

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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.

OMB No. 1545-0047

2024Open to Public
Inspection**A** For the **2024** calendar year, or tax year beginning **JUL 1, 2024** and ending **JUN 30, 2025****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**F** Name and address of principal officer: **KIERAN HARRINGTON****SAME AS C ABOVE****D** Employer identification number**11-2453853****E** Telephone number**718-821-0254****G** Gross receipts \$**81,684,414.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **WWW.RISEBORO.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1976****M** State of legal domicile: **NY****Part I Summary**

Activities & Governance	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 O
	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) 15
	4	Number of independent voting members of the governing body (Part VI, line 1b) 15
	5	Total number of individuals employed in calendar year 2024 (Part V, line 2a) 845
	6	Total number of volunteers (estimate if necessary) 534
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 0.
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 51,457,735.
	9	Program service revenue (Part VIII, line 2g) 21,003,603.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,241,991.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 6,339,023.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 82,042,352.
	Expenses	13
14		Benefits paid to or for members (Part IX, column (A), line 4) 0.
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 40,141,336.
16a		Professional fundraising fees (Part IX, column (A), line 11e) 9,000.
b		Total fundraising expenses (Part IX, column (D), line 25) 189,043.
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 29,646,530.
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 70,561,868.
19		Revenue less expenses. Subtract line 18 from line 12 11,480,484.
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 135,602,130.
	21	Total liabilities (Part X, line 26) 86,232,965.
	22	Net assets or fund balances. Subtract line 21 from line 20 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	Date
	MARIA DEMATOS, CFO Type or print name and title	
Paid Preparer Use Only	Preparer's name CATHERINE PETERCSAK	Preparer's signature CATHERINE PETERCSAK
	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 ☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

432001 12-10-24

Form **990** (2024)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

Part III Statement of Program Service Accomplishments

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

☒ **X****1** Briefly describe the organization's mission:

THE MISSION OF RISEBORO COMMUNITY PARTNERSHIP IS TO BUILD A CITY WHERE YOUR ZIP CODE DOES NOT DETERMINE YOUR HEALTH OUTCOMES, HOUSING STABILITY, OR ECONOMIC POWER. WE DO THIS BY IMPLEMENTING NEW AND EFFECTIVE STRATEGIES TO IMPROVE THE COMMUNITIES IN WHICH WE OPERATE SO

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 ☒ **X** 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 ☒ **X** 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 \$ 16,668,783. including grants of \$ 1,212,122.) (Revenue \$ 5,067,627.)

RB SENIORS: RB SENIORS OFFERS 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, TRANSPORTATION, 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.

(CONTINUED IN SCHEDULE O)

4b (Code:) (Expenses \$ 11,956,958. including grants of \$) (Revenue \$ 3,635,073.)

RB EMPOWERMENT: RB EMPOWERMENT PROVIDES RESIDENTS WHO FACE LONG-STANDING CHALLENGES OF HOMELESSNESS AND UNEMPLOYMENT WITH THE RESOURCES THEY NEED TO THRIVE. 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.

(CONTINUED IN SCHEDULE O)

4c (Code:) (Expenses \$ 10,436,837. including grants of \$) (Revenue \$ 3,172,936.)

RB EDUCATION: RB EDUCATION OFFERS YOUTH AND ADULTS IN NORTH BROOKLYN MORE THAN A PLACE TO GO. 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: 6,850 YOUTH AND YOUNG PEOPLE SERVED
1,356 YOUTH ENROLLED IN WORKFORCE DEVELOPMENT PROGRAMMING
40 ADULT EDUCATION STUDENTS RECEIVED THEIR GED DIPLOMA

4d Other program services (Describe on Schedule O.)(Expenses \$ 12,671,870. including grants of \$) (Revenue \$ 3,852,415.)**4e** Total program service expenses 51,734,448.Form **990** (2024)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9 X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	X

Part IV Checklist of Required Schedules (continued)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 205	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	845
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	15			
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b Enter the number of voting members included on line 1a, above, who are independent		15		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O				X

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

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?		X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13 Did the organization have a written whistleblower policy?	X	
14 Did the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

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 Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records

MARIA DEMATOS, CFO - 718-821-0254
565 BUSHWICK AVENUE, BROOKLYN, NY 11206

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, and 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 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	Former			
(1) SCOTT SHORT FORMER CEO	0.00 0.00						X	613,519.	0.	27,598.
(2) KIERAN HARRINGTON CEO/CRO	35.00 5.00			X				363,462.	0.	0.
(3) EMILY KURTZ CHIEF HOUSING & DEVELOPMENT OFFICER	1.00 39.00				X			276,002.	0.	41,380.
(4) EGONDU M. ONUOHA PRESIDENT & DIRECTOR TO 10/1/24	40.00 0.00	X		X				316,715.	0.	0.
(5) GRAIKELIS MORALES COO TO 8/1/24	40.00 0.00				X			300,765.	0.	6,849.
(6) MARIA DEMATOS CHIEF FINANCIAL OFFICER	35.00 5.00			X				255,145.	0.	0.
(7) MARIA VIERA CHIEF PROGRAM OFFICER	40.00 0.00				X			235,933.	0.	12,014.
(8) MARIE ELENA ZULLO VP OF EDUCATION	40.00 0.00				X			228,860.	0.	11,402.
(9) RITHA PIERRE GENERAL COUNSEL	35.00 5.00				X			210,690.	0.	26,590.
(10) JOSCELYN TRUITT VP OF EMPOWERMENT	40.00 0.00				X			196,988.	0.	25,457.
(11) PAMELA VEGA WATLER INTERIM VICE PRESIDENT, SENIORS	40.00 0.00				X			11,160.	167,987.	35,815.
(12) KENT ARTHUR DIR. OF LEGAL EMPOWERMENT	40.00 0.00					X		188,417.	0.	9,510.
(13) SRUJAN GOUD POSHALA IT DIRECTOR	35.00 5.00				X			180,563.	0.	10,478.
(14) JOSE MIGUEL ALBINO VP, SENIORS	40.00 0.00				X			180,590.	0.	7,516.
(15) KRISTINE MONTANEZ VP, HOUSING SUPPORTIVE SERVICES	40.00 0.00				X			170,335.	0.	15,933.
(16) TYESE BROWN DIRECTOR OF CLINICAL SERVICES	40.00 0.00					X		169,688.	0.	16,040.
(17) FRANCESCA BOWEN DIRECTOR OF AUDIT	40.00 0.00					X		175,059.	0.	8,573.

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 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	Former			
(18) FATIMA MOORE DIRECTOR OF PROPERTY MANAGEMENT	40.00 0.00					X		164,799.	0.	13,312.
(19) DWAIN MARS DIRECTOR OF ACCOUNTING	40.00 0.00					X		162,643.	0.	8,007.
(20) CICELY R HARRIS CHIEF PEOPLE OFFICER/LEGAL COUNSEL	35.00 5.00				X			154,810.	0.	3,044.
(21) VISHAL SHYAM CHAWLA FORMER CFO	0.00 0.00						X	126,484.	0.	0.
(22) JOHN D. SHUCK CHAIRPERSON	2.00 0.50	X		X				0.	0.	0.
(23) VIRGINIA TORRES SECRETARY	1.00 0.50	X		X				0.	0.	0.
(24) LARRY FERNANDEZ TREASURER (UNTIL 12/31/24)	1.00 0.50	X		X				0.	0.	0.
(25) GEORGE MARLIN TREASURER (AS OF 01/01/25)	1.00 0.50	X		X				0.	0.	0.
(26) ANGELA M. BATTAGLIA DIRECTOR	1.00 0.50	X						0.	0.	0.
1b Subtotal								4,682,627.	167,987.	279,518.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,682,627.	167,987.	279,518.

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

63

- 3** Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 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? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3	X	
4	X	
5		X

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 FOODS, LLC 311 SCHOLLES STREET, BROOKLYN, NY 12206	MEAL DELIVERY	3,036,572.
PROTIVITI INC, 12269 COLLECTIONS CENTER DR, CHICAGO, IL 60693	CONSULTING SERVICE	1,215,773.
GRASSI & CO., CPAS P.C., 50 JERICHO QUADRANGLE, SUITE 200, JERICHO, NY 11753	ACCOUNTING & BILLING SERVICES	655,040.
BETTERWORLD TELECOM, LLC, 11921 FREEDOM DRIVE, SUITE 550, RESTON, VA 20190	IT CONSULTING SERVICE	396,877.
PKF O'CONNOR DAVIES, LLP, 245 PARK AVENUE, 12TH FL, NEW YORK, NY 10167	AUDIT & TAX SERVICES	373,665.

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

15

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2024)

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 line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) JEANETTE CEPEDA DIRECTOR	1.00 0.50	X						0.	0.	0.
(28) RAFAEL ESPINAL DIRECTOR	1.00 0.50	X						0.	0.	0.
(29) ROBERT MILLER DIRECTOR	1.00 0.50	X						0.	0.	0.
(30) DANIEL MINERVA DIRECTOR	1.00 0.50	X						0.	0.	0.
(31) FRANK RUSSO DIRECTOR	1.00 0.50	X						0.	0.	0.
(32) RON SYLVESTRI DIRECTOR	1.00 0.50	X						0.	0.	0.
(33) JOANN STOCK DIRECTOR	1.00 0.50	X						0.	0.	0.
(34) ANDREA TAN DIRECTOR	1.00 0.50	X						0.	0.	0.
(35) VANESSA WOMBLE DIRECTOR	1.00 0.50	X						0.	0.	0.
(36) HILLARY ZILZ DIRECTOR	1.00 0.50	X						0.	0.	0.
(37) JONATHAN HOLMAN, ESQ DIRECTOR (UNTIL 12/31/24)	1.00 0.50	X						0.	0.	0.
(38) ROHAN MEHRA DIRECTOR (UNTIL 12/31/24)	1.00 0.50	X						0.	0.	0.
(39) PAUL DEROSA DIRECTOR (UNTIL 12/31/24)	1.00 0.50	X						0.	0.	0.
(40) SAM JOSEPH AMIRFAR DIRECTOR (UNTIL 12/31/24)	1.00 0.50	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	568,265.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	50,436,416.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	3,792,877.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 10,845.			
	h	Total. Add lines 1a-1f		54,797,558.			
Program Service Revenue	2 a	DEVELOPMENT FEE	Business Code	531390	12,785,314.	12785314.	
	b	RENTAL INCOME FROM RELATED PARTY		531110	2,146,382.	2,146,382.	
	c	CLIENT FEES		531110	334,937.	334,937.	
	d	RENTAL INCOME GENERATED THRU LLC		531110	323,669.	323,669.	
	e	MARKETING FEES		531110	137,749.	137,749.	
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			15,728,051.		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			1,957,827.	
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real	(ii) Personal			
6a			2,005,799.				
b		Less: rental expenses ...	6b	763,277.			
c		Rental income or (loss)	6c	1,242,522.			
d		Net rental income or (loss)			1,242,522.		1242522.
7 a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
7a							
b		Less: cost or other basis and sales expenses	7b				
c		Gain or (loss)	7c				
d		Net gain or (loss)					
8 a		Gross income from fundraising events (not including \$ 568,265. of contributions reported on line 1c). See Part IV, line 18	8a	186,685.			
b	Less: direct expenses	8b	191,441.				
c	Net income or (loss) from fundraising events			-4,756.		-4,756.	
9 a	Gross income from gaming activities. See Part IV, line 19	9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MANAGEMENT FEES	Business Code	900099	6,220,387.		6220387.
	b	REIMBURSEMENT FROM AFFILIATES		900099	375,988.		375,988.
	c	REIMBURSEMENTS		900099	116,324.		116,324.
	d	All other revenue		900099	295,795.		295,795.
	e	Total. Add lines 11a-11d			7,008,494.		
	12	Total revenue. See instructions			80,729,696.	15728051.	0.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,212,122.	1,212,122.		
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	3,744,814.	1,614,640.	2,072,964.	57,210.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	684,615.		684,615.	
7 Other salaries and wages	30,598,933.	25,167,416.	5,374,043.	57,474.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,099,318.	876,320.	220,052.	2,946.
9 Other employee benefits	4,427,473.	3,454,389.	964,377.	8,707.
10 Payroll taxes	2,712,821.	2,101,780.	604,186.	6,855.
11 Fees for services (nonemployees):				
a Management	86,557.	86,557.		
b Legal	1,234,210.	332,774.	901,436.	
c Accounting	1,019,376.	274,849.	744,527.	
d Lobbying	66,900.		66,900.	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	6,368,257.	1,645,857.	4,682,166.	40,234.
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	4,546,320.	3,282,061.	1,264,259.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	547,641.	104,156.	443,485.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	71,998.		71,998.	
23 Insurance	2,160,657.	2,012,244.	148,413.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROGRAM, FOOD AND MEDIC	8,999,834.	8,270,019.	718,916.	10,899.
b REPAIRS & MAINTENANCE	727,839.	727,639.	200.	
c MISCELLANEOUS EXPENSE	652,382.	161,961.	485,703.	4,718.
d EQUIPMENT PURCHASES	548,059.	261,368.	286,691.	
e All other expenses	199,499.	148,296.	51,203.	
25 Total functional expenses. Add lines 1 through 24e	71,709,625.	51,734,448.	19,786,134.	189,043.
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 ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,046,252.	1	2,646,132.
	2 Savings and temporary cash investments	610,412.	2	800,844.
	3 Pledges and grants receivable, net	14,584,606.	3	19,766,468.
	4 Accounts receivable, net	35,204,330.	4	51,395,144.
	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	4,880,757.	7	7,080,480.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	810,832.	9	879,391.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,246,040.		
	b Less: accumulated depreciation	10b 2,450,247.	10c	2,795,793.
	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	4,182,843.	13	2,712,967.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	69,296,494.	15	63,677,659.
16 Total assets. Add lines 1 through 15 (must equal line 33)	135,602,130.	16	151,754,878.	
Liabilities	17 Accounts payable and accrued expenses	10,368,762.	17	12,102,485.
	18 Grants payable		18	
	19 Deferred revenue	113,649.	19	252,547.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	207,244.	21	207,360.
	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	5,626,215.	23	1,961,305.
	24 Unsecured notes and loans payable to unrelated third parties	2,974,327.	24	8,540,215.
	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	66,942,768.	25	70,301,730.
	26 Total liabilities. Add lines 17 through 25	86,232,965.	26	93,365,642.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	49,369,165.	27	58,389,236.
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here ☐ 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	49,369,165.	32	58,389,236.
	33 Total liabilities and net assets/fund balances	135,602,130.	33	151,754,878.

Form 990 (2024)

Part XI Reconciliation of Net AssetsCheck 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	80,729,696.
2	Total expenses (must equal Part IX, column (A), line 25)	2	71,709,625.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,020,071.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	49,369,165.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on 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 (B))	10	58,389,236.

Part XII Financial Statements and ReportingCheck 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: ☐ Cash ☒ Accrual ☐ 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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2a	X
b 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: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	2b	X
c 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 on Schedule O.	2c	X
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? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____	3b	X

Form 990 (2024)

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 fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	35688523.	50406821.	51705206.	51457735.	54797558.	244055843
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	35688523.	50406821.	51705206.	51457735.	54797558.	244055843
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.						244055843

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4	35688523.	50406821.	51705206.	51457735.	54797558.	244055843
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3219014.	2863073.	2139109.	5219251.	3958117.	17398564.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				30,903.	0.	30,903.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	6609058.	6175933.	3641439.	5015659.	7008494.	28450583.
11 Total support. Add lines 7 through 10						289935893
12 Gross receipts from related activities, etc. (see instructions)					12	36,731,654.
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 2024 (line 6, column (f), divided by line 11, column (f))	14	84.18	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	85.26	%
16a 33 1/3% support test - 2024. 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 - 2023. 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 - 2024. 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 - 2023. 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			☐

Schedule A (Form 990) 2024

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	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?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

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)? 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).		
1		

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?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI .			
3a			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			
3b			

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):		
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 0.85 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).		

Schedule A (Form 990) 2024

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 - <i>provide details in Part VI</i>)	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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2024 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-2024	(iii) Distributable Amount for 2024
1 Distributable amount for 2024 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2024			
a From 2019			
b From 2020			
c From 2021			
d From 2022			
e From 2023			
f Total of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2024 distributable amount			
i Carryover from 2019 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2024 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2024 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2025. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2020			
b Excess from 2021			
c Excess from 2022			
d Excess from 2023			
e Excess from 2024			

Schedule A (Form 990) 2024

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**OTHER INCOME**

2020 AMOUNT: \$ 480,448.

2021 AMOUNT: \$ 712,342.

2022 AMOUNT: \$ 148,124.

2023 AMOUNT: \$ 317,083.

2024 AMOUNT: \$ 127,436.

REIMBURSEMENT FROM AFFILIATES

2020 AMOUNT: \$ 6,128,610.

2021 AMOUNT: \$ 5,401,703.

2022 AMOUNT: \$ 3,208,695.

2023 AMOUNT: \$ 3,206,639.

2024 AMOUNT: \$ 6,596,375.

IRS TAX REIMBURSEMENT

2021 AMOUNT: \$ 61,888.

2024 AMOUNT: \$ 5,576.

OTHER REIMBURSEMENTS

2022 AMOUNT: \$ 11,103.

2024 AMOUNT: \$ 116,324.

SETTLEMENT

2022 AMOUNT: \$ 273,517.

2023 AMOUNT: \$ 409,622.

COMMUNITY SERVICE FEES

2023 AMOUNT: \$ 56,000.

PARKING INCOME

2023 AMOUNT: \$ 72,940.

2024 AMOUNT: \$ 76,592.

CONSTRUCTION REBATES

2023 AMOUNT: \$ 953,375.

FORFEITED DEPOSITS

2024 AMOUNT: \$ 31,280.

LAUNDRY INCOME

2024 AMOUNT: \$ 4,511.

RESERVE RECEIPTS

2024 AMOUNT: \$ 50,400.

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2024

Open to Public
Inspection

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

RISEBORO COMMUNITY PARTNERSHIP INC.

Employer identification number (EIN)

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.

2 Political campaign activity expenditures \$

3 Volunteer hours for political campaign activities

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527
exempt function activities \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,
line 17b \$

4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No

5 Enter the names, addresses, and EINs 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-.

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

Schedule C (Form 990) 2024

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 (grassroots 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><thead><tr><th>IF the amount on line 1e, column (a) or (b), is:</th><th>THEN 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:	THEN 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:	THEN 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?		☐ Yes	☐ 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) 2021	(b) 2022	(c) 2023	(d) 2024	(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					

Schedule C (Form 990) 2024

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?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		66,900.
j Total. Add lines 1c through 1i			66,900.
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X	
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 campaign activity 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 expenditures 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.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

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.

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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.

OMB No. 1545-0047

Open to Public
Inspection

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 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes questions 1-6 regarding donor advised funds and private inurement.

Part II

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

Form section for Conservation Easements, including questions 1-9 and a table for line 2d (Held at the End of the Tax Year).

Part III

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

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

Form section for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets, including questions 1a-1b and 2.

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

Schedule D (Form 990) (Rev. 12-2024)

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

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

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

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

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

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment _____ %
- b** Permanent endowment _____ %
- c** Term endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

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

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

- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? _____

- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,534,587.	881,452.	1,653,135.
c Leasehold improvements				
d Equipment		2,711,453.	1,568,795.	1,142,658.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,795,793.

Schedule D (Form 990) (Rev. 12-2024)

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. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

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. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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	654,194.
(2) DUE FROM AFFILIATES	13,155,266.
(3) SECURITY DEPOSITS	182,070.
(4) ROU ASSET	49,686,129.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	63,677,659.

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	
(2) DUE TO FUNDING SOURCES	249,062.
(3) DUE TO AFFILIATES	16,696,640.
(4) ADVANCE FROM AFFILIATE	1,000,000.
(5) LEASE LIABILITY	52,355,221.
(6) OTHER LIABILITIES	807.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	70,301,730.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... ☒

Schedule D (Form 990) (Rev. 12-2024)

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.

PART IV, LINE 2B:

THE ORGANIZATION HOLDS SECURITY DEPOSITS FOR TENANTS IN AN ESCROW ACCOUNT. THESE DEPOSITS ARE RETURNED TO TENANTS ONCE THEY VACATE THE PREMISES PER LEASE TERMS.

PART X, LINE 2:

THE COMPANY RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS EVALUATED THE COMPANY'S TAX POSITIONS AND DETERMINED THAT THERE ARE NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE AT THIS TIME.

Part XIII	Supplemental Information <i>(continued)</i>
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SCHEDULE G
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

OMB No. 1545-0047

Open to Public
Inspection

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

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not
required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of nongovernment grants
f Solicitation of government grants
g Special fundraising events
2 a 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?
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.

Table with 6 columns: (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. Includes a Total row at the bottom.

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 (add col. (a) through col. (c))
		GALA (event type)	GOLF (event type)	NONE (total number)	
Revenue	1 Gross receipts	561,000.	193,950.		754,950.
	2 Less: Contributions	476,565.	91,700.		568,265.
	3 Gross income (line 1 minus line 2)	84,435.	102,250.		186,685.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		101,174.		101,174.
	7 Food and beverages	30,000.			30,000.
	8 Entertainment	25,809.	5,195.		31,004.
	9 Other direct expenses	28,623.	640.		29,263.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				191,441.
11 Net income summary. Subtract line 10 from line 3, column (d)				-4,756.	

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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ 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 the 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 to be 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.

Schedule G (Form 999)		RISERSON		99
Part IV	Supplemental Information (continued)			

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**SCHEDULE I
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

RISEBORO COMMUNITY PARTNERSHIP INC.

Employer identification number
11-2453853

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

- 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

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

Schedule I (Form 990) (Rev. 12-2024)

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
HRA HOMEBASE AND ENTERPRISE COMMUNITY - TO PREVENT AT RISK HOUSEHOLDS FROM BECOMING HOMELESS	753	852,016.	0.		
DYCD AT RISK YOUTH	417	60,795.	0.		
OUTREACH CAMPAIGNS IN NEIGHBORHOOD	278	129,295.	0.		
TO REDUCE SUBSTANCE AND INTERPERSONAL VIOLENCE IN THE COMMUNITY	1356	49,331.	0.		
WORKFORCE TRAINING PROGRAM FOR YOUTH	584	27,325.	0.		

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

- ELIGIBLE CLIENTS ARE THOSE THAT ARE ELIGIBLE FOR HOMEBASE SERVICES. RISEBORO'S HOMEBASE PROGRAM HAS FUNDS TO PAY ARREARS DIRECTLY, BUT IS TYPICALLY USED WHEN A FAMILY CANNOT GET ACCESS TO AN HRA ONE SHOT DEAL. HHS ELIGIBLE ARE THOSE FAMILIES WITH CHILDREN LIVING BELOW 200% OF THE FEDERAL POVERTY LIMIT OR SINGLE/ADULT FAMILIES LIVING BELOW 30% AMI (MEANING, COLLECTIVE HOUSEHOLD INCOME).

- PAYMENTS MADE FROM RB ARE MADE TO LANDLORDS ON BEHALF OF TENANTS THAT OWE BACK RENT. LANDLORDS MUST PROVIDE PROOF OF OWNERSHIP AND TENANT MUST RESIDE IN A LEGAL APARTMENT/ROOM. PAYMENT ARE ISSUED DIRECTLY TO LANDLORDS AND DO NOT PASS THROUGH THE TENANT.

- THE PAYMENTS ARE USED TO SETTLE TENANT'S BACK RENT (IE RENT OWED TO LANDLORD DUE TO FINANCIAL HARDSHIP).

YOUTH SERVICES:

OUR YOUTH PROGRAMS OFFER ASSISTANCE TO STUDENTS ATTENDING KINDERGARTEN TO 12TH GRADES. THREE OF THE PROGRAMS OFFER THEIR PARTICIPANTS WITH

SCHEDULE J
(Form 990)

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No. 1545-0047

Open to Public
Inspection

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.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (such as 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, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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.

- | | |
|---|---|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☒ Form 990 of other organizations | ☒ 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 section 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 on 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

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) (Rev. 12-2024)

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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SCOTT SHORT FORMER CEO	(i)	273,134.	0.	340,385.	13,758.	13,840.	641,117.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) KIERAN HARRINGTON CEO/CRO	(i)	363,462.	0.	0.	0.	0.	363,462.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) EMILY KURTZ CHIEF HOUSING & DEVELOPMENT OFFICER	(i)	276,002.	0.	0.	13,518.	27,862.	317,382.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) EGONDU M. ONUOHA PRESIDENT & DIRECTOR TO 10/1/24	(i)	316,715.	0.	0.	0.	0.	316,715.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) GRAIKELIS MORALES COO TO 8/1/24	(i)	173,842.	0.	126,923.	6,849.	0.	307,614.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MARIA DEMATOS CHIEF FINANCIAL OFFICER	(i)	255,145.	0.	0.	0.	0.	255,145.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARIA VIERA CHIEF PROGRAM OFFICER	(i)	235,933.	0.	0.	11,757.	257.	247,947.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MARIE ELENA ZULLO VP OF EDUCATION	(i)	208,860.	20,000.	0.	11,402.	0.	240,262.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) RITHA PIERRE GENERAL COUNSEL	(i)	210,690.	0.	0.	11,021.	15,569.	237,280.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JOSCELYN TRUITT VP OF EMPOWERMENT	(i)	177,988.	19,000.	0.	10,115.	15,342.	222,445.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) PAMELA VEGA WATLER INTERIM VICE PRESIDENT, SENIORS	(i)	11,160.	0.	0.	591.	2,379.	14,130.	0.
	(ii)	167,987.	0.	0.	8,835.	24,010.	200,832.	0.
(12) KENT ARTHUR DIR. OF LEGAL EMPOWERMENT	(i)	188,417.	0.	0.	9,510.	0.	197,927.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(13) SRUJAN GOUD POSHALA IT DIRECTOR	(i)	180,563.	0.	0.	8,119.	2,359.	191,041.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(14) JOSE MIGUEL ALBINO VP, SENIORS	(i)	180,590.	0.	0.	916.	6,600.	188,106.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(15) KRISTINE MONTANEZ VP, HOUSING SUPPORTIVE SERVICES	(i)	170,335.	0.	0.	8,718.	7,215.	186,268.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(16) TYESE BROWN DIRECTOR OF CLINICAL SERVICES	(i)	168,688.	1,000.	0.	8,721.	7,319.	185,728.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

Schedule J (Form 990) (Rev. 12-2024)

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 aren't listed on Form 990, Part VII.

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(17) FRANCESCA BOWEN DIRECTOR OF AUDIT	(i)	175,059.	0.	0.	8,573.	0.	183,632.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(18) FATIMA MOORE DIRECTOR OF PROPERTY MANAGEMENT	(i)	152,518.	0.	12,281.	6,603.	6,709.	178,111.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(19) DWAIN MARS DIRECTOR OF ACCOUNTING	(i)	162,643.	0.	0.	8,007.	0.	170,650.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(20) CICELY R HARRIS CHIEF PEOPLE OFFICER/LEGAL COUNSEL	(i)	154,810.	0.	0.	0.	3,044.	157,854.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(21) VISHAL SHYAM CHAWLA FORMER CFO	(i)	126,484.	0.	0.	0.	0.	126,484.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

PART I, LINE 4A:

THE REPORTED COMPENSATION ON COLUMN B(III), FOR THE FORMER EMPLOYEES, SCOTT SHORT, GRAIKELIS MORALES AND FATIMA MOORE INCLUDES A SEPARATION PAYMENT. THE SEPARATION PAYMENTS FOR MR. SHORT AND MS. MORALES REQUIRED TRANSITIONAL SERVICES.

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.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

RISEBORO COMMUNITY PARTNERSHIP INC.

Employer identification number

11-2453853

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND CONTAINS A COMMITMENT TO ELIMINATE OR REDUCE POVERTY IN BROOKLYN &
QUEENS BY ENGAGING IN PLANNING, CREATING, COORDINATING, INITIATING,
EVALUATING AND SUPERVISING COMMUNITY ACTION PROGRAMS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LOCAL RESIDENTS MAY IMPROVE THEIR LIVING CONDITIONS AND WORK TOWARD
LONG-TERM SELF SUFFICIENCY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

ACROSS 10 SITES, RISEBORO'S OLDER ADULT CENTERS AND CLUBS PROVIDE NEW
YORKERS 60+ WITH A SPACE TO GATHER WITH PEERS, ENJOY MEALS, AND ENGAGE
WITH ACTIVITIES SUCH AS CASE ASSISTANCE, BREAKFAST, LUNCH, DINNER,
TO-GO MEALS, ARTS & CULTURE, RECREATION ACTIVITIES, TECHNOLOGY CLASSES,
NUTRITION EDUCATION, PHYSICAL HEALTH CLASSES, AND TRANSPORTATION.

249 OPEN DAYS

232,428 MEALS

7,643 RECREATION AND EDUCATION EVENTS

99,892 HEALTH PROMOTION PARTICIPANTS

4,846 TRANSPORTATION RIDES

11,515 REFERRALS AND CASE ASSISTANCE

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

1,421 CLIENTS SERVED

22,563 UNITS OF SERVICE

154 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

2,425 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

2,527 CLIENTS SERVED

586,260 MEALS SERVED

2,345 MEALS SERVED PER DAY

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

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

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 1,790 FAMILIES TO AVOID EVICTION AND RECEIVE AFTERCARE SERVICES AND RELOCATED OVER 1,000 INDIVIDUALS.

LEGAL SERVICES PROVIDED EVICTION PREVENTION TO OVER 800 HOUSEHOLDS REFERRED THROUGH HOUSING COURT.

BENEFITS NAVIGATION PROGRAM ASSISTED OVER 2,000 HOUSEHOLDS WITH ACCESS TO SNAP, MEDICAID, CASH ASSISTANCE AND CHILDCARE BENEFITS; OUR FOOD SERVICED OVER 400 COMMUNITY MEMBERS AND THE FOOD PANTRY SERVICED OVER 4,000 INDIVIDUALS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

RB HOUSING: RB HOUSING COMBINES STABLE HOUSING WITH SUPPORTIVE SERVICES FOR SENIOR CITIZENS AND FORMERLY HOMELESS INDIVIDUALS HAS BEEN A HALLMARK OF RISEBORO'S WORK SINCE THE BEGINNING. OUR SENIOR BUILDINGS AND SUPPORTIVE HOUSING COMPLEXES ARE VIBRANT COMMUNITIES THAT ALSO LINK TENANTS TO THE UPSTREAM SOCIAL AND MEDICAL SERVICES THEY NEED TO LIVE HEALTHY, INDEPENDENT LIVES.

EXPENSES \$ 8,661,125. INCLUDING GRANTS OF \$ 0. REVENUE \$ 2,633,096.

HEALTH IS A COMBINATION OF HOMECARE (HOME HEALTH), MOFFAT GARDENS ASSISTED LIVING PROGRAM, AND WELLNESS RISING. HOMECARE REPORTS ON STANDALONE OPERATION, WHILE WELLNESS RISING IS MADE UP OF A CLUSTER OF SERVICE OFFERINGS INCLUDING: DIABETES PREVENTION, ASTHMA SERVICES, FOOD PANTRY, HEALTH ADVOCACY PARTNERS PROGRAM (HAPP) AN INITIATIVE THAT AIMS TO IMPROVE THE HEALTH AND WELLBEING OF NYCHA RESIDENTS IN MARCY AND TOMPKINS HOUSES.

COMMUNITY AFFAIRS INCLUDES COMMUNITY ENGAGEMENT, MARKETING AND COMMUNICATIONS, FUNDRAISING, EVENT PLANNING, VOLUNTEERISM, NEIGHBORHOOD ECONOMIC DEVELOPMENT INITIATIVES, AND STRATEGIC PLANNING.

EXPENSES \$ 4,010,745. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,219,319.

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:

UPON FIRST JOINING RISEBORO COMMUNITY PARTNERSHIP, INC., EACH DIRECTOR, OFFICER AND EMPLOYEE IS PROVIDED A COPY OF THE RISEBORO CONFLICT OF INTEREST POLICY. COVERED INDIVIDUALS ARE REQUIRED TO ACKNOWLEDGE RECEIPT OF THE POLICY AND COMPLETE ANY REQUIRED ANNUAL DISCLOSURE IDENTIFYING ACTUAL, POTENTIAL, OR PERCEIVED CONFLICTS OF INTEREST.

THE ANNUAL CONFLICT OF INTEREST POLICY ACKNOWLEDGMENTS AND DISCLOSURE FORMS

Name of the organization

RISEBORO COMMUNITY PARTNERSHIP INC.

Employer identification number

11-2453853

ARE DISTRIBUTED AND COLLECTED BY THE HUMAN RESOURCES DEPARTMENT AND
SUBMITTED TO THE GENERAL COUNSEL FOR REVIEW AND FOLLOW-UP, AS APPROPRIATE.

ANY IDENTIFIED OR POTENTIAL CONFLICTS ARE REPORTED TO THE GENERAL COUNSEL,
WHO ESCALATES MATTERS TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS, AND
WHEN NECESSARY, TO THE FULL BOARD OF DIRECTORS. ANY DIRECTOR WITH A
CONFLICT OF INTEREST, WHETHER DIRECT OR INDIRECT, IS RECUSED FROM
DISCUSSIONS, DELIBERATIONS, AND VOTING RELATED TO THE RELEVANT MATTER OR
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 AND APPROVES THE COMPENSATION
OF THE COMPANY'S CHIEF EXECUTIVE OFFICER. IN CONDUCTING THESE REVIEWS, THE
EXECUTIVE COMMITTEE AND THE BOARD RELY ON APPROPRIATE COMPARABILITY DATA
AND CONTEMPORANEOUSLY SUBSTANTIATES ITS DELIBERATION AND DETERMINATION.
ANNUAL COMPENSATION FOR SENIOR STAFF IS BENCHMARKED TO INDUSTRY STANDARDS.
ALL ELIGIBLE BONUS PAYMENTS ARE APPROVED BY THE ENTIRE BOARD.

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.

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

Department of the Treasury
Internal Revenue Service**Related Organizations and Unrelated Partnerships**
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.

OMB No. 1545-0047

**Open to Public
Inspection**

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
BUSHWICK GARDENS LLC - 20-2830534 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NEW YORK	47.	6,387.	RISEBORO COMMUNITY PARTNERSHIP INC.
BUSHWICK GARDENS RETAIL LLC - 20-3064193 565 BUSHWICK AVENUE BROOKLYN, NY 11206	REAL ESTATE	NEW YORK	410,966.	2,591,869.	RISEBORO COMMUNITY PARTNERSHIP INC.
BMH AFFILIATES LLC - 82-1103752 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NEW YORK	0.	0.	RISEBORO COMMUNITY PARTNERSHIP INC.
ATLANTIC EAST MANAGER LLC - 82-2110526 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NEW YORK	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
BROOKLYN-QUEENS FAMILY RESPITE INC - 11-2931055, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	RESPITE SERVICES, REAL ESTATE	NEW YORK	501(C)(3)	LINE 12A, I	RISEBORO COMMUNITY PARTNERSHIP INC.	X	
BUENA VIDA CORP. - 11-3237619 48 CEDAR ST BROOKLYN, NY 11221	NURSING HOME	NEW YORK	501(C)(3)	LINE 10	RISEBORO COMMUNITY PARTNERSHIP INC.	X	
CASA PASIVA HDFC - 81-2591243 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE 12A, I	RISEBORO COMMUNITY PARTNERSHIP INC.	X	
CITIZENS FOR A BETTER NEIGHBORHOOD HDFC - 11-2870431, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE 12A, I	RISEBORO COMMUNITY PARTNERSHIP INC.	X	

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

Schedule R (Form 990) (Rev. 1-2025)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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 organization?	
						Yes	No
COMMUNITY IMPROVEMENT CORPORATION - 11-2917169, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	REAL ESTATE	NEW YORK		LINE 12A, I	RISEBORO COMMUNITY PARTNERSHIP INC.	X	
CORETTA SCOTT KING HDFC - 45-1534613 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE 10	RISEBORO COMMUNITY PARTNERSHIP INC.	X	
GATES GARDENS HDFC - 02-0695628 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE 10	RISEBORO COMMUNITY PARTNERSHIP INC.	X	
GATES PLAZA HDFC - 20-2001667 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE 10	RISEBORO COMMUNITY PARTNERSHIP INC.	X	
GOODWIN PLACE FOR THE ELDERLY HDFC, INC - 11-2906035, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE 12A, I	RISEBORO COMMUNITY PARTNERSHIP INC.	X	
MOFFAT GARDENS ALP, INC. - 27-2210184 565 BUSHWICK AVENUE BROOKLYN, NY 11206	ASSISTED LIVING	NEW YORK	501(C)(3)	LINE 10	RISEBORO COMMUNITY PARTNERSHIP INC.	X	
MOFFAT GARDENS HDFC - 26-1191326 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE 10	RISEBORO COMMUNITY PARTNERSHIP INC.	X	
NORTHERN BUSHWICK RESIDENTS ASSOCIATION - 11-2833441, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE 10	RISEBORO COMMUNITY PARTNERSHIP INC.	X	
PLAZA DE LOS ANCIANOS DE WILSON HDFC - 11-3198278, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE 10	RISEBORO COMMUNITY PARTNERSHIP INC.	X	
RISEBORO HOMECARE INC. - 11-2521680 565 BUSHWICK AVENUE BROOKLYN, NY 11206	HOME ATTENDANTS	NEW YORK	501(C)(3)	LINE 10	RISEBORO COMMUNITY PARTNERSHIP INC.	X	
TROUTMAN EVERGREEN HDFC - 11-3534156 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NEW YORK	501(C)(3)	LINE 10	RISEBORO COMMUNITY PARTNERSHIP INC.	X	
WEST BUSHWICK 203K - 20-2985867 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NEW YORK	501(C)(4)		RISEBORO COMMUNITY PARTNERSHIP INC.	X	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
420 STOCKHOLM ASSOCIATES, LP - 11-3473745, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A		X	N/A		X	N/A
ATLANTIC EAST AFFILIATES, LLC - 47-5312901, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A		X	N/A		X	N/A
ATLANTIC EAST APARTMENTS, LLC - 81-4286539, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A		X	N/A		X	N/A
BETHANY MH MANAGER, LLC - 82-1116604, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	BMH AFFILIATES LLC	N/A	0.	0.		X	N/A		X	100%

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
100 THROOP CORP - 27-4022213 565 BUSHWICK AVENUE BROOKLYN, NY 11206	REAL ESTATE	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	
104-110 GROVE STREET HDPC - 11-3324953 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	534,063.	100%	X	
116-120 GROVE STREET HDPC - 11-3104636 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	4,198.	100%	X	
1435 GATES AVE. CORP. - 14-1807634 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	
251 HARMAN STREET HDPC - 11-3068393 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%		X

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate 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	
BETHANY MH, LLC - 82-1092921 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A		X	N/A	X		N/A
CASA PASIVA MANAGERS, LLC - 82-2877945, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	CASA PASIVA HDFC	N/A	0.	0.		X	N/A	X		.00%
CASA PASIVA, LLC - 82-2865009 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	CASA PASIVA HDFC	N/A	0.	0.		X	N/A	X		.00%
GOODWIN HIMROD ASSOCIATES LP - 26-3568604, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A		X	N/A	X		N/A
HIMROD STREET ASSOCIATES L.P. - 20-5416766, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A		X	N/A	X		N/A
KNICKERBOCKER COMMONS ASSOCIATES LP - 27-2085350, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A		X	N/A	X		N/A
KNICKERBOCKER SQUARE ASSOCIATES L.P. - 14-1807635, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A		X	N/A	X		N/A
LINDEN CENTRAL ASSOCIATES, LP - 11-3511538, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A		X	N/A	X		N/A
MELROSE APARTMENTS ASSOCIATES LP - 59-3797137, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A		X	N/A	X		N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate 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	
MENNONITE UNITED REVIVAL APARTMENTS, LP - 27-5280574, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A		X	N/A	X		N/A
NOLL STREET ASSOCIATES LP - 11-3638335, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	NOLL STREET APARTMENTS CORP.	N/A	0.	0.		X	N/A	X		.00%
OUR LADY OF LOURDES APARTMENTS, LLC - 47-2721483, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	OUR LADY OF LOURDES HDPC	N/A	0.	0.		X	N/A	X		.00%
OUR LADY OF LOURDES, LLC - 47-2869010, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	OUR LADY OF LOURDES HDPC	N/A	0.	0.		X	N/A	X		.00%
RENAISSANCE ESTATE APARTMENTS, LP - 56-2384905, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A		X	N/A	X		N/A
RHEINGOLD GARDENS APARTMENTS, L.P. - 52-2385379, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A		X	N/A	X		N/A
RHEINGOLD HEIGHTS ONE ASSOCIATES, LP - 26-1455209, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A		X	N/A	X		N/A
RHEINGOLD HEIGHTS TWO ASSOCIATES, LP - 26-3613369, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A		X	N/A	X		N/A
STAMMTISCH ASSOCIATES LP - 46-2150671, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A		X	N/A	X		N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate 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	
WEST BUSHWICK NRP ASSOCIATES LP - 20-2105532, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A		X	N/A	X		N/A
WOODLAWN AFFILIATES, LLC - 81-4378280, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	WOODLAWN SENIOR LIVING HDFC	N/A	0.	0.		X	N/A	X		.00%
WOODLAWN SENIOR LIVING, LLC - 82-0860829, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A		X	N/A	X		N/A
WOODLAWN SENIOR MANAGER, LLC - 82-0853356, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A		X	N/A	X		N/A
RISEBORO TPT X LLC - 83-1984663, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A		X	N/A	X		N/A
RISEBORO SOLAR LLC - 82-5502379, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	N/A	0.	0.		X	N/A	X		.00%
37 HILLSIDE MANAGERS LLC - 83-1511216, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	N/A	0.	5,100.		X	N/A	X		51.00%
37 HILLSIDE OWNERS LLC - 83-1526284, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	N/A	N/A	N/A	N/A		X	N/A	X		N/A
RISEBORO ALAFIA 2 RETAIL LLC - 33-1627793, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	N/A	0.	0.		X	N/A	X		.00%

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Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
420 STOCKHOLM CORP. - 11-3556707 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	1,883,510.	100%	X	
75 LINDEN STREET HDFC - 11-3143393 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	16,456.	100%	X	
857 HART STREET HDFC - 65-1176428 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	665,116.	100%		X
924 HART STREET HDFC - 11-3210216 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	48,991.	100%	X	
93-95 STOCKHOLM STREET HDFC - 11-3327113 565 BUSHWICK AVENUE BROOKLYN, NY 11206	REAL ESTATE	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	1,221.	100%	X	
BETHANY MH HDFC - 82-1136176 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	
BUSHWICK 203 NHP HDFC - 20-3221868 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	
COMMUNITY PROPERTY MANAGEMENT INC. - 11-3289657, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	MANAGEMENT OF HOUSING CORPS	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	
ESPERANZA TPT HDFC - 20-0721695 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	980,804.	100%	X	
GOODWIN HIMROD CORP. - 26-3568525 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A	X	
GOODWIN HIMROD SENIOR HDFC - 26-4399754 565 BUSHWICK AVENUE BROOKLYN, NY 11206	REAL ESTATE	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	
HARMAN PLAZA HDFC - 11-3261868 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	496,514.	100%	X	

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
HARRY T NANCE APARTMENTS HDFC - 82-1592480 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	
HIMROD STREET APARTMENTS CORP. - 20-5416661 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	
HIMROD STREET HDFC - 20-5522469 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	
IRVING STOCKHOLM HDFC - 26-2720791 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	1,223,451.	100%	X	
JEFFERSON SPI HDFC - 20-8829278 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	1,436,050.	100%	X	
KNICKERBOCKER COMMONS CORP - 27-2223522 565 BUSHWICK AVENUE BROOKLYN, NY 11206	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A	X	
KNICKERBOCKER COMMONS HDFC - 27-2193434 565 BUSHWICK AVENUE BROOKLYN, NY 11206	REAL ESTATE	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	
KNICKERBOCKER SQUARE HDFC - 06-1527802 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	
LINDEN BUSHWICK HDFC - 11-3407212 565 BUSHWICK AVENUE BROOKLYN, NY 11206	REAL ESTATE	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	
LINDEN CENTRAL CORP. - 11-3515047 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	
LINDEN COURT HDFC - 11-3500443 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	
MELROSE SPI HDFC - 20-8829192 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	1,781,499.	100%	X	

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

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								Yes	No
MELROSE STREET APARTMENTS CORP. - 59-3797139 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	
MELROSE STREET HDFC - 86-1142002 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	
MENNONITE UNITED REVIVAL HDFC - 45-2750860 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	
MENNONITE UNITED REVIVAL HOUSING CORP - 27-5279074, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A		X
NOLL STREET CORP. - 11-3638341 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	
NOLL STREET HDFC - 11-3638362 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	
OUR LADY OF LOURDES HDFC - 47-2459362 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	11,610.	100%	X	
RBSCC MENNONITE CORP - 25-5278749 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	
RENAISSANCE ESTATES APARTMENT CORP. - 56-2384863, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	1,442,062.	100%	X	
RENAISSANCE ESTATES HDFC - 56-2384866 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	
RHEINGOLD CORP. - 55-0799349 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	22,283.	100%	X	
RHEINGOLD GARDENS HDFC - 54-2078061 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
RHEINGOLD HEIGHTS ONE CORP - 26-1287793 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	169,974.	100%	X	
RHEINGOLD HEIGHTS ONE HDFC - 26-1287838 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	
RHEINGOLD HEIGHTS TWO CORP - 26-3613143 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	N/A	C CORP	N/A	N/A	N/A	X	
RHEINGOLD HEIGHTS TWO HDFC - 26-3613321 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	
RIDGEWOOD BUSHWICK HARMAN STREET HDFC - 11-3290449, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	19,594.	100%	X	
RIDGEWOOD BUSHWICK MANAGEMENT CORP. - 11-3034922, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	MANAGING AGENT FOR LIMITED PARTNERSHIPS	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	
SCHAEFFER APARTMENTS HDFC - 26-3380721 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	4,848,553.	100%	X	
SOUTH BUSHWICK NEIGHBORHOOD HOMES HDFC - 20-3221819, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	2,553,318.	100%	X	
STAMMTISCH CORP. - 46-2295070 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	
STAMMTISCH HDFC - 45-5038520 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	
SUNSET 20K HDFC - 45-4640462 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	2,635,396.	100%	X	
WEST BUSHWICK NRP CORP. - 20-2104933 565 BUSHWICK AVENUE BROOKLYN, NY 11206	REAL ESTATE	NY	N/A	C CORP	N/A	N/A	N/A	X	

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(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
WEST BUSHWICK NRP HDFC - 51-0419969 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	
WEST BUSHWICK TPT HDFC - 56-2364918 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	2,060,341.	100%	X	
WOODLAWN SENIOR LIVING HDFC - 82-0946156 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	
50 PENN HDFC - 83-1495563 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	
HILLSIDE HDFC - 83-4537563 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	
SOUTH POINT HDFC - 83-3781471 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	
RISEBORO TPT X HOUSING DEVELOPMENT CORP - 87-3114556, 565 BUSHWICK AVENUE, BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	
JOE RB CASA PASIVA CORP - 61-1915241 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	
RB 326 ROCKAWAY CORP - 88-1274826 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	28,427.	100%	X	
1601 DEKALB AVE HDFC - 93-4000459 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	
199 ELIZABETH ST HDFC - 83-4396318 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	
326 ROCKAWAY HDFC - 83-3858078 565 BUSHWICK AVENUE BROOKLYN, NY 11206	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP	C CORP	0.	0.	100%	X	

[illegible]

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	1a X	
b Gift, grant, or capital contribution to related organization(s)	1b	X
c Gift, grant, or capital contribution from related organization(s)	1c X	
d Loans or loan guarantees to or for related organization(s)	1d X	
e Loans or loan guarantees by related organization(s)	1e X	
f Dividends from related organization(s)	1f X	
g Sale of assets to related organization(s)	1g	X
h Purchase of assets from related organization(s)	1h	X
i Exchange of assets with related organization(s)	1i	X
j Lease of facilities, equipment, or other assets to related organization(s)	1j X	
k Lease of facilities, equipment, or other assets from related organization(s)	1k X	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n X	
o Sharing of paid employees with related organization(s)	1o X	
p Reimbursement paid to related organization(s) for expenses	1p X	
q Reimbursement paid by related organization(s) for expenses	1q X	
r Other transfer of cash or property to related organization(s)	1r	X
s Other transfer of cash or property from related organization(s)	1s	X
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) 37 HILLSIDE SENIOR APARTMENTS	O	232,916.	COST
(2) 420 STOCKHOLM ASSOCIATES L.P.	O	92,850.	COST
(3) 640 BROADWAY HDFC	O	9,936.	COST
(4) 857 HART STREET HDFC	O	17,607.	COST
(5) ATLANTIC EAST APARTMENTS LLC	O	220,769.	COST
(6) BETHANY SENIOR TERRACES	O	46,534.	COST

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)BROOKLYN QUEENS FAMILY RESPITE, INC.	O	196.	COST
(8)CITIZENS FOR A BETTER NEIGHBORHOOD HDFC	O	134,500.	COST
(9)COMMUNITY IMPROVEMENT CORP	O	54,128.	COST
(10)COMMUNITY IMPROVEMENT CORP	O	134,241.	COST
(11)COMMUNITY PROPERTY MANAGEMENT INC	O	396,360.	COST
(12)ESPERANZA TPT HDFC	O	37,206.	COST
(13)GATES GARDENS HDFC	O	310,451.	COST
(14)GATES PLAZA HDFC	O	286,490.	COST
(15)GOODWIN PLACE FOR THE ELDERLY HDFC	O	192,265.	COST
GOODWIN PLACE FOR THE ELDERLY HDFC - (16)SOCIAL SERVICES	O	147,447.	COST
(17)GOTHAM POINT SOUTH SOCIAL SERVICES	O	117,505.	COST
(18)HIMROD STREET ASSOCIATES, L.P.	O	76,791.	COST
(19)IRVING STOCKHOLM HDFC	O	136,066.	COST
(20)JEFFERSON SPI HDFC	O	23,446.	COST
(21)KNICKERBOCKER COMMONS ASSOCIATES L.P.	O	113,930.	COST
(22)KNICKERBOCKER SQUARE ASSOCIATES L.P.	O	211,003.	COST
(23)LINDEN CENTRAL ASSOCIATES LP	O	172,756.	COST
(24)MELROSE SPI HDFC	O	12,224.	COST

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)MELROSE STREET APARTMENTS L.P.	O	128,845.	COST
(8)MENNONITE UNITED REVIVAL APTS, L.P.	O	62,451.	COST
(9)MOFFAT GARDENS HDFC	O	296,669.	COST
(10)PLAZA DE LOS ANCIANOS HDFC	O	354,792.	COST
(11)RENAISSANCE ESTATES APARTMENTS, L.P	O	179,406.	COST
(12)RHEINGOLD GARDENS ASSOCIATES L.P.	O	248,287.	COST
(13)RHEINGOLD HEIGHTS ONE ASSOCIATES L.P.	O	122,386.	COST
(14)RHEINGOLD HEIGHTS TWO ASSOCIATES L.P.	O	117,729.	COST
(15)RISEBORO MANAGEMENT CORPORATION	O	2,022,023.	COST
(16)RISEBORO TPT 10 LLC	O	1,865.	COST
(17)RISEBORO TPT 10 LLC	O	2,234.	COST
(18)RISEBORO TPT 10 LLC	O	5,959.	COST
(19)RISEBORO TPT 10 LLC	O	15,671.	COST
(20)RISEBORO TPT 10 LLC	O	15,671.	COST
(21)RISEBORO TPT 10 LLC	O	73,128.	COST
(22)SCHAEFFER APARTMENT HDFC	O	161,783.	COST
(23)STAMMTISCH ASSOCIATES L.P.	O	116,978.	COST
(24)SUNSET 203K HDFC	O	15,035.	COST

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)TROUTMAN EVEREGREEN HDFC	O	299,671.	COST
(8)WEST BUSHWICK 203K HDFC	O	311,933.	COST
(9)WEST BUSHWICK NRP ASSOCIATES L.P.	O	128,948.	COST
(10)WEST BUSHWICK TPT HDFC	O	100,637.	COST
(11)WOODLAWN SENIOR LIVING LLC	O	144,718.	COST
(12)640 BROADWAY HDFC	K	42,450.	COST
(13)BUSHWICK GARDENS RETAIL LLC	K	323,669.	COST
(14)ESPERANZA TPT HDFC	K	6,000.	COST
(15)KNICKERBOCKER COMMONS ASSOCIATES L.P.	K	59,460.	COST
(16)MELROSE STREET APARTMENTS L.P.	K	18,700.	COST
(17)RENAISSANCE ESTATES APARTMENTS, L.P	K	240,000.	COST
(18)RHEINGOLD GARDENS ASSOCIATES L.P.	K	95,052.	COST
(19)RHEINGOLD HEIGHTS ONE ASSOCIATES L.P.	K	22,545.	COST
(20)RHEINGOLD HEIGHTS TWO ASSOCIATES L.P.	K	16,001.	COST
(21)RISEBORO MANAGEMENT CORPORATION	K	22,800.	COST
(22)STAMMTISCH ASSOCIATES L.P.	K	60,720.	COST
(23)WB NRP ASSOCIATES COMMERCIAL	K	41,215.	COST
(24)WEST BUSHWICK 203K HDFC	K	51,753.	COST

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)WEST BUSHWICK 203K HDFC	K	33,600.	COST
(8)WEST BUSHWICK NRP ASSOCIATES L.P.	K	82,221.	COST
(9)WEST BUSHWICK NRP ASSOCIATES ML COM	K	56,878.	COST
(10)WEST BUSHWICK NRP ASSOCIATES ML COM	K	30,935.	COST
(11)104-110 GROVE STREET HDFC	D	80,987.	COST
(12)37 HILLSIDE SENIOR APARTMENTS	D	3,331.	COST
(13)420 STOCKHOLM ASSOCIATES L.P.	D	51,273.	COST
(14)640 BROADWAY HDFC	D	263,113.	COST
(15)75 LINDEN STREET HDFC	D	1,824.	COST
(16)857 HART STREET HDFC	D	170,954.	COST
(17)93-95 STOCKHOLM STREET HDFC	D	1,858.	COST
(18)ATLANTIC EAST APARTMENTS LLC	D	559,607.	COST
(19)BETHANY SENIOR TERRACES	D	10,147.	COST
(20)BROOKLYN QUEENS FAMILY RESPITE INC	D	7,543.	COST
(21)BROOKLYN QUEENS FAMILY RESPITE, INC.	D	27,060.	COST
(22)BUSHWICK GARDENS LLC	D	29.	COST
(23)BUSHWICK GARDENS RETAIL LLC	D	196,076.	COST
(24)CITIZENS FOR A BETTER NEIGHBORHOOD HDFC	D	5,642.	COST

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)COMMUNITY IMPROVEMENT CORP	D	809.	COST
(8)COMMUNITY IMPROVEMENT CORP	E	183,163.	COST
(9)COMMUNITY PROPERTY MANAGEMENT INC	E	1,267,528.	COST
(10)ESPERANZA TPT HDFC	D	46.	COST
(11)GATES GARDENS HDFC	D	3,198.	COST
(12)GATES PLAZA HDFC	D	89,324.	COST
(13)GOODWIN HIMROD CORP	D	1,209,599.	COST
(14)GOODWIN PLACE FOR THE ELDERLY HDFC	E	821.	COST
GOODWIN PLACE FOR THE ELDERLY HDFC - (15)SOCIAL SERVICES	D	601.	COST
(16)GOTHAM POINT SOUTH SOCIAL SERVICES	D	1,477.	COST
(17)HARMAN PLAZA HDFC	D	6,667.	COST
(18)HIMROD STREET ASSOCIATES, L.P.	D	1,450.	COST
(19)IRVING STOCKHOLM HDFC	D	26,324.	COST
(20)IRVING STOCKHOLM HDFC	E	121,860.	COST
(21)JEFFERSON SPI HDFC	D	23,689.	COST
(22)KNICKERBOCKER COMMONS ASSOCIATES L.P.	D	15,242.	COST
(23)KNICKERBOCKER SQUARE ASSOCIATES L.P.	D	24,490.	COST
(24)LINDEN CENTRAL ASSOCIATES LP	D	339,291.	COST

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7)MELROSE SPI HDFC	D	108,319.	COST
(8)MELROSE STREET APARTMENTS L.P.	D	112,044.	COST
(9)MENNONITE UNITED REVIVAL APTS, L.P.	D	10,446.	COST
(10)MOFFAT GARDENS HDFC	D	15,355.	COST
(11)PLAZA DE LOS ANCIANOS HDFC	D	4,237.	COST
(12)RB 135TH AVENUE OWNER LLC	D	14,141.	COST
(13)RB SOLAR	D	203,342.	COST
(14)RENAISSANCE ESTATES APARTMENTS, L.P	D	82,371.	COST
(15)RHEINGOLD GARDENS ASSOCIATES L.P.	D	364,090.	COST
(16)RHEINGOLD HEIGHTS ONE ASSOCIATES L.P.	D	30,001.	COST
(17)RHEINGOLD HEIGHTS TWO ASSOCIATES L.P.	E	3,997.	COST
(18)RIDGEWOOD BUSHWICK MANAGEMENT CORP	D	2,792.	COST
(19)RISEBORO MANAGEMENT CORPORATION	E	90,431.	COST
(20)RISEBORO TPT 10 LLC	D	276,993.	COST
(21)RISEBORO TPT 10 LLC	D	10,070.	COST
(22)RISEBORO TPT 10 LLC	D	10,062.	COST
(23)RISEBORO TPT 10 LLC	D	3,019.	COST
(24)RISEBORO TPT 10 LLC	D	618.	COST

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) RISEBORO TPT 10 LLC	D	28.	COST
(8) RISEBORO TPT 10 LLC	D	27.	COST
(9) SCHAEFFER APARTMENT HDFC	D	229,218.	COST
(10) STAMMTISCH ASSOCIATES L.P.	D	181,833.	COST
(11) STEPS SENIOR LLC	D	94,557.	COST
(12) SUNSET 203K HDFC	D	1,126,579.	COST
(13) TROUTMAN EVEREGREEN HDFC	D	4,405.	COST
(14) WEST BUSHWICK 203K HDFC	E	1,762,336.	COST
(15) WEST BUSHWICK NRP ASSOCIATES L.P.	D	106,718.	COST
(16) WEST BUSHWICK TPT HDFC	D	583,176.	COST
(17) WOODLAWN SENIOR LIVING LLC	E	71,847.	COST
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII Supplemental Information

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

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

RENAISSANCE ESTATE APARTMENTS, LP

DIRECT CONTROLLING ENTITY: RENAISSANCE ESTATES APARTMENT CORP.

NAME OF RELATED ORGANIZATION:

RISEBORO TPT X LLC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC

NAME OF RELATED ORGANIZATION:

RISEBORO SOLAR LLC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC

NAME OF RELATED ORGANIZATION:

37 HILLSIDE MANAGERS LLC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC

NAME OF RELATED ORGANIZATION:

RISEBORO ALAFIA 2 RETAIL LLC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC

NAME OF RELATED ORGANIZATION:

RISEBORO ALAFIA 2 MANAGER LLC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC

NAME OF RELATED ORGANIZATION:

STEPS SENIOR LLC

Part VII Supplemental Information

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

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

100 THROOP CORP

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

104-110 GROVE STREET HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

116-120 GROVE STREET HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

1435 GATES AVE. CORP.

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

251 HARMAN STREET HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

420 STOCKHOLM CORP.

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

Part VII Supplemental Information

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

NAME OF RELATED ORGANIZATION:

75 LINDEN STREET HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

857 HART STREET HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

924 HART STREET HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

93-95 STOCKHOLM STREET HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

BETHANY MH HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

BUSHWICK 203 NHP HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

COMMUNITY PROPERTY MANAGEMENT INC.

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

Part VII Supplemental Information

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

NAME OF RELATED ORGANIZATION:

ESPERANZA TPT HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

GOODWIN HIMROD CORP.

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

GOODWIN HIMROD SENIOR HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

HARMAN PLAZA HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

HARRY T NANCE APARTMENTS HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

HIMROD STREET APARTMENTS CORP.

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

HIMROD STREET HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

Part VII Supplemental Information

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

NAME OF RELATED ORGANIZATION:

IRVING STOCKHOLM HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

JEFFERSON SPI HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

KNICKERBOCKER COMMONS CORP

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

KNICKERBOCKER COMMONS HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

KNICKERBOCKER SQUARE HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

LINDEN BUSHWICK HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

LINDEN CENTRAL CORP.

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

Part VII Supplemental Information

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

NAME OF RELATED ORGANIZATION:

LINDEN COURT HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

MELROSE SPI HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

MELROSE STREET APARTMENTS CORP.

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

MELROSE STREET HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

MENNONITE UNITED REVIVAL HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

NOLL STREET CORP.

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

NOLL STREET HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

Part VII Supplemental Information

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

NAME OF RELATED ORGANIZATION:

OUR LADY OF LOURDES HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

RBSCC MENNONITE CORP

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

RENAISSANCE ESTATES APARTMENT CORP.

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

RENAISSANCE ESTATES HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

RHEINGOLD CORP.

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

RHEINGOLD GARDENS HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

RHEINGOLD HEIGHTS ONE CORP

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

Part VII Supplemental Information

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

NAME OF RELATED ORGANIZATION:

RHEINGOLD HEIGHTS ONE HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

RHEINGOLD HEIGHTS TWO CORP

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

RHEINGOLD HEIGHTS TWO HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

RIDGEWOOD BUSHWICK HARMAN STREET HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

RIDGEWOOD BUSHWICK MANAGEMENT CORP.

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

SCHAEFFER APARTMENTS HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

SOUTH BUSHWICK NEIGHBORHOOD HOMES HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

Part VII Supplemental Information

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

NAME OF RELATED ORGANIZATION:

STAMMTISCH CORP.

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

STAMMTISCH HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

SUNSET 20K HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

WEST BUSHWICK NRP CORP.

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

WEST BUSHWICK NRP HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

WEST BUSHWICK TPT HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

WOODLAWN SENIOR LIVING HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

Part VII Supplemental Information

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

NAME OF RELATED ORGANIZATION:

50 PENN HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

HILLSIDE HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

SOUTH POINT HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

RISEBORO TPT X HOUSING DEVELOPMENT CORP

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

JOE RB CASA PASIVA CORP

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

RB 326 ROCKAWAY CORP

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

1601 DEKALB AVE HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

Part VII **Supplemental Information**

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

NAME OF RELATED ORGANIZATION:

199 ELIZABETH ST HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

326 ROCKAWAY HDFC

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

RB 135TH AVENUE HOUSING DEVELOPMENT FUND CORPORATION

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.

NAME OF RELATED ORGANIZATION:

RISEBORO ALAFIA 2 HOUSING DEVELOPMENT FUND COMPANY

DIRECT CONTROLLING ENTITY: RISEBORO COMMUNITY PARTNERSHIP INC.