

990

Return of Organization Exempt From Income Tax

OMB No. 1545-

0047 2023

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) 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 2023 calendar year, or tax year beginning 07-01-2023, and ending 06-30-2024

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

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

D Employer identification number: 11-2453853. E Telephone number: (718) 821-0254. G Gross receipts \$ 82,901,716

F Name and address of principal officer: KIERAN HARRINGTON, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206

H(a) Is this a group return for subordinates? [] Yes [x] No. H(b) Are all subordinates included? [] Yes [] No. H(c) Group exemption number

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

J Website: WWW.RISEBORO.ORG

K Form of organization: [x] 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 RESIDENTS IN THE COMMUNITY. SEE SCH OAND CONTAINS A COMMITMENT TO ELIMINATE OR REDUCE POVERTY IN BROOKLYN & QUEENS BY ENGAGING IN PLANNING, CREATING, COORDINATING, INITIATING, EVALUATING AND SUPERVISING COMMUNITY ACTION PROGRAMS.

Table with 2 columns: Description and Amount. Rows 2-7a: 2 Check this box [] if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 13. 4 Number of independent voting members of the governing body (Part VI, line 1b) 13. 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 845. 6 Total number of volunteers (estimate if necessary) 491. 7a Total unrelated business revenue from Part VIII, column (C), line 12 0.

Table with 3 columns: Description, Prior Year, Current Year. Rows 8-12: 8 Contributions and grants (Part VIII, line 1h) 51,705,206 / 51,457,735. 9 Program service revenue (Part VIII, line 2g) 25,238,580 / 21,003,603. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 276,382 / 3,241,991. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4,864,191 / 6,339,023. 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 82,084,359 / 82,042,352.

Table with 3 columns: Description, Prior Year, Current Year. Rows 13-19: 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,579,870 / 765,002. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 / 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 36,841,928 / 40,141,336. 16a Professional fundraising fees (Part IX, column (A), line 11e) 3,000 / 9,000. 16b Total fundraising expenses (Part IX, column (D), line 25) 184,141. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 22,609,744 / 29,646,530. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 61,034,542 / 70,561,868. 19 Revenue less expenses. Subtract line 18 from line 12 21,049,817 / 11,480,484.

Table with 3 columns: Description, Beginning of Current Year, End of Year. Rows 20-22: 20 Total assets (Part X, line 16) 128,271,476 / 135,602,130. 21 Total liabilities (Part X, line 26) 87,748,072 / 86,232,965. 22 Net assets or fund balances. Subtract line 21 from line 20 40,523,404 / 49,369,165.

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 MARIA DEMATOS CFO, Type or print name and title, Date 2025-05-15

Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date 2025-05-15, Check [] if self-employed, PTIN P01357092, Firm's name BAKER TILLY ADVISORY GROUP LP, Firm's EIN 39-0859910, Firm's address 1500 RXR PLAZA WEST TOWER, UNIONDALE, NY 11556, Phone no. (516) 747-2000

May the IRS discuss this return with the preparer shown above? See Instructions. [x] 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 \$ 26,942,926 including grants of \$ 765,002) (Revenue \$ 2,410,015)
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 TEN 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 DAILY IN THEIR HOMES FROM NORTH BROOKLYN TO CROWN HEIGHTS AND SUNSET PARK. CASE MANAGEMENT SERVICES, PROVIDED IN THE HOME, CONNECT SENIORS TO NUTRITIOUS MEALS, BENEFITS ADVOCACY, HOME CARE SERVICES AND 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 1,072 CLIENTS SERVED 24,424 UNITS OF SERVICE 101 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 2,393 CONTACTS HOME DELIVERED MEALS: THE 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) 250 OPEN DAYS 3,885 CLIENTS SERVED 849,879 MEALS SERVED 3,400 MEALS SERVED PER DAY

4b (Code:) (Expenses \$ 14,792,304 including grants of \$) (Revenue \$ 10,700,823)
RB EMPOWERMENT: FACED WITH THE LONG-STANDING CHALLENGES OF HOMELESSNESS AND UNEMPLOYMENT IN OUR COMMUNITY, RISEBORO EMPOWERMENT WAS ESTABLISHED TO PROVIDE RESIDENTS WITH THE RESOURCES THEY NEED TO THRIVE. TODAY, OUR PROGRAMS ENCOMPASS A WIDE RANGE OF SERVICES, INCLUDING: HOMELESSNESS PREVENTION THROUGH TWO OUTSTANDING HOMEBASE CENTERS, LEGAL SERVICES TO SUPPORT HOUSING STABILITY, FOOD AND NUTRITION PROGRAMS TO ADDRESS IMMEDIATE FOOD INSECURITIES, WORKFORCE DEVELOPMENT/ECONOMIC PROGRAMS WHICH INCLUDES FINANCIAL COACHING/JOB PLACEMENT AND RE-HOUSING FROM SHELTER. LAST YEAR WE LAUNCHED OUR HOME 4 GOOD PROGRAMS WHICH WORKS DIRECTLY WITH LANDLORDS THAT WOULD LIKE TO INVEST IN MAINTAINING TENANTS HOUSED WHILE RECOUPING ARREARS. THESE PROGRAMS ARE DESIGNED TO PROVIDE A HOLISTIC APPROACH TO HOMELESSNESS PREVENTION, FOCUSING ON STABILIZING AND MAINTAINING HOUSING FOR COMMUNITY MEMBERS. OUR INNOVATIVE EFFORTS EMPOWER INDIVIDUALS THROUGH TENANTS' RIGHTS EDUCATION, FINANCIAL LITERACY, AND SUPPORT SELF-SUFFICIENCY. OUR DEDICATED STAFF AND AN INCLUSIVE, PERSON-CENTERED APPROACH, EQUIP EVERY INDIVIDUAL TO BECOME AN AGENT OF CHANGE IN THEIR OWN LIVES AND IN THE BROADER COMMUNITY. KEY ACCOMPLISHMENT: HOMEBASE SERVICED 1,184 FAMILIES AND RELOCATED 1,038. LEGAL SERVICES PROVIDED EVICTION PREVENTION - 713. OUR FOOD SERVICED 410 COMMUNITY MEMBERS AND FOOD PANTRY SERVICED 4,818 INDIVIDUALS.

4c (Code:) (Expenses \$ 11,133,816 including grants of \$) (Revenue \$ 7,892,765)
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 FOUR 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: 4,433 YOUTH SERVED, 1,350 YOUTH ENROLLED IN WORKFORCE DEVELOPMENT PROGRAMMING PERCENTAGE OF ADULTS IN GED CLASSES WHO TOOK THE GED TEST AND PASSED: 92.86%

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

4e Total program service expenses 52,869,046

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)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding tax-exempt bond issues, excess benefit transactions, and related party transactions.

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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and gaming winnings.

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

Table with 17 main rows (2a-17) and sub-rows (a-e). Columns include question text, input boxes (e.g., 2a, 2b, 845), and Yes/No checkboxes. Row 2a includes a value of 845. Row 17 includes a reference to Form 6069.

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 NY 18 Section 6104 requires an organization to make its Form 1023... 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents... 20 State the name, address, and telephone number of the person who possesses the organization's books and records: MARIA DEMATOS CFO 565 BUSHWICK AVENUE BROOKLYN, NY 11206 (718) 821-0254

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

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

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

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

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

- List all of the organization's **current** key employees, if any. See 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) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) 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 CHAIRPERSON	0.50	X		X			0	0	0
(2) VIRGINIA TORRES SECRETARY	0.50	X		X			0	0	0
(3) LARRY FERNANDEZ TREASURER	0.50	X		X			0	0	0
(4) JONATHAN HOLMAN ESQ DIRECTOR	0.50	X					0	0	0
(5) JOANN STOCK DIRECTOR	0.50	X					0	0	0
(6) ANDREA TAN DIRECTOR	0.50	X					0	0	0
(7) PAUL DEROSA DIRECTOR	0.50	X					0	0	0
(8) ANGELA M BATTAGLIA DIRECTOR	0.50	X					0	0	0
(9) ROHAN MEHRA DIRECTOR	0.50	X					0	0	0
(10) JEANETTE CEPEDA DIRECTOR	0.50	X					0	0	0
(11) EGONDU M ONUOHA DIRECTOR	0.50	X					0	0	0
(12) SAM JOSEPH AMIRFAR DIRECTOR	0.50	X					0	0	0
(13) DANIEL MINERVA DIRECTOR	0.50	X					0	0	0
(14) GREGORY CALISTE DIRECTOR TO 10/23/23	0.50	X					0	0	0
(15) CATHERINE KIM DIRECTOR TO 10/17/23	0.50	X					0	0	0
(16) SCOTT SHORT CEO	30.00 10.00			X			570,765	0	44,973
(17) JENNIFER NHU NGUYEN CFO TO 8/1/23	30.00 10.00			X			124,239	0	1,973

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(18) KIERAN HARRINGTON CO-CEO AS OF 4/1/24	30.00 10.00			X			0	0	0
(19) VISHAL SHYAM CHAWLA CFO AS OF 11/27/23	30.00 10.00			X			25,000	0	0
(20) GRAIKELIS MORALES COO	40.00 0.00				X		299,673	0	12,774
(21) SANDHYA BOYD GENERAL COUNSEL	40.00 0.00				X		284,778	0	11,085
(22) EMILY KURTZ VP OF HOUSING	1.00 39.00				X		234,647	0	39,689
(23) MARIE ELENA ZULLO VP OF EDUCATION	40.00 0.00				X		223,859	0	11,983
(24) MARIA VIERA VP OF COMMUNITY AFFAIRS	40.00 0.00				X		221,232	0	11,850
(25) JOSCELYN TRUITT VP OF EMPOWERMENT	40.00 0.00				X		193,067	0	25,371
(26) SANDRA CHRISTIAN VP OF SENIORS TO 03/23	40.00 0.00				X		169,312	0	5,073
(27) KENT ARTHUR DIRECTOR OF LEGAL EMPOWERMENT	40.00 0.00					X	182,340	0	9,976
(28) TYESE BROWN DIRECTOR OF CLINICAL SERVICES	40.00 0.00					X	179,504	0	16,951
(29) MAUSHUMI SUTTLES CHIEF PROGRAM OFFICER	40.00 0.00					X	182,613	0	591
(30) RITHA PIERRE ASSOCIATE GENERAL COUNSEL	40.00 0.00					X	172,084	0	24,994
(31) FRANCESCA BOWEN DIRECTOR OF AUDITS	40.00 0.00					X	180,590	0	9,786
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)						3,243,703	0	227,069	

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 **59**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
HEALTHY HEART FOOD SERVICE INC 311 SCHOLES STREET BROOKLYN, NY 11206	MEAL DELIVERY	3,205,916
PROTIVITI INC 12269 COLLECTIONS CENTER DR CHICAGO, IL 60693	CONSULTING SERVICES	634,191
GRASSI & CO CPAS PC 50 JERICHO QUADRANGLE STE 200 NEW YORK, NY 11753	AUDIT & TAX SERVICES	511,089
ARON SECURITY INC DBA ARROW SECURITY 300 WEST MAIN ST SMITHTOWN, NY 11787	SECURITY SERVICES	452,558
BETTERWORLD TELECOM LLC 11921 FREEDOM DR STE 550 RESTON, VA 20190	CONSULTING IT	402,761

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 **33**

Part VIII Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other Amt Similar Amounts				
1a Federated campaigns			1,218,503	
b Membership dues				
c Fundraising events			192,022	
d Related organizations				
e Government grants (contributions)			45,170,026	
f All other contributions, gifts, grants, and similar amounts not included above			4,877,184	
g Noncash contributions included in lines 1a - 1f:\$				
1g				
h Total. Add lines 1a-1f				51,457,735

Program Service Revenue		Business Code	(A)	(B)	(C)	(D)
2a DEVELOPMENT FEE		531390	18,175,740	18,175,740		
b RENTAL INCOME FROM RELATED PARTY		531110	2,085,623	2,085,623		
c RENTAL INCOME GENERATED THRU LLC		531110	312,782	312,782		
d CLIENT FEES		531110	311,704	311,704		
e MARKETING FEES		531110	117,754	117,754		
f All other program service revenue.						
g Total. Add lines 2a-2f.			21,003,603			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,241,991			3,241,991	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real						
		(ii) Personal						
		6a		1,977,260				
		b Less: rental expenses		684,799				
	c Rental income or (loss)		1,292,461					
	d Net rental income or (loss)				1,292,461			1,292,461
	7a Gross amount from sales of assets other than inventory	(i) Securities						
		(ii) Other						
		7a						
		b Less: cost or other basis and sales expenses						
	c Gain or (loss)							
	d Net gain or (loss)							
8a Gross income from fundraising events (not including \$ 192,022 of contributions reported on line 1c). See Part IV, line 18								
	8a		205,468					
	b Less: direct expenses		174,565					
c Net income or (loss) from fundraising events				30,903			30,903	
9a Gross income from gaming activities. See Part IV, line 19								
	9a							
	b Less: direct expenses							
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances								
	10a							
	b Less: cost of goods sold							
c Net income or (loss) from sales of inventory								

Other Revenue Misc Amt		Business Code	(A)	(B)	(C)	(D)
11a MANAGEMENT FEES		900099	2,884,594			2,884,594
b CONSTRUCTION REBATES		900099	953,375			953,375
c SETTLEMENT INCOME		900099	409,622			409,622
d All other revenue			768,068			768,068
e Total. Add lines 11a-11d			5,015,659			
12 Total revenue. See instructions			82,042,352	21,003,603	0	9,581,014

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	765,002	765,002		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,446,110	696,158	1,706,550	43,402
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	30,164,387	24,225,932	5,855,188	83,267
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	952,660	716,166	236,494	
9 Other employee benefits	4,050,478	2,947,927	1,095,948	6,603
10 Payroll taxes	2,527,701	1,825,179	698,217	4,305
11 Fees for services (non-employees):				
a Management	121,421	121,421		
b Legal	374,000	98,330	275,670	
c Accounting	810,927	213,499	597,428	
d Lobbying	52,650		52,650	
e Professional fundraising services. See Part IV, line 17	9,000			9,000
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,282,164	1,358,171	3,923,993	
12 Advertising and promotion	40,752	39,105	1,518	129
13 Office expenses	1,279,461	1,222,182	52,780	4,499
14 Information technology				
15 Royalties				
16 Occupancy	5,473,563	3,841,430	1,632,133	
17 Travel	275,999	264,841	10,282	876
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	66,601	63,909	2,481	211
20 Interest	379,985	217,377	162,608	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	203,983	44,733	159,250	
23 Insurance	828,965	596,940	232,025	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD	5,338,607	5,122,772	198,883	16,952
b BAD DEBT EXPENSE	4,785,294	4,785,294		
c PROGRAM, FOOD AND MEDIC	2,395,526	2,298,677	89,242	7,607
d REPAIRS & MAINTENANCE	768,656	756,402	12,182	72
e All other expenses	1,167,976	647,599	513,159	7,218
25 Total functional expenses. Add lines 1 through 24e	70,561,868	52,869,046	17,508,681	184,141
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash-non-interest-bearing	1,235,354	1	4,046,252
	2 Savings and temporary cash investments	509,491	2	610,412
	3 Pledges and grants receivable, net	19,145,837	3	14,584,606
	4 Accounts receivable, net	20,303,328	4	35,204,330
	5 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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	2,668,107	7	3,912,078
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,533,748	9	810,832
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,298,233		
	b Less: accumulated depreciation	10b 2,312,629	1,972,875	10c 1,985,604
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11	6,651,523	13	5,151,522
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	74,251,213	15	69,296,494
16 Total assets: Add lines 1 through 15 (must equal line 33)	128,271,476	16	135,602,130	
Liabilities	17 Accounts payable and accrued expenses	10,806,049	17	10,368,762
	18 Grants payable		18	
	19 Deferred revenue	28,544	19	55,755
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	205,826	21	207,244
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	4,044,169	23	5,626,215
	24 Unsecured notes and loans payable to unrelated third parties	2,644,181	24	2,974,327
	25 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	70,019,303	25	67,000,662
	26 Total liabilities. Add lines 17 through 25	87,748,072	26	86,232,965
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	40,523,404	27	49,369,165
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	40,523,404	32	49,369,165
	33 Total liabilities and net assets/fund balances	128,271,476	33	135,602,130

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	82,042,352
2	Total expenses (must equal Part IX, column (A), line 25)	2	70,561,868
3	Revenue less expenses. Subtract line 2 from line 1	3	11,480,484
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	40,523,404
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-2,634,723
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	49,369,165

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

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 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:

- 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		
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	32,678,010	35,688,523	50,406,821	51,705,206	51,457,735	221,936,295
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 Total. Add lines 1 through 3	32,678,010	35,688,523	50,406,821	51,705,206	51,457,735	221,936,295
5 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) . . .						
6 Public support. Subtract line 5 from line 4.						221,936,295

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4. . .	32,678,010	35,688,523	50,406,821	51,705,206	51,457,735	221,936,295
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,183,312	3,219,014	2,863,073	2,139,109	5,219,251	15,623,759
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .	57,181					57,181
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	1,048,258	6,609,058	6,175,933	3,641,439	5,221,127	22,695,815
11 Total support. Add lines 7 through 10						260,313,050

12 Gross receipts from related activities, etc. (see instructions) **12** 21,003,603

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

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	85.260 %
15 Public support percentage for 2022 Schedule A, Part II, line 14	15	86.150 %

- 16a 33 1/3% support test—2023.** 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—2022.** 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—2023.** 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—2022.** 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) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (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) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (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; 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 2023 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2022 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 2023 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17.

- 19a 33 1/3% support tests-2023. 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-2022. 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2	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 Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	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	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 Part VI when and how the organization made the determination.		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	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	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a	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 Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8	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).		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
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 Part VI .		
c	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 Part VI .		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
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
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? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

	Yes	No
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? <i>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.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

	Yes	No
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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>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.</i>			
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? <i>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.</i>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No", provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI. the role played by the organization in this regard.</i>			

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

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

Section A - Adjusted Net Income

(A) Prior Year

(B) Current Year
(optional)

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

Section B - Minimum Asset Amount

(A) Prior Year

(B) Current Year
(optional)

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

Section C - Distributable Amount

Current Year

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

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

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

(continued)

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6 Other distributions (describe in Part VI). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9 Distributable amount for 2023 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023:			
a From 2018.			
b From 2019.			
c From 2020.			
d From 2021.			
e From 2022.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019.			
b Excess from 2020.			
c Excess from 2021.			
d Excess from 2022.			
e Excess from 2023.			

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 - 2019 AMOUNT: \$ 296,521. 2020 AMOUNT: \$ 480,448. 2021 AMOUNT: \$ 712,342. 2022 AMOUNT: \$ 148,124. 2023 AMOUNT: \$ 317,083. RECOVERY OF BAD DEBT - 2019 AMOUNT: \$ 446,000. REIMBURSEMENT FROM AFFILIATES - 2019 AMOUNT: \$ 305,737. 2020 AMOUNT: \$ 6,128,610. 2021 AMOUNT: \$ 5,401,703. 2022 AMOUNT: \$ 3,208,695. 2023 AMOUNT: \$ 3,206,639. IRS TAX REIMBURSEMENT - 2021 AMOUNT: \$ 61,888. OTHER REIMBURSEMENTS - 2022 AMOUNT: \$ 11,103. SETTLEMENT - 2022 AMOUNT: \$ 273,517. 2023 AMOUNT: \$ 409,622. COMMUNITY SERVICE FEES - 2023 AMOUNT: \$ 56,000. PARKING INCOME - 2023 AMOUNT: \$ 72,940. CONSTRUCTION REBATES - 2023 AMOUNT: \$ 953,375. FUNDRAISING EVENT - 2023 AMOUNT: \$ 205,468.

Additional Data

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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 for the latest information.

2023

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

Organization type (check one):

Filers of:

Section:

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

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

Name of organization
RISEBORO COMMUNITY PARTNERSHIP INC

Employer identification number
11-2453853

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

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

Name of organization
RISEBORO COMMUNITY PARTNERSHIP INC

Employer identification number
11-2453853

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

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

Name of organization
RISEBORO COMMUNITY PARTNERSHIP INC

Employer identification number
11-2453853

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____
Use duplicate copies of Part III if additional space is needed.

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

Additional Data

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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 for instructions and the latest information.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	Yes		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		52,650
j Total. Add lines 1c through 1i			52,650
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
PART II-B, LINE 1:	STAFF REQUEST SUPPORT REGARDING MULTI-FAMILY AFFORDABLE HOUSING DEVELOPMENT AND COMMUNITY FACILITIES. ADDITIONALLY THE ORGANIZATION HAS HIRED BOLTON-ST JOHN TO PROVIDE LEGISLATIVE AND REGULATORY REPRESENTATION AND INTERACTION WITH STATE AND LOCAL GOVERNMENTS.

Additional Data

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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 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

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

Part IV Escrow and Custodial Arrangements.

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

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

Part V Endowment Funds.

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

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

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

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,625,790	815,831	1,809,959
c Leasehold improvements				
d Equipment		1,672,443	1,496,798	175,645
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				1,985,604

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

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	382,435
(2) DUE FROM AFFILIATES	14,751,202
(3) SECURITY DEPOSITS	166,529
(4) ROU ASSET	53,996,328
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	69,296,494

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	
DUE TO FUNDING SOURCES	249,062
DUE FROM AFFILIATES	9,541,944
DEFERRED RENTS	57,894
ADVANCE FROM AFFILIATE	1,000,000
LEASE LIABILITY	56,151,762
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	67,000,662

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

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

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

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

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

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

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

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, 2021.

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

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

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

		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		GALA (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	397,490			397,490
	2 Less: Contributions	192,022			192,022
	3 Gross income (line 1 minus line 2)	205,468			205,468
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	99,969			99,969
	7 Food and beverages	38,902			38,902
	8 Entertainment	17,695			17,695
	9 Other direct expenses	18,000			18,000
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				174,566
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				30,902	

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

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

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
b	An outside facility	13b	%

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

Address ▶ -----

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:
Name ▶ -----

Address ▶ -----

16 Gaming manager information:
Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See Instructions.

Return Reference	Explanation
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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

2023

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) HRA HOMEBASE AND ENTERPRISE COMMUNITY - TO PREVENT AT RISK HOUSEHOLDS FROM BECOMING HOMELESS	123	419,558			
(2) DYCD AT RISK YOUTH	438	65,187			
(3) OUTREACH CAMPAIGNS IN NEIGHBORHOOD	289	185,332			
(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 TENANT'S BACK RENT (IE RENT OWED TO LANDLORD DUE TO FINANCIAL HARDSHIP). SENIOR SERVICES: ELIGIBILITY FOR THE MOW PROGRAMS ARE 60 YEARS OLD AND ABOVE AND DECLARED TO BE HOMEBOUND HAVING SOME SORT OF MOBILITY LIMITATION. ASSISTANCE IS ALSO AVAILABLE FOR THOSE UNDER 60 THAT HAVE DISABILITIES THAT ARE ALSO HOMEBOUND AND QUALIFY. YOUTH SERVICES: OUR YOUTH PROGRAMS OFFER ASSISTANCE TO STUDENTS ATTENDING KINDERGARTEN TO 12TH GRADES. THREE OF THE PROGRAMS OFFER THEIR PARTICIPANTS WITH INCENTIVES: MENTORING, LEARN & EARN AND EDUCATIONAL SUPPORT FOR HIGH SCHOOL YOUTH PROGRAM. THE PARTICIPANTS IN THE MENTORING PROGRAM MUST COMPLETE ASSIGNED PROJECTS IN ORDER TO RECEIVE THEIR INCENTIVE. LEARN & EARN PARTICIPANTS MUST COMPLETE A WORK READINESS PORTFOLIO ASSIGNED TO THEM IN ORDER TO RECEIVE THEIR INCENTIVE. THE EDUCATIONAL SUPPORT FOR HIGH SCHOOL YOUTH PROGRAM PARTICIPANTS RECEIVE AN INCENTIVE BASED ON THEIR ATTENDANCE IN THE PROGRAM AND IN THEIR INTERNSHIP. 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

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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 for instructions and the latest information.**

2023

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2, 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 CEO	(i)	480,765	90,000	0	16,500	28,473	615,738	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
2 GRAIKELIS MORALES COO	(i)	274,673	25,000	0	11,806	968	312,447	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
3 SANDHYA BOYD GENERAL COUNSEL	(i)	259,778	25,000	0	10,150	935	295,863	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
4 EMILY KURTZ VP OF HOUSING	(i)	219,647	15,000	0	11,834	27,855	274,336	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
5 MARIE ELENA ZULLO VP OF EDUCATION	(i)	208,859	15,000	0	11,152	831	235,842	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
6 MARIA VIERA VP OF COMMUNITY AFFAIRS	(i)	206,232	15,000	0	10,887	963	233,082	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
7 JOSCELYN TRUITT VP OF EMPOWERMENT	(i)	177,067	16,000	0	9,895	15,476	218,438	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
8 RITHA PIERRE ASSOCIATE GENERAL COUNSEL	(i)	157,084	15,000	0	9,035	15,959	197,078	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
9 TYESE BROWN DIRECTOR OF CLINICAL SERVICES	(i)	159,573	19,931	0	9,177	7,774	196,455	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
10 KENT ARTHUR DIRECTOR OF LEGAL EMPOWERMENT	(i)	182,340	0	0	9,196	780	192,316	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
11 FRANCESCA BOWEN DIRECTOR OF AUDITS	(i)	180,590	0	0	8,997	789	190,376	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
12 MAUSHUMI SUTTLES CHIEF PROGRAM OFFICER	(i)	182,613	0	0	0	591	183,204	0
	(ii)	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0	----- 0
13 SANDRA CHRISTIAN VP OF SENIORS TO 03/23	(i)	59,843	10,000	99,469	3,186	1,887	174,385	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 4A	SANDRA CHRISTIAN RECEIVED A SEVERANCE PAYMENT WHICH IS REPORTED IN SCHEDULE J, PART II, COLUMN B(III).
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 for the latest information.**

OMB No. 1545-0047

2023**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 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 WITH AN OPPORTUNITY TO REVIEW AND COMMENT PRIOR TO FILING WITH THE IRS.
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 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 AUDITOR. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Additional Data

Return to Form

Software ID:

Software Version:

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2023

**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 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) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BUSHWICK GARDENS LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-2830534	AFFORDABLE HOUSING	NY	13	6,341	RISEBORO COMMUNITY PARTNERSHIP INC
(2) BUSHWICK GARDENS RETAIL LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-3064193	REAL ESTATE	NY	410,090	2,677,350	RISEBORO COMMUNITY PARTNERSHIP INC
(3) BMH AFFILIATES LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 82-1103752	AFFORDABLE HOUSING	NY	0	0	RISEBORO COMMUNITY PARTNERSHIP INC
(4) ATLANTIC EAST MANAGER LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 82-2110526	AFFORDABLE HOUSING	NY	0	0	RISEBORO COMMUNITY PARTNERSHIP INC

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

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

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

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

Cat. No. 50135Y

Schedule R (Form 990) 2023

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) 420 STOCKHOLM ASSOCIATES LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-38473745	AFFORDABLE HOUSING	NY	420 STOCKHOLM CORP	NA				No			No	
(2) ATLANTIC EAST AFFILIATES LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 47-5312901	AFFORDABLE HOUSING	NY	HARRY T NANCE APARTMENTS HDFC	N/A				No			No	
(3) ATLANTIC EAST APARTMENTS LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 81-4286539	AFFORDABLE HOUSING	NY	ATLANTIC EAST MANAGER LLC	N/A				No			No	
(4) BETHANY MH MANAGER LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 82-1156504	AFFORDABLE HOUSING	NY	BMM/AFFILIATES LLC	N/A				No			No	
(5) BETHANY MH LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 82-1092921	AFFORDABLE HOUSING	NY	BETHANY MH MANAGER LLC	N/A				No			No	
(6) CASA PASIVA MANAGERS LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 82-2977945	AFFORDABLE HOUSING	NY	CASA PASIVA HDFC	N/A				No			No	
(7) CASA PASIVA LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 82-2865009	AFFORDABLE HOUSING	NY	CASA PASIVA HDFC	N/A				No			No	
(8) GOODWIN HIMROD ASSOCIATES LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 26-3588604	AFFORDABLE HOUSING	NY	GOODWIN HIMROD CORP	N/A				No			No	
(9) HIMROD STREET ASSOCIATES LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-5416766	AFFORDABLE HOUSING	NY	HIMROD STREET APARTMENTS CORP	N/A				No			No	
(10) KNICKERBOCKER COMMONS ASSOCIATES LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 27-2083350	AFFORDABLE HOUSING	NY	KNICKERBOCKER COMMONS CORP	N/A				No			No	
(11) KNICKERBOCKER SQUARE ASSOCIATES LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 14-1807635	AFFORDABLE HOUSING	NY	1435 GATES AVE CORP	N/A				No			No	
(12) LINDEN CENTRAL ASSOCIATES LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3511538	AFFORDABLE HOUSING	NY	LINDEN CENTRAL CORP	N/A				No			No	
(13) MELROSE APARTMENTS ASSOCIATES LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 59-3791137	AFFORDABLE HOUSING	NY	MELROSE STREET CORP	N/A				No			No	
(14) MENNONITE UNITED REVIVAL APARTMENTS LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 27-5280574	AFFORDABLE HOUSING	NY	RBSCC MENNONITE CORP	N/A				No			No	
(15) NOLL STREET ASSOCIATES LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3638335	AFFORDABLE HOUSING	NY	NOLL STREET APARTMENTS CORP	N/A				No			No	
(16) OUR LADY OF LOURDES APARTMENTS LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 47-2721483	AFFORDABLE HOUSING	NY	OUR LADY OF LOURDES HDFC	N/A				No			No	
(17) OUR LADY OF LOURDES LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 47-2721483	AFFORDABLE HOUSING	NY	OUR LADY OF LOURDES HDFC	N/A				No			No	
(18) RENAISSANCE ESTATE APARTMENTS LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 56-2384905	AFFORDABLE HOUSING	NY	RENAISSANCE ESTATES APARTMENT CORP	N/A				No			No	
(19) RHEINGOLD GARDENS APARTMENTS LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 52-5589010	AFFORDABLE HOUSING	NY	RHEINGOLD CORP	N/A				No			No	
(20) RHEINGOLD HEIGHTS ONE ASSOCIATES LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 26-1455209	AFFORDABLE HOUSING	NY	RHEINGOLD HEIGHTS ONE CORP	N/A				No			No	
(21) RHEINGOLD HEIGHTS TWO ASSOCIATES LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 26-3613342	AFFORDABLE HOUSING	NY	RHEINGOLD HEIGHTS TWO CORP	N/A				No			No	
(22) STAMMTISCH ASSOCIATES LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 46-2150671	AFFORDABLE HOUSING	NY	STAMMTISCH CORP	N/A				No			No	
(23) WEST BUSHWICK NRP ASSOCIATES LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-2085532	AFFORDABLE HOUSING	NY	WEST BUSHWICK NRP HDFC	N/A				No			No	
(24) WOODLAWN AFFILIATES LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 81-4378280	AFFORDABLE HOUSING	NY	WOODLAWN SENIOR LIVING HDFC	N/A				No			No	
(25) WOODLAWN SENIOR LIVING LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 82-0860829	AFFORDABLE HOUSING	NY	WOODLAWN SENIOR LIVING HDFC	N/A				No			No	
(26) WOODLAWN SENIOR MANAGER LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 82-0853356	AFFORDABLE HOUSING	NY	WOODLAWN SENIOR LIVING HDFC	N/A				No			No	
(27) RISEBORO TPT X LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 83-1984663	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	N/A				No		Yes		
(28) RISEBORO SOLAR LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 82-5592379	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	N/A				No		Yes		
(29) 37 HILLSIDE MANAGERS LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 83-1511216	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	N/A				No		Yes		
(30) 37 HILLSIDE OWNERS LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 83-1523284	AFFORDABLE HOUSING	NY	37 HILLSIDE MANAGERS LLC	N/A				No			No	
(31) RISEBORO ALAFIA 2 RETAIL LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 33-1627793	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	N/A				No		Yes		
(32) RISEBORO ALAFIA 2 MANAGER LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 92-1447891	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	N/A				No		Yes		
(33) STEPS SENIOR LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 92-3934556	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	N/A				No		Yes		
(34) 326 ROCKAWAY MANAGING MEMBER LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 80-1526294	AFFORDABLE HOUSING	NY	326 ROCKAWAY HDFC	N/A				No			No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) 100 THROOP CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 27-4022213	REAL ESTATE	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	No
(2) 104-110 GROVE STREET HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3240453	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(3) 116-120 GROVE STREET HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3104636	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(4) 1435 GATES AVE CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 14-1807634	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(5) 251 HARMAN STREET HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3068393	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %		No
(6) 420 STOCKHOLM CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3556707	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(7) 75 LINDEN STREET HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3143393	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(8) 857 HART STREET HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 65-1176428	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %		No
(9) 924 HART STREET HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3210216	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(10) 93-95 STOCKHOLM STREET HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3327113	REAL ESTATE	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(11) BETHANY MH HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 82-1136176	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(12) BUSHWICK 203 NHP HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-3221868	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(13) COMMUNITY PROPERTY MANAGEMENT INC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3289657	MANAGEMENT OF HOUSING CORPS	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(14) ESPERANZA TPT HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-0721695	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(15) GOODWIN HIMROD CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 26-3588525	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(16) GOODWIN HIMROD SENIOR HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 26-4399754	REAL ESTATE	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(17) HARMAN PLAZA HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3261888	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(18) HARRY T NANCE APARTMENTS HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 82-1592480	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(19) HIMROD STREET APARTMENTS CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-5416661	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(20) HIMROD STREET HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-5523469	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(21) IRVING STOCKHOLM HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 26-2720791	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(22) JEFFERSON SPI HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-8629278	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(23) KNICKERBOCKER COMMONS CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 27-2223522	REAL ESTATE	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(24) KNICKERBOCKER COMMONS HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 27-2193474	REAL ESTATE	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(25) KNICKERBOCKER SQUARE HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 06-1527802	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(26) LINDEN BUSHWICK HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3407212	REAL ESTATE	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(27) LINDEN CENTRAL CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3515047	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(28) LINDEN COURT HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3500443	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(29) MELROSE SPI HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-8829192	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(30) MELROSE STREET APARTMENTS CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 59-3797139	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(31) MELROSE STREET HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 85-1420021	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(32) MENNONITE UNITED REVIVAL HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 45-2750860	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(33) MENNONITE UNITED REVIVAL HOUSING CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 27-5279074	AFFORDABLE HOUSING	NY	RBSCC MENNONITE CORP	C					No
(34) NOLL STREET CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3638341	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(35) NOLL STREET HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3638342	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(36) OUR LADY OF LOURDES HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 47-2459362	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(37) RBSCC MENNONITE CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 25-5278749	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(38) RENAISSANCE ESTATES APARTMENT CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 56-2384863	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(39) RENAISSANCE ESTATES HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 56-2384866	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(40) RHEINGOLD CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 55-0799349	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(41) RHEINGOLD GARDENS HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 54-2078061	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(42) RHEINGOLD HEIGHTS ONE CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 25-1287793	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(43) RHEINGOLD HEIGHTS ONE HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 26-1287838	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(44) RHEINGOLD HEIGHTS TWO CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 26-3613321	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(45) RHEINGOLD HEIGHTS TWO HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 26-3613321	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(46) RIDGEWOOD BUSHWICK HARMAN STREET HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3204922	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
(47) RIDGEWOOD BUSHWICK MANAGEMENT CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3034922	MANAGING AGENT FOR LIMITED PARTNERSHIPS	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %		

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.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Yes	
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)	Yes	
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s 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) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SOUTH BUSHWICK NEIGHBORHOOD HOMES	E	1,966,882	COST
(2) RISEBORO ALAFIA 2 MANAGER LLC	Q	388,658	COST
(3) COMMUNITY IMPROVEMENT CORP	Q	144,016	COST
(4) RHEINGOLD HEIGHTS ONE ASSOCIATES LP	Q	261,453	COST
(5) RHEINGOLD HEIGHTS ONE ASSOCIATES LP	O	208,103	COST
(6) RHEINGOLD HEIGHTS TWO ASSOCIATES LP	O	210,018	COST
(7) MOFFAT ALP	Q	190,943	COST
(8) MOFFAT ALP	O	1,116,466	COST
(9) RISEBORO MANAGEMENT CORP	Q	137,525	COST
(10) RISEBORO MANAGEMENT CORP	O	1,977,380	COST
(11) THE ATRIUM AT SUMNER	Q	519,765	COST
(12) THE ATRIUM AT SUMNER	O	94,517	COST
(13) SUNSET 203K HDFC	Q	157,594	COST
(14) RISEBORO TPT 10 LLC	Q	203,138	COST
(15) WOODLAWN SENIOR LIVING HOUSING APARTMENTS	Q	1,558,713	COST
(16) WOODLAWN SENIOR LIVING HOUSING APARTMENTS	O	185,473	COST
(17) 420 STOCKHOLM ASSOCIATES LP	O	153,641	COST
(18) ATLANTIC EAST APARTMENTS LLC	O	201,014	COST
(19) CITIZENS FOR A BETTER NEIGHBORHOOD HDFC	O	197,666	COST
(20) COMMUNITY IMPROVEMENT CORP	O	229,761	COST
(21) COMMUNITY MANAGEMENT PROPERTY INC	O	426,332	COST
(22) CORETTA SCOTT KING HDFC	O	309,643	COST
(23) GOODWIN PLACE FOR THE ELDERLY HDFC	O	496,489	COST
(24) GATES GARDEN HDFC	O	376,892	COST
(25) GATES PLAZA HDFC	O	385,056	COST
(26) 37 HILLSIDE SENIOR APARTMENTS	O	103,841	COST

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(27)HIMROD STREET ASSOCIATES LP	O	106,157	COST
(28)IRVING STOCKHOLM HDFC	O	162,383	COST
(29)KNICKERBOCKER COMMONS ASSOCIATES LP	O	173,490	COST
(30)MELROSE STREET APARTMENTS LP	O	180,978	COST
(31)MENNONITE UNITED REVIVAL APTS LP	O	109,744	COST
(32)MOFFAT GARDENS HDFC	O	387,577	COST
(33)PLAZA DE LOS ANCIANOS HDFC	O	529,404	COST
(34)RENAISSANCE ESTATES APARTMENTS LP	O	252,193	COST
(35)RENAISSANCE ESTATES APARTMENTS LP	K	240,000	COST
(36)RHEINGOLD GARDENS ASSOCIATES LP	O	386,589	COST
(37)SCHAEFFER APARTMENT HDFC	O	314,621	COST
(38)STAMMTISCH ASSOCIATES LP	O	148,694	COST
(39)TROUTMAN EVERGREEN HDFC	O	444,068	COST
(40)WEST BUSHWICK 203K HDFC	O	283,650	COST
(41)WEST BUSHWICK NRP ASSOCIATES LP	O	188,721	COST
(42)WEST BUSHWICK TPT HDFC	O	133,673	COST

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference

Explanation

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