenditures During 4-Year Averaging Period</b>      |          |          |          |          |           |
|--|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in)                      | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) Total |
| <b>2a</b> Lobbying nontaxable amount                             |          |          |          |          |           |
| <b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))    |          |          |          |          |           |
| <b>c</b> Total lobbying expenditures                             |          |          |          |          |           |
| <b>d</b> Grassroots nontaxable amount                            |          |          |          |          |           |
| <b>e</b> Grassroots ceiling amount (150% of line 2d, column (e)) |          |          |          |          |           |
| <b>f</b> 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 |
| <b>1</b> 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: |     |    |        |
| <b>a</b> Volunteers? .....   |     | No |        |
| <b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .....  | Yes |    |        |
| <b>c</b> Media advertisements? .....   |     | No |        |
| <b>d</b> Mailings to members, legislators, or the public? .....  |     | No |        |
| <b>e</b> Publications, or published or broadcast statements? .....   |     | No |        |
| <b>f</b> Grants to other organizations for lobbying purposes? .....  |     | No |        |
| <b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body? .....   |     | No |        |
| <b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? .....   |     | No |        |
| <b>i</b> Other activities? .....   | Yes |    | 77,816 |
| <b>j</b> Total. Add lines 1c through 1i .....  |     |    | 77,816 |
| <b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? .....  |     | No |        |
| <b>b</b> If "Yes," enter the amount of any tax incurred under section 4912 .....   |     |    |        |
| <b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .....  |     |    |        |
| <b>d</b> 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 |
|--|----------|----|
| <b>1</b> Were substantially all (90% or more) dues received nondeductible by members? .....                      | <b>1</b> |    |
| <b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less? .....                 | <b>2</b> |    |
| <b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year? ..... | <b>3</b> |    |

**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."**

|   |           |  |
|---|-----------|--|
| <b>1</b> Dues, assessments and similar amounts from members .....   | <b>1</b>  |  |
| <b>2</b> Section 162(e) nondeductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).  |           |  |
| <b>a</b> Current year .....   | <b>2a</b> |  |
| <b>b</b> Carryover from last year .....   | <b>2b</b> |  |
| <b>c</b> Total .....  | <b>2c</b> |  |
| <b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .  | <b>3</b>  |  |
| <b>4</b> 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? ..... | <b>4</b>  |  |
| <b>5</b> Taxable amount of lobbying and political expenditures. See Instructions .....  | <b>5</b>  |  |

**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. ADDITIONALLY THE ORGANIZATION HAS HIRED BOLTON-ST JOHN TO PROVIDE LEGISLATIVE AND REGULATORY REPRESENTATION AND INTERACTION WITH STATE AND LOCAL GOVERNMENTS. |

**Additional Data**

**Return to Form**

**Software ID:**  
**Software Version:**

Supplemental Financial Statements

2022

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor informed status.

Part II Conservation Easements.

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for 'Held at the End of the Year' with rows 2a-2d, and various questions about monitoring and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for art and historical treasures.

**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    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions . . . . .                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses               |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> 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 |
|---------------|-----|----|
| <b>3a(i)</b>  |     |    |
| <b>3a(ii)</b> |     |    |
| <b>3b</b>     |     |    |

- 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 |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land . . . . .   |                                      |                                 |                              |                |
| <b>b</b> Buildings . . . . .   |                                      | 2,406,081                       | 771,098                      | 1,634,983      |
| <b>c</b> Leasehold improvements  |                                      |                                 |                              |                |
| <b>d</b> Equipment . . . . .   |                                      | 1,675,439                       | 1,337,547                    | 337,892        |
| <b>e</b> Other . . . . .   |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶ |                                      |                                 |                              | 1,972,875      |

**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<br>(including name of security)   | (b) Book value | (c) Method of valuation:<br>Cost or end-of-year market value |
|---|----------------|--|
| (1) Financial derivatives . . . . .                                       |                |  |
| (2) Closely-held equity interests . . . . .                               |                |  |
| (3) Other _____   |                |  |
| (A)   |                |  |
| (B)   |                |  |
| (C)   |                |  |
| (D)   |                |  |
| (E)   |                |  |
| (F)   |                |  |
| (G)   |                |  |
| (H)   |                |  |
| <b>Total.</b> (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:<br>Cost or end-of-year market value |
|--|----------------|--|
| (1) INVESTMENT IN RELATED LIMITED PARTNERSHIPS                           | 5,682,844      | C  |
| (2) NOTE RECEIVABLE FROM RELATED PARTY                                   | 968,679        | F  |
| (2)  |                |  |
| (3)  |                |  |
| (4)  |                |  |
| (5)  |                |  |
| (6)  |                |  |
| (7)  |                |  |
| (8)  |                |  |
| (9)  |                |  |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.) | 6,651,523      |  |

**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   | 186,659        |
| (2) DUE FROM AFFILIATES  | 12,380,900     |
| (3) SECURITY DEPOSITS  | 165,110        |
| (4) ROU ASSET  | 61,518,544     |
| (4)  |                |
| (5)  |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.) | 74,251,213     |

**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   |                |
| (6)  |                |
| (7)  |                |
| (8)  |                |
| (9)  |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.) | 70,019,303     |

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.

|          |  |           |            |             |
|----------|--|-----------|------------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements . . . . .                       |           | <b>1</b>   | 139,094,626 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                      |           |            |             |
| <b>a</b> | Net unrealized gains (losses) on investments . . . . .   | <b>2a</b> |            |             |
| <b>b</b> | Donated services and use of facilities . . . . .   | <b>2b</b> |            |             |
| <b>c</b> | Recoveries of prior year grants . . . . .  | <b>2c</b> |            |             |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .   | <b>2d</b> | 63,095,158 |             |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .  |           | <b>2e</b>  | 63,095,158  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .   |           | <b>3</b>   | 75,999,468  |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :                             |           |            |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                               | <b>4a</b> |            |             |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .   | <b>4b</b> | 6,084,891  |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .  |           | <b>4c</b>  | 6,084,891   |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . . |           | <b>5</b>   | 82,084,359  |

**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.

|          |   |           |            |             |
|----------|---|-----------|------------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements . . . . .                                      |           | <b>1</b>   | 137,188,094 |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:   |           |            |             |
| <b>a</b> | Donated services and use of facilities . . . . .  | <b>2a</b> |            |             |
| <b>b</b> | Prior year adjustments . . . . .  | <b>2b</b> |            |             |
| <b>c</b> | Other losses . . . . .  | <b>2c</b> |            |             |
| <b>d</b> | Other (Describe in Part XIII.) . . . . .  | <b>2d</b> | 82,239,250 |             |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b> . . . . .   |           | <b>2e</b>  | 82,239,250  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b> . . . . .  |           | <b>3</b>   | 54,948,844  |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :                                |           |            |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b . . . . .                                | <b>4a</b> |            |             |
| <b>b</b> | Other (Describe in Part XIII.) . . . . .  | <b>4b</b> | 6,085,698  |             |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b> . . . . .   |           | <b>4c</b>  | 6,085,698   |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . . |           | <b>5</b>   | 61,034,542  |

**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:                        | RISEBORO RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT RISEBORO HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. RISEBORO IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR YEARS PRIOR TO JUNE 30, 2020. |
| PART XI, LINE 2D - OTHER ADJUSTMENTS:  | REVENUE ATTRIBUTED TO CONSOLIDATED AFFILIATES 62,282,947. RENTAL EXPENSES REPORTED ON PART VIII, LINE 6B 711,480. FUNDRAISING EVENT EXPENSES REPORTED ON PART VIII, PART 8B 100,731.   |
| PART XI, LINE 4B - OTHER ADJUSTMENTS:  | ELIMINATIONS ON CONSOLIDATED FINANCIAL STATEMENTS 5,666,772. TOTAL REVENUE FROM DISREGARDED LLC'S INCLUDED IN 990 418,119.   |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | EXPENSES ATTRIBUTED TO CONSOLIDATED AFFILIATES 74,773,659. RENTAL EXPENSES REPORTED ON PART VIII, LINE 6B 711,480. FUNDRAISING EVENT EXPENSES REPORTED ON PART VIII, PART 8B 100,731. WRITE-OFF OF UNCOLLECTIBLE PLEDGES REPORTED ON PART XI, LINE 9 6,653,380.  |
| PART XII, LINE 4B - OTHER ADJUSTMENTS: | ELIMINATIONS ON CONSOLIDATED FINANCIAL STATEMENTS 5,767,601. TOTAL EXPENSES FROM DISREGARDED LLC'S INCLUDED IN 990 318,097.  |

## **Additional Data**

[\*\*Return to Form\*\*](#)

**Software ID:**

**Software Version:**

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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](http://www.irs.gov/Form990) for instructions and the latest information.

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.
- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |
- 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  |               |  |    |                                   |   |   |
| <b>Total</b>  |               |  |    |                                   |   |   |

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

|  |   | (a)Event #1                 | (b) Event #2 | (c)Other events | (d) Total events                |
|--|---|-----------------------------|--------------|-----------------|---------------------------------|
|  |   | <b>GALA</b><br>(event type) | (event type) | (total number)  | (add col. (a) through col. (c)) |
| <b>Revenue</b>   | <b>1</b> Gross receipts . . . . .   | 463,356                     |              |                 | 463,356                         |
|  | <b>2</b> Less: Contributions . . . . .  | 291,120                     |              |                 | 291,120                         |
|  | <b>3</b> Gross income (line 1 minus line 2) . . . . .                             | 172,236                     |              |                 | 172,236                         |
| <b>Direct Expenses</b>   | <b>4</b> Cash prizes . . . . .  |                             |              |                 |                                 |
|  | <b>5</b> Noncash prizes . . . . .   | 2,685                       |              |                 | 2,685                           |
|  | <b>6</b> Rent/facility costs . . . . .  | 45,471                      |              |                 | 45,471                          |
|  | <b>7</b> Food and beverages . . . . .   | 43,607                      |              |                 | 43,607                          |
|  | <b>8</b> Entertainment . . . . .  |                             |              |                 |                                 |
|  | <b>9</b> Other direct expenses . . . . .  | 8,968                       |              |                 | 8,968                           |
|  | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶ |                             |              |                 | 100,731                         |
| <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶ |   |                             |              | 71,505          |                                 |

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

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

2022

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...
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.

Table with 8 columns: (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, (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

- 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. | 739                      | 1,311,875                |                                  |   |                                       |
| (2) DYCD AT RISK YOUTH   | 406                      | 59,549                   |                                  |   |                                       |
| (3) OUTREACH CAMPAIGNS IN NEIGHBORHOOD                                 | 200                      | 208,446                  |                                  |   |                                       |
| (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:  | <p>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 &amp; 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 &amp; 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. RISEBORO MAINTAINS A DETAILED LEDGER AND TRIAL BALANCE FOR EACH OF ITS PROGRAM'S FUNDS. A BUDGET ENSURES THE AMOUNT THAT CAN BE USED TO SPEND AGAINST THE APPROVED MILESTONES WITH THE RECIPIENTS. AS THE PAYABLES ARE FORWARDED FOR DISBURSEMENTS, THE LEDGER IS USED AS A RECONCILIATION ITEM AGAINST THE BUDGET. THE PAYMENTS GO THROUGH RISEBORO'S ACCOUNTING SOFTWARE WHERE THE PROGRAM DIRECTOR AND ACCOUNTS PAYABLE STAFF REVIEW AND APPROVE THE PAYMENTS TO RELEASE TO EACH INDIVIDUAL.</p> |

**Additional Data**

**Return to Form**

**Software ID:**  
**Software Version:**

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

**2022**

**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 |
|-----------|-----|----|
| <b>1a</b> |     |    |
| <b>1b</b> |     |    |
| <b>2</b>  |     |    |
| <b>4a</b> |     | No |
| <b>4b</b> |     | No |
| <b>4c</b> |     | No |
| <b>5a</b> |     | No |
| <b>5b</b> |     | No |
| <b>6a</b> |     | No |
| <b>6b</b> |     | No |
| <b>7</b>  | Yes |    |
| <b>8</b>  |     | No |
| <b>9</b>  |     |    |

**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, 1099-MISC compensation, and/or 1099-NEC |                                     |                                     | (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<br>CEO                                    | (i)  | 390,725   | 33,461                              | 21,782                              | 15,250   | 39,154                  | 500,372                         | 0   |
|   | (ii) | 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 2 SANDHYA BOYD<br>GENERAL COUNSEL                       | (i)  | 249,318   | 4,461                               | 1,435                               | 12,461   | 914                     | 268,589                         | 0   |
|   | (ii) | 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 3 EMILY KURTZ<br>VP OF HOUSING                          | (i)  | 206,995   | 4,872                               | 1,757                               | 11,020   | 35,464                  | 260,108                         | 0   |
|   | (ii) | 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 4 GRAIKELIS MORALES<br>COO                              | (i)  | 226,498   | 3,342                               | 1,194                               | 9,662  | 1,288                   | 241,984                         | 0   |
|   | (ii) | 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 5 SANDRA CHRISTIAN<br>VP OF SENIORS                     | (i)  | 187,820   | 3,414                               | 1,148                               | 9,622  | 10,850                  | 212,854                         | 0   |
|   | (ii) | 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 6 MARIE ELENA ZULLO<br>VP OF EDUCATION                  | (i)  | 194,952   | 6,072                               | 779                                 | 10,051   | 800                     | 212,654                         | 0   |
|   | (ii) | 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 7 MARIA VIERA<br>VP OF COMMUNITY AFFAIRS                | (i)  | 188,189   | 6,010                               | 5,166                               | 9,949  | 1,358                   | 210,672                         | 0   |
|   | (ii) | 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 8 ROBERT SANTOS<br>DIRECTOR OF OPERATIONS AND FACILITIE | (i)  | 145,063   | 20,000                              | 310                                 | 8,436  | 31,185                  | 204,994                         | 0   |
|   | (ii) | 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 9 MIRTHA SANTANA<br>C.P.O.                              | (i)  | 173,897   | 4,738                               | 119                                 | 9,017  | 14,864                  | 202,635                         | 0   |
|   | (ii) | 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 10 JOSCELYN TRUITT<br>VP OF EMPOWERMENT                 | (i)  | 163,491   | 6,863                               | 429                                 | 8,778  | 18,775                  | 198,336                         | 0   |
|   | (ii) | 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 11 FRANCESCA BOWEN<br>DIRECTOR OF AUDITS                | (i)  | 180,527   | 0                                   | 674                                 | 9,026  | 743                     | 190,970                         | 0   |
|   | (ii) | 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 12 RITHA PIERRE<br>ASSOCIATE GENERAL COUNSEL            | (i)  | 151,787   | 1,988                               | 0                                   | 8,051  | 21,806                  | 183,632                         | 0   |
|   | (ii) | 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 13 D ALEXANDRA DYER<br>CFO, THRU AUG 2022               | (i)  | 165,658   | 0                                   | 1,201                               | 5,045  | 7,143                   | 179,047                         | 0   |
|   | (ii) | 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 14 KENT ARTHUR<br>DIRECTOR OF LEGAL EMPOWERMENT         | (i)  | 165,948   | 1,354                               | 611                                 | 8,416  | 936                     | 177,265                         | 0   |
|   | (ii) | 0   | 0                                   | 0                                   | 0  | 0                       | 0                               | 0   |
| 15 RYAN CASSIDY<br>DIRECTOR OF SUSTAINABILITY           | (i)  | 162,700   | 0                                   | 185                                 | 7,770  | 735                     | 171,390                         | 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   | THE ORGANIZATION PAID DISCRETIONARY BONUSES TO CERTAIN INDIVIDUALS LISTED IN PART II AS REPORTED IN COLUMN B(II) FOR THE APPLICABLE INDIVIDUALS. |

## **Additional Data**

**Return to Form**

**Software ID:**

**Software Version:**

**SCHEDULE O**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.**▶ **Attach to Form 990 or 990-EZ.**▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2022****Open to Public  
Inspection**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 \$6,000 DURING THE FISCAL YEAR 2023. 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 2021. 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 XI, LINE 9:                       | WRITE-OFF OF UNCOLLECTIBLE PLEDGES -6,653,380.   |
| 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 ID:**

**Software Version:**

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

▶ **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](http://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 Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

| (a)<br>Name, address, and EIN (if applicable) of disregarded entity                        | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity   |
|--|-------------------------|--|---------------------|---------------------------|------------------------------------|
| (1) BUSHWICK GARDENS LLC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>20-2830534        | AFFORDABLE HOUSING      | NY   | 0                   | 6,328                     | RISEBORO COMMUNITY PARTNERSHIP INC |
| (2) BUSHWICK GARDENS RETAIL LLC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>20-3064193 | REAL ESTATE             | NY   | 418,119             | 2,079,050                 | RISEBORO COMMUNITY PARTNERSHIP INC |
| (3) BMH AFFILIATES LLC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>82-1103752          | AFFORDABLE HOUSING      | NY   | 0                   | 0                         | RISEBORO COMMUNITY PARTNERSHIP INC |
| (4) ATLANTIC EAST MANAGER LLC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>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)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity       | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity   | (g)<br>Section 512(b)(13) controlled entity? |    |
|--|-------------------------------|--|----------------------------|---|------------------------------------|--|----|
|  |                               |  |                            |   |                                    | Yes  | No |
| (1) BROOKLYN-QUEENS FAMILY RESPITE INC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>11-2931055      | RESPITE SERVICES, REAL ESTATE | NY   | 501(C)(3)                  | LINE 12A, I   | RISEBORO COMMUNITY PARTNERSHIP INC | Yes  |    |
| (2) BUENA VIDA CORP<br>48 CEDAR ST<br>BROOKLYN, NY 11221<br>11-3237619                                 | NURSING HOME                  | NY   | 501(C)(3)                  | LINE 10   | RISEBORO COMMUNITY PARTNERSHIP INC | Yes  |    |
| (3) CASA PASIVA HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>81-2591243                        | AFFORDABLE HOUSING            | NY   | 501(C)(3)                  | LINE 12A, I   | RISEBORO COMMUNITY PARTNERSHIP INC | Yes  |    |
| (4) CITIZENS FOR A BETTER NEIGHBORHOOD HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>11-2870431 | AFFORDABLE HOUSING            | NY   | 501(C)(3)                  | LINE 12A, I   | RISEBORO COMMUNITY PARTNERSHIP INC | Yes  |    |
| (5) COMMUNITY IMPROVEMENT CORPORATION<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>11-2917169       | REAL ESTATE                   | NY   | 501(C)(3)                  | LINE 12A, I   | RISEBORO COMMUNITY PARTNERSHIP INC | Yes  |    |
| (6) CORETTA SCOTT KING HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>45-1534613                 | AFFORDABLE HOUSING            | NY   | 501(C)(3)                  | LINE 10   | RISEBORO COMMUNITY PARTNERSHIP INC | Yes  |    |
| (7) GATES GARDENS HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>02-0695628                      | AFFORDABLE HOUSING            | NY   | 501(C)(3)                  | LINE 10   | RISEBORO COMMUNITY PARTNERSHIP INC | Yes  |    |
| (8) GATES PLAZA HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>20-2001667                        | AFFORDABLE HOUSING            | NY   | 501(C)(3)                  | LINE 10   | RISEBORO COMMUNITY PARTNERSHIP INC | Yes  |    |
| (9) GOODWIN PLACE HDFC INC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>11-2906035                  | AFFORDABLE HOUSING            | NY   | 501(C)(3)                  | LINE 12A, I   | RISEBORO COMMUNITY PARTNERSHIP INC | Yes  |    |
| (10) MOFFAT GARDENS ALP INC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>27-2210184                 | ASSISTED LIVING               | NY   | 501(C)(3)                  | LINE 10   | RISEBORO COMMUNITY PARTNERSHIP INC | Yes  |    |
| (11) MOFFAT GARDENS HDFC<br>565 BUSHWICK AVENUE  | AFFORDABLE HOUSING            | NY   | 501(C)(3)                  | LINE 10   | RISEBORO COMMUNITY PARTNERSHIP INC | Yes  |    |

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50135Y

Schedule R (Form 990) 2021

**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)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity   | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Disproportionate allocations? |    | (i)<br>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | (j)<br>General or managing partner? |     | (k)<br>Percentage ownership |
|--|-------------------------|--|------------------------------------|--|------------------------------|------------------------------------|--------------------------------------|----|--|-------------------------------------|-----|-----------------------------|
|  |                         |  |                                    |  |                              |                                    | Yes                                  | No |  | Yes                                 | No  |                             |
| (1) 420 STOCKHOLM ASSOCIATES LP<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>11-3473745             | AFFORDABLE HOUSING      | NY   | 420 STOCKHOLM CORP                 | NA   |                              |                                    |                                      | No |  |                                     | No  |                             |
| (2) ATLANTIC EAST AFFILIATES LLC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>47-5312901            | AFFORDABLE HOUSING      | NY   | HARRY T NANCE APARTMENTS HDFC      | N/A  |                              |                                    |                                      | No |  |                                     | No  |                             |
| (3) ATLANTIC EAST APARTMENTS LLC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>81-4286539            | AFFORDABLE HOUSING      | NY   | ATLANTIC EAST MANAGER LLC          | N/A  |                              |                                    |                                      | No |  |                                     | No  |                             |
| (4) BETHANY MH MANAGER LLC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>82-1116604                  | AFFORDABLE HOUSING      | NY   | BETHANY MH MANAGER LLC             | N/A  |                              |                                    |                                      | No |  |                                     | No  |                             |
| (5) BETHANY MH LLC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>82-1092921                          | AFFORDABLE HOUSING      | NY   | BETHANY MH MANAGER LLC             | N/A  |                              |                                    |                                      | No |  |                                     | No  |                             |
| (6) CASA PASIVA MANAGERS LLC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>82-2857945                | AFFORDABLE HOUSING      | NY   | CASA PASIVA HDFC                   | N/A  |                              |                                    |                                      | No |  |                                     | No  |                             |
| (7) CASA PASIVA LLC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>82-2856509                         | AFFORDABLE HOUSING      | NY   | CASA PASIVA HDFC                   | N/A  |                              |                                    |                                      | No |  |                                     | No  |                             |
| (8) GOODWIN HIMROD ASSOCIATES LP<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>26-3586604            | AFFORDABLE HOUSING      | NY   | GOODWIN HIMROD CORP                | N/A  |                              |                                    |                                      | No |  |                                     | No  |                             |
| (9) HIMROD STREET ASSOCIATES LP<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>20-5416766             | AFFORDABLE HOUSING      | NY   | HIMROD STREET APARTMENTS CORP      | N/A  |                              |                                    |                                      | No |  |                                     | No  |                             |
| (10) KNICKERBOCKER COMMONS ASSOCIATES LP<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>27-2083750    | AFFORDABLE HOUSING      | NY   | KNICKERBOCKER COMMONS CORP         | N/A  |                              |                                    |                                      | No |  |                                     | No  |                             |
| (11) KNICKERBOCKER SQUARE ASSOCIATES LP<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>14-1807635     | AFFORDABLE HOUSING      | NY   | 1435 GATES AVE CORP                | N/A  |                              |                                    |                                      | No |  |                                     | No  |                             |
| (12) LINDEN CENTRAL ASSOCIATES LP<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>11-3511338           | AFFORDABLE HOUSING      | NY   | LINDEN CENTRAL CORP                | N/A  |                              |                                    |                                      | No |  |                                     | No  |                             |
| (13) MELROSE APARTMENTS ASSOCIATES LP<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>59-3797137       | AFFORDABLE HOUSING      | NY   | MELROSE STREET APARTMENTS CORP     | N/A  |                              |                                    |                                      | No |  |                                     | No  |                             |
| (14) MENNONITE UNITED REVIVAL APARTMENTS LP<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>27-5280574 | AFFORDABLE HOUSING      | NY   | RBSGCC MENNONITE CORP              | N/A  |                              |                                    |                                      | No |  |                                     | No  |                             |
| (15) NOLL STREET ASSOCIATES LP<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>11-3638335              | AFFORDABLE HOUSING      | NY   | NOLL STREET APARTMENTS CORP        | N/A  |                              |                                    |                                      | No |  |                                     | No  |                             |
| (16) OUR LADY OF LOURDES APARTMENTS LLC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>47-2721483     | AFFORDABLE HOUSING      | NY   | OUR LADY OF LOURDES HDFC           | N/A  |                              |                                    |                                      | No |  |                                     | No  |                             |
| (17) OUR LADY OF LOURDES LLC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>47-2869010                | AFFORDABLE HOUSING      | NY   | OUR LADY OF LOURDES HDFC           | N/A  |                              |                                    |                                      | No |  |                                     | No  |                             |
| (18) RENAISSANCE ESTATE APARTMENTS LP<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>56-2384905       | AFFORDABLE HOUSING      | NY   | RENAISSANCE ESTATES APARTMENT CORP | N/A  |                              |                                    |                                      | No |  |                                     | No  |                             |
| (19) RHEINGOLD GARDENS APARTMENTS LP<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>52-3083779        | AFFORDABLE HOUSING      | NY   | RHEINGOLD CORP                     | N/A  |                              |                                    |                                      | No |  |                                     | No  |                             |
| (20) RHEINGOLD HEIGHTS ONE ASSOCIATES LP<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>26-1455209    | AFFORDABLE HOUSING      | NY   | RHEINGOLD HEIGHTS ONE CORP         | N/A  |                              |                                    |                                      | No |  |                                     | No  |                             |
| (21) RHEINGOLD HEIGHTS TWO ASSOCIATES LP<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>26-3613143    | AFFORDABLE HOUSING      | NY   | RHEINGOLD HEIGHTS TWO CORP         | N/A  |                              |                                    |                                      | No |  |                                     | No  |                             |
| (22) STAMMTISCH ASSOCIATES LP<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>46-2150671               | AFFORDABLE HOUSING      | NY   | STAMMTISCH CORP                    | N/A  |                              |                                    |                                      | No |  |                                     | No  |                             |
| (23) WEST BUSHWICK NRP ASSOCIATES LP<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>20-2105532        | AFFORDABLE HOUSING      | NY   | WEST BUSHWICK NRP HDFC             | N/A  |                              |                                    |                                      | No |  |                                     | No  |                             |
| (24) WOODLAWN AFFILIATES LLC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>81-4378280                | AFFORDABLE HOUSING      | NY   | WOODLAWN SENIOR LIVING HDFC        | N/A  |                              |                                    |                                      | No |  |                                     | No  |                             |
| (25) WOODLAWN SENIOR LIVING LLC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>82-0860829             | AFFORDABLE HOUSING      | NY   | WOODLAWN SENIOR LIVING HDFC        | N/A  |                              |                                    |                                      | No |  |                                     | No  |                             |
| (26) WOODLAWN SENIOR MANAGER LLC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>82-0853356            | AFFORDABLE HOUSING      | NY   | WOODLAWN SENIOR LIVING HDFC        | N/A  |                              |                                    |                                      | No |  |                                     | No  |                             |
| (27) RISEBORO TPT X LLC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>83-1984663                     | AFFORDABLE HOUSING      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | N/A  |                              |                                    |                                      | No |  |                                     | Yes |                             |
| (28) RISEBORO SOLAR LLC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>82-5502379                     | AFFORDABLE HOUSING      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | N/A  |                              |                                    |                                      | No |  |                                     | Yes |                             |
| (29) 37 HILLSIDE MANAGERS LLC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>83-1511216               | AFFORDABLE HOUSING      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | N/A  |                              |                                    |                                      | No |  |                                     | Yes |                             |
| (30) 37 HILLSIDE OWNERS LLC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>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)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity                 | (c)<br>Legal domicile (state or foreign country) | (d)<br>Direct controlling entity   | (e)<br>Type of entity (C corp, S corp, or trust) | (f)<br>Share of total income | (g)<br>Share of end-of-year assets | (h)<br>Percentage ownership | (i)<br>Section 512(b)(13) controlled entity? |     |
|---|---|--|------------------------------------|--|------------------------------|------------------------------------|-----------------------------|--|-----|
|   |   |  |                                    |  |                              |                                    |                             | Yes  | No  |
| (1)100 THROOP CORP<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>27-4022213                         | REAL ESTATE                             | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | No  |
| (2)104-110 GROVE STREET HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>11-3249532               | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (3)116-120 GROVE STREET HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>11-3104636               | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (4)1435 GATES AVE CORP<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>14-1807634                     | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (5)251 HARMAN STREET HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>11-3068393                  | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | No  |
| (6)420 STOCKHOLM CORP<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>11-3556707                      | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (7)5 LINDEN STREET HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>11-3143393                    | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | No  |
| (8)57 HART STREET HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>65-1176428                     | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (9)924 HART STREET HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>11-3210216                    | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (10)93-95 STOCKHOLM STREET HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>11-3327113            | REAL ESTATE                             | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (11)BETHANY MH HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>82-1136176                        | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (12)BUSHWICK 203 NHP HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>20-3221868                  | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (13)COMMUNITY PROPERTY MANAGEMENT INC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>11-3289657      | MANAGEMENT OF HOUSING CORPS             | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (14)ESPERANZA TPT HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>20-0721695                     | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (15)GOODWIN HIMROD CORP<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>26-3586625                    | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (16)GOODWIN HIMROD SENIOR HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>26-4399754             | REAL ESTATE                             | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (17)HARMAN PLAZA HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>81-3251668                      | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (18)HARRY T NANCE APARTMENTS HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>82-1592480          | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (19)HIMROD STREET APARTMENTS CORP<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>20-5416661          | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (20)HIMROD STREET HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>20-5522469                     | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (21)IRVING STOCKHOLM HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>26-2720791                  | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (22)JEFFERSON SPI HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>20-8829278                     | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (23)KNICKERBOCKER COMMONS CORP<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>27-223522              | REAL ESTATE                             | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (24)KNICKERBOCKER COMMONS HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>27-2193434             | REAL ESTATE                             | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (25)KNICKERBOCKER SQUARE HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>06-1527802              | REAL ESTATE                             | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (26)LINDEN BUSHWICK HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>11-3607212                   | REAL ESTATE                             | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (27)LINDEN CENTRAL CORP<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>11-3515047                    | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (28)LINDEN COURT HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>11-3500443                      | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (29)MELROSE SPI HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>20-8829192                       | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (30)MELROSE STREET APARTMENTS CORP<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>59-3797139         | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (31)MELROSE STREET HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>86-1142002                    | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (32)MENNONITE UNITED REVIVAL HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>45-2759860          | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (33)MENNONITE UNITED REVIVAL HOUSING CORP<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>27-5279074  | AFFORDABLE HOUSING                      | NY   | RISCC MENNONITE CORP               | C  |                              |                                    | 100.000 %                   | Yes  | No  |
| (34)NOLL STREET CORP<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>11-3638341                       | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (35)NOLL STREET HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>11-3638362                       | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (36)OUR LADY OF LOURDES HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>47-2459362               | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (37)RBSCC MENNONITE CORP<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>25-5278749                   | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (38)RENAISSANCE ESTATES APARTMENT CORP<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>56-2384863     | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (39)RENAISSANCE ESTATES HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>56-2384866               | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (40)RHEINGOLD CORP<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>55-0799349                         | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (41)RHEINGOLD GARDENS HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>54-2078651                 | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (42)RHEINGOLD HEIGHTS ONE CORP<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>26-1287793             | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (43)RHEINGOLD HEIGHTS ONE HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>26-3613143             | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (44)RHEINGOLD HEIGHTS TWO CORP<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>26-3613143             | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (45)RHEINGOLD HEIGHTS TWO HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>26-3613143             | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (46)RIDGEWOOD BUSHWICK HARMAN STREET HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>11-3290449  | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (47)RIDGEWOOD BUSHWICK MANAGEMENT CORP<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>81-3034922     | MANAGING AGENT FOR LIMITED PARTNERSHIPS | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (48)SCHAEFFER APARTMENTS HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>26-3380721              | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (49)SOUTH BUSHWICK NEIGHBORHOOD HOMES HDFC<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>20-3221819 | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (50)STAMMTISCH CORP<br>565 BUSHWICK AVENUE<br>BROOKLYN, NY 11206<br>46-2250770                        | AFFORDABLE HOUSING                      | NY   | RISEBORO COMMUNITY PARTNERSHIP INC | C  |                              |                                    | 100.000 %                   | Yes  | Yes |
| (51)STAMMTISCH HDFC<br>565 BUSHW  |   |  |                                    |  |                              |                                    |                             |  |     |

**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?

|  | Yes | No |
|--|-----|----|
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . . | Yes |    |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .   |     | No |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .   | Yes |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .  | Yes |    |
| <b>e</b> Loans or loan guarantees by related organization(s) . . . . .   | Yes |    |
| <b>f</b> Dividends from related organization(s) . . . . .  | Yes |    |
| <b>g</b> Sale of assets to related organization(s) . . . . .   |     | No |
| <b>h</b> Purchase of assets from related organization(s) . . . . .   |     | No |
| <b>i</b> Exchange of assets with related organization(s) . . . . .   |     | No |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .  | Yes |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .  | Yes |    |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)  |     | No |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .                               |     | No |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .                               | Yes |    |
| <b>o</b> Sharing of paid employees with related organization(s) . . . . .  | Yes |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .  | Yes |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .  | Yes |    |
| <b>r</b> Other transfer of cash or property to related organization(s) . . . . .   |     | No |
| <b>s</b> Other transfer of cash or property from related organization(s) . . . . .   |     | 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)<br>Name of related organization          | (b)<br>Transaction type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--|-------------------------------|------------------------|--|
| (1) WEST BUSHWICK 203K                       | D                             | 1,780,614              | COST   |
| (2) RISEBORO MANAGEMENT CORP                 | P                             | 1,231,689              | COST   |
| (3) COMMUNITY MANAGEMENT PROPERTY INC        | P                             | 503,816                | COST   |
| (4) PLAZA DE LOS ANCIANOS DE WILSON HDFC     | P                             | 484,422                | COST   |
| (5) TROUTMAN EVERGREEN HDFC                  | P                             | 395,798                | COST   |
| (6) MOFFAT GARDENS HDFC                      | P                             | 388,317                | COST   |
| (7) GATES PLAZA HDFC                         | P                             | 367,639                | COST   |
| (8) RHEINGOLD GARDENS                        | P                             | 364,275                | COST   |
| (9) GOODWIN PLACE FOR THE ELDERLY HDFC       | P                             | 326,026                | COST   |
| (10) CORETTA SCOTT KING HDFC                 | P                             | 301,146                | COST   |
| (11) GATES GARDENS HDFC                      | P                             | 271,564                | COST   |
| (12) RENAISSANCE ESTATES                     | E                             | 270,999                | COST   |
| (13) RENAISSANCE ESTATES                     | P                             | 261,950                | COST   |
| (14) WEST BUSHWICK 203K                      | P                             | 259,130                | COST   |
| (15) CITIZENS FOR A BETTER NEIGHBORHOOD HDFC | P                             | 218,832                | COST   |
| (16) SCHAEFFER APARTMENTS HDFC               | P                             | 193,031                | COST   |
| (17) IRVING STOCKHOLM HDFC                   | D                             | 189,852                | COST   |
| (18) 420 STOCKHOLM CORP                      | P                             | 179,401                | COST   |
| (19) MELROSE STREET APARTMENTS               | P                             | 153,801                | COST   |
| (20) IRVING STOCKHOLM HDFC                   | P                             | 145,383                | COST   |
| (21) BETHANY MH HDFC                         | E                             | 132,496                | COST   |
| (22) RHEINGOLD GARDENS                       | K                             | 95,052                 | COST   |
| (23) CITIZENS FOR A BETTER NEIGHBORHOOD HDFC | D                             | 94,578                 | COST   |
| (24) WEST BUSHWICK TPT HDFC                  | P                             | 94,329                 | COST   |
| (25) COMMUNITY IMPROVEMENT CORP              | P                             | 80,325                 | 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) 2021

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