

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
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019, and ending 06-30-2020

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

C Name of organization
RISEBORO COMMUNITY PARTNERSHIP INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
565 BUSHWICK AVENUE

City or town, state or province, country, and ZIP or foreign postal code
BROOKLYN, NY 11206

D Employer identification number
11-2453853

E Telephone number
(718) 821-0254

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

G Gross receipts \$ 42,979,817

H(a) Is this a group return for 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

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

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)	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	13
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	737
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	29,128,722	32,678,010
9 Program service revenue (Part VIII, line 2g)	2,072,832	7,013,987
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,049,936	420,035
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,484,006	2,236,815
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	34,735,496	42,348,847
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,454,085	885,989
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	21,152,471	24,827,131
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶61,320		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	11,607,499	11,144,026
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	34,214,055	36,857,146
19 Revenue less expenses. Subtract line 18 from line 12	521,441	5,491,701

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	29,546,272	40,359,075
21 Total liabilities (Part X, line 26)	17,761,183	23,600,000
22 Net assets or fund balances. Subtract line 21 from line 20	11,785,089	16,759,075

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: 2021-05-17

D ALEXANDRA DYER CFO CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Firm's name ▶ PKF O'CONNOR DAVIES LLP		2021-05-17		P00543209
Firm's address ▶ 500 MAMARONECK AVENUE HARRISON, NY 105281633			Firm's EIN ▶ 27-1728945	Phone no. (914) 381-8900

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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

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

4a (Code:) (Expenses \$ 10,390,545 including grants of \$ 885,989) (Revenue \$ 226,124)
See Additional Data

4b (Code:) (Expenses \$ 9,996,982 including grants of \$) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 6,550,280 including grants of \$) (Revenue \$)
See Additional Data

(Code:) (Expenses \$ 3,129,465 including grants of \$) (Revenue \$ 6,787,863)

4d Other program services (Describe in Schedule O.)
(Expenses \$ 3,129,465 including grants of \$) (Revenue \$ 6,787,863)

4e Total program service expenses ▶ 30,067,272

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)? If "Yes," complete Schedule A	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No
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? If "Yes," complete Schedule C, Part II	Yes	
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 Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		No
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? If "Yes," complete Schedule D, Part I		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
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? If "Yes," complete Schedule D, Part IV	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V		No
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.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
11b	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? If "Yes," complete Schedule D, Part VII		No
11c	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? If "Yes," complete Schedule D, Part VIII	Yes	
11d	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? If "Yes," complete Schedule D, Part IX	Yes	
11e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
11f	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)? If "Yes," complete Schedule D, Part X	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		No
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	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? If "Yes," complete Schedule F, Parts I and IV		No
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? If "Yes," complete Schedule F, Parts II and IV		No
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? If "Yes," complete Schedule F, Parts III and IV		No
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? If "Yes," complete Schedule G, Part I (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? If "Yes," complete Schedule I, Parts I and II		No

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	55	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

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



Section A. Governing Body and Management

Table with 5 main rows (1a-1b, 2, 3, 4, 5, 6, 7a-7b, 8a-8b, 9) and 3 columns (Question, Yes, No). Includes questions about voting members, family relationships, and governance documents.

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

Table with 10 main rows (10a-10b, 11a-11b, 12a-12c, 13, 14, 15a-15b, 16a-16b) and 3 columns (Question, Yes, No). Includes questions about local chapters, conflict of interest policies, whistleblower policies, and joint ventures.

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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in 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: D ALEXANDRA DYER CFO 565 BUSHWICK AVENUE BROOKLYN, NY 11206 (718) 821-0254

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT SHORT CEO	30.00 20.00			X				358,620	0	44,962
(2) EMILY KURTZ VP OF HOUSING	1.00 39.00					X		176,443	0	37,956
(3) RYAN CASSIDY DIRECTOR OF SUSTAINABILITY & CONSTRUCTION	40.00					X		160,986	0	36,105
(4) MIRTHA SANTANA VP OF EMPOWERMENT	40.00					X		159,037	0	23,342
(5) MARIE ELENA ZULLO VP OF EDUCATION	50.00					X		174,720	0	7,476
(6) MARIA VIERA VP OF COMMUNITY AFFAIRS	40.00					X		163,909	0	11,630
(7) D ALEXANDRA DYER CFO	30.00 10.00			X				8,654	0	0
(8) JOHN D SHUCK CHAIRPERSON	0.50 0.50	X		X				0	0	0
(9) VIRGINIA TORRES SECRETARY	0.50 0.50	X		X				0	0	0
(10) ANGIE LEE TREASURER, THRU SEPT. 2019	0.50 0.50	X		X				0	0	0
(11) DR RONALD WILENSKY DIRECTOR	0.50 0.50	X						0	0	0
(12) FRANK V CARONE ESQ DIRECTOR, THRU AUG. 2019	0.50 0.50	X						0	0	0
(13) JONATHAN HOLMAN DIRECTOR	0.50 0.50	X						0	0	0
(14) ROHAN MEHRA DIRECTOR	0.50 0.50	X						0	0	0
(15) ANGELA M BATTAGLIA DIRECTOR	0.50 0.50	X						0	0	0
(16) JOANN STOCK DIRECTOR	0.50 0.50	X						0	0	0
(17) LARRY FERNANDEZ DIRECTOR	0.50 0.50	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
(18) PAUL DEREOSA DIRECTOR	0.50 0.50	X						0	0	0	
(19) GREGORY CALISTE DIRECTOR	0.50 0.50	X						0	0	0	
(20) ANDREA TAN DIRECTOR	0.50 0.50	X						0	0	0	
(21) JEANETTE CEPEDA DIRECTOR	0.50 0.50	X						0	0	0	
(22) CATHERINE KIM DIRECTOR	0.50 0.50	X						0	0	0	
1b Sub-Total											
1c Total from continuation sheets to Part VII, Section A											
1d Total (add lines 1b and 1c)								1,202,369	0		161,471

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 ▶ 19

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
AFI FOODSERVICE DISTRIBUTORS ONE IKEA DRIVE ELIZABETH, NJ 07201	MEAL DELIVERY SERVICES	985,210
SYSCO LONG ISLAND INC 199 LOWELL AVE CENTRAL ISLIP, NY 11722	MEAL DELIVERY SERVICES	606,306
INVAR TECHNOLOGIES INC 69 STRATFORD ROAD SECOND FLOOR BROOKLYN, NY 11218	IT SERVICES	385,719
PKF O'CONNOR DAVIES LLP 500 MAMARONECK AVENUE SUITE 301 HARRISON, NY 10528	ACCOUNTING SERVICES	304,655
ROLLIN DAIRY CORPORATION 100 SMITH ST FARMINGDALE, NY 11735	MEAL DELIVERY SERVICES	277,966

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 ▶ 14

Part VIII Statement of Revenue

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

Table with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include 1a Federated campaigns, 1b Membership dues, 1c Fundraising events, 1d Related organizations, 1e Government grants, 1f All other contributions, 1g Noncash contributions, and 1h Total.

Table for Program Service Revenue with 5 columns: Business Code, (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include 2a DEVELOPMENT FEE, 2b RENTAL INCOME GENERATED THRU LLC, 2c MANAGEMENT FEES, 2d CLIENT FEES, 2e COMMUNITY SERVICE FACILITY FEES, 2f All other program service revenue, and 2g Total.

Table for Other Revenue with 5 columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax. Rows include 3 Investment income, 4 Income from investment of tax-exempt bond proceeds, 5 Royalties, 6a-6c Rental income, 7a-7c Gain or loss from sales of assets, 8a-8c Fundraising events, 9a-9c Gaming activities, 10a-10c Sales of inventory, 11a-11d Miscellaneous Revenue, and 12 Total revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) 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	885,989	885,989		
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	603,831	407,762	196,069	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	19,536,589	17,446,435	2,040,562	49,592
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	686,248	610,661	73,847	1,740
9 Other employee benefits	2,057,712	1,827,461	225,083	5,168
10 Payroll taxes	1,942,751	1,721,604	216,327	4,820
11 Fees for services (non-employees):				
a Management	4,860	4,860		
b Legal	227,503	32,108	195,395	
c Accounting	323,459	243	323,216	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,928,470	695,452	1,233,018	
12 Advertising and promotion	13,580	4,356	9,224	
13 Office expenses	1,860,661	1,498,521	362,140	
14 Information technology	89,402	39,650	49,752	
15 Royalties				
16 Occupancy	1,596,876	900,682	696,194	
17 Travel	544,724	541,832	2,892	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	84,683	21,464	63,219	
20 Interest	37,247	62	37,185	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	266,830	83,793	183,037	
23 Insurance	374,549	258,757	115,792	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD	2,573,226	2,561,571	11,655	
b BAD DEBT EXPENSE	429,909		429,909	
c MISCELLANEOUS	275,265	35,019	240,246	
d EQUIPMENT	182,670	173,440	9,230	
e All other expenses	330,112	315,550	14,562	
25 Total functional expenses. Add lines 1 through 24e	36,857,146	30,067,272	6,728,554	61,320
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	271,906	1	9,371,372
	2 Savings and temporary cash investments	771,145	2	494,451
	3 Pledges and grants receivable, net	6,322,429	3	6,731,138
	4 Accounts receivable, net	1,585,881	4	6,104,726
	5 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		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		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	476,433	9	1,111,294
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,897,295		
	b Less: accumulated depreciation	1,603,282	2,716,349	10c 2,294,013
	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	1,972,679	13	4,659,414
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	15,429,450	15	9,592,667
16 Total assets. Add lines 1 through 15 (must equal line 34)	29,546,272	16	40,359,075	
Liabilities	17 Accounts payable and accrued expenses	4,237,025	17	5,035,003
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	63,185	21	36,985
	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	995,101	23	1,013,045
	24 Unsecured notes and loans payable to unrelated third parties	2,725,711	24	2,715,956
	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	9,740,161	25	14,799,011
	26 Total liabilities. Add lines 17 through 25	17,761,183	26	23,600,000
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	11,785,089	27	16,759,075
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	11,785,089	32	16,759,075	
33 Total liabilities and net assets/fund balances	29,546,272	33	40,359,075	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	42,348,847
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,857,146
3	Revenue less expenses. Subtract line 2 from line 1	3	5,491,701
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	11,785,089
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	-517,715
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	16,759,075

Part XII Financial Statements and Reporting

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

- 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 in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
- 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 in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 11-2453853

Name: RISEBORO COMMUNITY PARTNERSHIP INC

Form 990 (2019)

Form 990, Part III, Line 4a:

RB SENIORS IS A COMPREHENSIVE PROGRAM OF SENIOR SERVICES STRETCHING THROUGHOUT BROOKLYN. SINCE ITS INCEPTION IN A SINGLE SENIOR CENTER IN BUSHWICK, PROGRAMS HAVE EXPANDED TO NINE SENIOR CENTERS & CLUBS OFFERING NUTRITIOUS MEALS, PROMOTION, ARTS, EDUCATION AND RECREATION, AND MANY OPPORTUNITIES FOR SOCIALIZATION. OUR EVENTS BRING SENIORS FROM EVERY BACKGROUND TOGETHER TO TALK, LEARN, DANCE AND FIND MOMENTS OF JOY AND CONNECTION WITH PEOPLE OF ALL AGES. WE ALSO PREPARE AND DELIVER A NUTRITIOUS HOT MEAL TO OVER 1,800 FRAIL ELDERLY CLIENTS IN THEIR HOMES FROM NORTH BROOKLYN TO CROWN HEIGHTS AND SUNSET PARK. WE ALSO PROVIDE OVERNIGHT RESPITE, SOCIAL ADULT DAY CARE, AND CAREGIVER SUPPORT SERVICES. CASE MANAGEMENT SERVICES, PROVIDED IN THE HOME, CONNECT SENIORS TO NUTRITIOUS MEALS, BENEFITS ADVOCACY, HOME CARE SERVICES AND RESOURCES TO REDUCE SOCIAL ISOLATION SUCH AS FRIENDLY VISITING. OUR COMPREHENSIVE APPROACH IS A MODEL THAT EMPOWERS SENIORS TO FIND A RENEWED SENSE OF PURPOSE IN THEIR COMMUNITY AND A PASSION FOR LIFE.THE CENTERS TOGETHER DEVELOPED AND PROVIDED VIRTUAL CLASSROOMS AND CONFERENCE CALLS TO SENIORS ISOLATED AFTER THE CENTERS CLOSED. CLASSES RANGED FROM EVIDENCE BASED EXERCISE PROGRAMS, YOGA, TAI CHI, SPIRITUAL AND CURRENT EVENT DISCUSSIONS, NUTRITIONAL AND HEALTH RELATED TOPICS, AND SPECIAL EVENTS ON BLACK HISTORY AND WOMEN'S HISTORY MONTH. FOR EXAMPLE , BOTH GROUP AND INDIVIDUAL TECHNOLOGY CLASSES AND ONE ON ONE ASSISTANCE ON UTILIZING SMART PHONES AND TABLETS TO STAY CONNECTED.KEY ACCOMPLISHMENTS: 618,882 HOME DELIVERED MEALS TO 3,288 FRAIL HOME BOUND SENIORS, 1,284 CASE MANAGEMENT CLIENTS SERVED WITH 25,099 HOURS OF SERVICE, 4,337 UNDUPLICATED OLDER ADULTS PARTICIPATED IN OUR SENIOR CENTERS AND CLUBS. 169,986 CONGREGATE MEALS IN A 9-MONTH PERIOD BEFORE CENTERS WERE CLOSED MID-MARCH FOR THE PANDEMIC. 67,570 UNITS OF HEALTH PROMOTION AND EXERCISE CLASSES TO 3,218 UNDUPLICATED CLIENTS, 2,323 UNITS OF NUTRITION EDUCATION WERE PROVIDED TO 942 UNDUPLICATED CLIENTS, 21,469 HOURS OF CASE ASSISTANCE, INFORMATION AND REFERRAL AND WELLNESS CALLS WERE MADE, 5,118 EDUCATION AND RECREATION CLASSES WERE HELD IN VARIOUS CLASSES INCLUDING TECHNOLOGY AND 1.075 UNDUPLICATED CLIENTS PARTICIPATED. 7,086 TRANSPORTATION TRIPS FOR MOBILITY IMPAIRED OLDER ADULTS WERE PROVIDED AGAIN IN ONLY 9 MONTHS

Form 990, Part III, Line 4b:

RB EMPOWERMENT FACED WITH A LONG-STANDING ISSUE OF HOMELESSNESS AND UNEMPLOYMENT IN THE COMMUNITY, RISEBORO EMPOWERMENT WAS ESTABLISHED IN 2009 TO PROVIDE COMMUNITY MEMBERS WITH RESOURCES THEY NEED TO THRIVE. OUR PROGRAMS TODAY SPAN FROM HOMELESS PREVENTION, RE-HOUSING FROM SHELTER, LEGAL SERVICES, VETERAN'S SERVICES, AND JOB TRAINING AND PLACEMENT. ONCE WE SECURE HOUSING FOR INDIVIDUALS AND FAMILIES, OUR INNOVATIVE PROGRAMS OFFER ONGOING SKILLS BUILDING, TENANTS' RIGHTS AND FINANCIAL LITERACY TRAININGS FOR RESIDENTS. OUR DEDICATED STAFF AND INCLUSIVE APPROACH EQUIPS EVERY INDIVIDUAL TO BE AN AGENT OF CHANGE IN THEIR LIFE AND THEIR COMMUNITY. KEY ACCOMPLISHMENTS: 890 EVICTIONS PREVENTED, 233 FAMILIES REHOUSED, 445 LEGAL ASSISTANCE PROVIDED, 3,259 SNAP ENROLLMENT.

Form 990, Part III, Line 4c:

RB EDUCATION OFFERS YOUTH AND ADULTS IN NORTH BROOKLYN MORE THAN A PLACE TO GO; IT'S A PLACE WHERE THEY CAN DISCOVER THEIR TRUE POTENTIAL. FOR MORE THAN THREE DECADES, OUR EDUCATION & YOUTH DEVELOPMENT PROGRAMS HAVE TAKEN A HOLISTIC APPROACH THAT PROVIDES YOUTH AND ADULTS WITH THE SPACE, SKILLS AND SUPPORT THEY NEED TO SUCCEED, NO MATTER WHAT THEIR OBSTACLES ARE. WE BELIEVE THAT THE INDIVIDUALS WE WORK WITH EVERY DAY ARE THE KEY TO BUILDING THRIVING COMMUNITIES FOR THIS GENERATION AND THE NEXT. KEY ACCOMPLISHMENTS: 6,152 YOUTH SERVED, 1,183 YOUTH ENROLLED IN WORKFORCE DEVELOPMENT PROGRAMMING, 590 ADULT LEARNERS ATTENDED ADULT EDUCATION CLASSES, 3,391 YOUTH ATTENDED PREVENTION EDUCATION WORKSHOPS, 94% HIGH SCHOOL GRADUATES ENROLLED IN COLLEGE.

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
RISEBORO COMMUNITY PARTNERSHIP INC

Employer identification number
11-2453853

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.")	20,804,871	23,039,334	25,691,699	29,128,722	32,678,010	131,342,636
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	20,804,871	23,039,334	25,691,699	29,128,722	32,678,010	131,342,636
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.						131,342,636

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4.	20,804,871	23,039,334	25,691,699	29,128,722	32,678,010	131,342,636
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,172,417	1,582,033	1,438,411	2,468,757	2,183,312	8,844,930
9	Net income from unrelated business activities, whether or not the business is regularly carried on			66,598		57,181	123,779
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	1,900,719	987,137	2,204,378	1,681,796	1,048,258	7,822,288
11	Total support. Add lines 7 through 10						148,133,633
12	Gross receipts from related activities, etc. (see instructions)					12	12,780,575

13 First five 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 2019 (line 6, column (f) divided by line 11, column (f))	14	88.660 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	88.190 %

- 16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization
- 18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five 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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
	1		
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>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	3a		
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>		
	3b		
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>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
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>		
	4b		
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>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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>		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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>		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	8		
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>		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
	9c		
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>		
	10a		
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>		
	10b		

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 in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	OTHER INCOME - 2015 AMOUNT: \$ 21,314. 2016 AMOUNT: \$ 578,461. 2017 AMOUNT: \$ 401,478. 2018 AMOUNT: \$ 952,829. 2019 AMOUNT: \$ 296,521. RECOVERY OF BAD DEBT - 2015 AMOUNT: \$ 24,535. 2019 AMOUNT: \$ 446,000. REIMBURSEMENT FROM AFFILIATES - 2015 AMOUNT: \$ 1,609,953. 2016 AMOUNT: \$ 390,771. 2017 AMOUNT: \$ 1,536,781. 2018 AMOUNT: \$ 728,967. 2019 AMOUNT: \$ 305,737. OTHER REIMBURSEMENTS - 2015 AMOUNT: \$ 244,917. 2016 AMOUNT: \$ 17,905. EQUIPMENT BUYOUT - 2017 AMOUNT: \$ 140,505. FORFEITURES - 2017 AMOUNT: \$ 125,614.

SCHEDULE C
(Form 990 or 990-EZ)

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.

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2019
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If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

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

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

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

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

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

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

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

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

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

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

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

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

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

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

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?	Yes		9,575
j Total. Add lines 1c through 1i			9,575
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization
RISEBORO COMMUNITY PARTNERSHIP INC

Employer identification number
11-2453853

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
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** Temporarily restricted endowment ▶

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

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

- (i)** unrelated organizations
- (ii)** related organizations

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,370,375	709,591	1,660,784
c Leasehold improvements				
d Equipment		1,526,802	893,691	633,111
e Other		118		118
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,294,013

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN RELATED LIMITED PARTNERSHIPS	3,690,735	C
(2) NOTE RECEIVABLE FROM RELATED PARTY	968,679	F
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)	4,659,414	

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	271,748
(2) DUE FROM AFFILIATES	9,273,956
(3) ESCROW	42,463
(4) SECURITY DEPOSITS	4,500
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	9,592,667

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	1,000,124
(3) DUE FROM AFFILIATES	6,499,585
(4) DEFERRED RENTS	34,732
(5) CAPITAL LEASE PAYABLE	241,930
(6) ADVANCE FROM AFFILIATE	1,000,000
(7) PAYCHEX PROTECTION PROGRAM LOAN	6,022,640
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	14,799,011

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

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

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 11-2453853

Name: RISEBORO COMMUNITY PARTNERSHIP INC

Supplemental Information

Return Reference	Explanation
PART IV, LINE 2B:	THE ORGANIZATION HOLDS SECURITY DEPOSITS FOR TENANTS IN AN ESCROW ACCOUNT. THESE DEPOSITS ARE RETURNED TO COMMERCIAL TENANTS ONCE THEY VACATE THE PREMISES PER LEASE TERMS.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	RISBORO RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT TO BE SUSTAINED. MANAGEMENT HAS DETERMINED THAT RISBORO HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION OR DISCLOSURE. RISBORO IS NO LONGER SUBJECT TO EXAMINATIONS BY THE APPLICABLE TAXING JURISDICTIONS FOR YEARS PRIOR TO JUNE 30, 2017.

SCHEDULE G (Form 990 or 990-EZ) 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, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 2019 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 non-government grants f Solicitation of government grants g Special fundraising events 2a Did the organization have a written or oral agreement with any individual... b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements...

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
		GALA (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	428,970			428,970
	2 Less: Contributions	372,720			372,720
	3 Gross income (line 1 minus line 2)	56,250			56,250
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	7,416			7,416
	7 Food and beverages	40,377			40,377
	8 Entertainment	4,725			4,725
	9 Other direct expenses	7,147			7,147
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				59,665
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-3,415	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in:

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

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

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

Schedule I (Form 990)

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

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization RISEBORO COMMUNITY PARTNERSHIP INC

Employer identification number 11-2453853

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

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

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) DHS HOMEBASE-TO PREVENT AT RISK HOUSEHOLDS FROM BECOMING HOMELESS.	671	812,705			
(2) DYCD AT RISK YOUTH	271	28,921			
(3) SUPPORT SERVICES FOR VETERANS. HELP USA	8	6,957			
(4) OASAS	19	6,650			
(5) PUERTO RICAN EVACUE ASSISTANCE	14	30,756			
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	THE DIRECTOR OF THE PROGRAM REVIEWS ALL THE PAYMENTS BASED ON THE FORMS COMPILED BY THE DYCD YOUTH CENTER STAFF BASED ON THE BACK UP SUPPLIED BY THE CLIENT. FORMS ARE SUBMITTED TO THE FUNDING AGENCY FOR APPROVAL PRIOR TO RELEASE OF THE PAYMENT REQUEST.

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

2019

Open to Public Inspection

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.**

Department of the Treasury
Internal Revenue Service

Name of the organization RISEBORO COMMUNITY PARTNERSHIP INC	Employer identification number 11-2453853
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Part I Questions Regarding Compensation

		Yes	No								
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. <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)	1a		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use										
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence										
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees										
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)										
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b										
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2										
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <table style="width: 100%; margin-top: 10px;"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee					
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract										
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study										
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee										
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:											
a Receive a severance payment or change-of-control payment?	4a		No								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No								
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.											
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.											
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:											
a The organization?	5a		No								
b Any related organization?	5b		No								
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?	6a		No								
b Any related organization?	6b		No								
If "Yes," on line 6a or 6b, describe in Part III.											
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	Yes									
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.	8		No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9										

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SCOTT SHORT CEO	(i)	355,548	3,072	0	11,200	33,762	403,582	0
	(ii)	0	0	0	0	0	0	0
2 EMILY KURTZ VP OF HOUSING	(i)	156,443	20,000	0	7,400	30,556	214,399	0
	(ii)	0	0	0	0	0	0	0
3 RYAN CASSIDY DIRECTOR OF SUSTAINABILITY & CONSTRU	(i)	140,986	20,000	0	6,789	29,316	197,091	0
	(ii)	0	0	0	0	0	0	0
4 MIRTHA SANTANA VP OF EMPOWERMENT	(i)	155,575	3,462	0	6,554	16,788	182,379	0
	(ii)	0	0	0	0	0	0	0
5 MARIE ELENA ZULLO VP OF EDUCATION	(i)	174,720	0	0	6,989	487	182,196	0
	(ii)	0	0	0	0	0	0	0
6 MARIA VIERA VP OF COMMUNITY AFFAIRS	(i)	161,024	2,885	0	6,562	5,068	175,539	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 7	SCOTT SHORT, EMILY KURTZ, RYAN CASSIDY, MARIA VIERA, AND MIRTHA SANTANA RECEIVED A BONUS IN THEIR 2019 W-2. THESE AMOUNTS WERE BASED ON PERFORMANCE AND BOARD APPROVED.

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

RISEBORO COMMUNITY PARTNERSHIP INC

Employer identification number

11-2453853

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	BUSHWICK GARDENS RETAIL LLC, A DISREGARDED ENTITIY OF RISEBORO COMMUNITY PARTNERSHIP, PAYS ANOTHER AFFILIATE, RISEBORO MANAGEMENT CORP, FOR MANAGEMENT SERVICES. RETAIL LLC PAID THE MANAGEMENT CORP \$4,860 DURING THE FISCAL YEAR 2020. NO OFFICERS OR DIRECTORS WERE COMPENSATED BY THE MANAGEMENT COMPANY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	THE ORGANIZATION MADE ADDITIONS OR SUBTRACTIONS OF TEXT TO COMPLY WITH NEW YORK NON FOR PR OFIT CORPORATION LAW ("NFP LAW"). ALL ARE CONSISTENT WITH CURRENT PROCEDURES AND POLICIES OF THE RISEBORO BOARD. THE FOLLOWING CHANGES WERE MADE TO THE BY-LAWS IN FISCAL YEAR 2020: 1. ADDED LANGUAGE CONCERNING BOARD RESPONSIBILITIES, PURSUANT TO THE NFP LAW. 2. CLARIFIED BOARD POWERS CONCERNING BOARD MEMBERSHIP, BOARD QUALIFICATION, REMOVAL AND RESIGNATION FROM THE BOARD, APPOINTMENT OF OFFICERS, CLOSED SESSIONS, THE VICE-CHAIR, AND CHECKING AND INVESTMENTS. 3. CLARIFIED THAT THE CHAIR MUST BE INDEPENDENT DIRECTOR. 4. REMOVAL OF CHDO REQUIREMENTS 5. INCLUDED LANGUAGE PROHIBITING THE PAYMENT OF COMPENSATION TO BOARD MEMBERS . 6. REMOVED MANDATORY WAIVER OF CONFLICTS OF INTEREST BY CORPORATION COUNSEL 7. ALLOWED THE SECRETARY AND TREASURER TO DELEGATE RESPONSIBILITIES 8. BOARD MAY REQUIRE BOND TO BE SECURED BY AN OFFICER, DIRECTOR, EMPLOYEE OR AGENT OF THE CORPORATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	BEFORE THE FORM 990 IS FILED, IT IS REVIEWED BY THE AUDIT COMMITTEE. IN ADDITION, A COPY OF THE FORM 990 IS SENT TO EACH BOARD MEMBER ELECTRONICALLY OR BY HAND WITH AN OPPORTUNITY TO REVIEW AND COMMENT PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANNUALLY AND UPON FIRST JOINING RCP, EACH DIRECTOR, OFFICER AND EMPLOYEE IS PROVIDED WITH A COPY OF RCP'S CONFLICT OF INTEREST POLICY. THE POLICY REQUIRES SUCH INDIVIDUAL TO SIGN AN ANNUAL DISCLOSURE FORM OF ANY INTEREST THAT COULD GIVE RISE TO A CONFLICT. DIRECTORS, OFFICERS AND KEY EMPLOYEES ARE REQUIRED TO SIGN A MORE COMPREHENSIVE DISCLOSURE FORM THAN ARE EMPLOYEES. THE POLICY AND DISCLOSURE FORM ARE DISTRIBUTED AND COLLECTED BY THE HR DEPARTMENT AND SUBMITTED TO THE GENERAL COUNSEL FOR REVIEW. ALL POTENTIAL CONFLICTS ARE REPORTED TO THE GENERAL COUNSEL WHO REPORTS DIRECTLY TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. POTENTIAL CONFLICTS OF INTEREST INVOLVING DIRECTORS ARE REPORTED TO THE FULL BOARD OF DIRECTORS. A DIRECTOR INVOLVED, DIRECTLY OR INDIRECTLY, IN AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST TRANSACTION MAY NOT PARTICIPATE IN ANY DISCUSSION OF THE RELEVANT TRANSACTION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE EXECUTIVE COMMITTEE REVIEWS THE COMPENSATION OF THE COMPANY'S OFFICERS AND KEY EMPLOYEES. THE ENTIRE BOARD REVIEWS THE COMPENSATION OF THE COMPANY'S CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, AND GENERAL COUNSEL. IN CONDUCTING THESE REVIEWS, EACH OF THE EXECUTIVE COMMITTEE AND THE BOARD RELIES ON APPROPRIATE COMPARABILITY DATA AND CONTEMPORANEOUSLY SUBSTANTIATES ITS DELIBERATION AND DETERMINATION. THESE REVIEWS WERE CONDUCTED IN 2020. THE TITLES ARE COMPARED TO 3 TO 5 LIKE TITLES TO ORGANIZATIONS OF LIKE BUDGET SIZE AND COMPARE TO THE MEDIAN SALARIES OF THE COMPANIES. THE BOARD APPROVES ALL SALARIES ANNUALLY REFLECTED IN BOARD MEETINGS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	THE ORGANIZATION HAS A COMMITTEE THAT IS RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

Name of the organization
RISEBORO COMMUNITY PARTNERSHIP INC

Employer identification number

11-2453853

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) BUSHWICK GARDENS LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-2830534	AFFORDABLE HOUSING	NY	0	6,384	RISEBORO COMMUNITY PARTNERSHIP INC
(2) BUSHWICK GARDENS RETAIL LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-3064193	REAL ESTATE	NY	406,533	2,060,179	RISEBORO COMMUNITY PARTNERSHIP INC
(3) BMH AFFILIATES LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 82-1103752	AFFORDABLE HOUSING	NY	0	0	RISEBORO COMMUNITY PARTNERSHIP INC
(4) ATLANTIC EAST MANAGER LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 82-2110526	AFFORDABLE HOUSING	NY	0	0	RISEBORO COMMUNITY PARTNERSHIP INC

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

See Additional Data Table

(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

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.

See Additional Data Table

(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	

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.

See Additional Data Table

(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

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		No
b Gift, grant, or capital contribution to related organization(s)		No
c Gift, grant, or capital contribution from related organization(s)	Yes	
d Loans or loan guarantees to or for related organization(s)	Yes	
e Loans or loan guarantees by related organization(s)	Yes	
f Dividends from related organization(s)	Yes	
g Sale of assets to related organization(s)		No
h Purchase of assets from related organization(s)		No
i Exchange of assets with related organization(s)		No
j Lease of facilities, equipment, or other assets to related organization(s)	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)		No
m Performance of services or membership or fundraising solicitations by related organization(s)		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	Yes	
o Sharing of paid employees with related organization(s)	Yes	
p Reimbursement paid to related organization(s) for expenses	Yes	
q Reimbursement paid by related organization(s) for expenses	Yes	
r Other transfer of cash or property to related organization(s)		No
s Other transfer of cash or property from related organization(s)		No

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	

Part VII **Supplemental Information**

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

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

Additional Data

Software ID:
Software Version:
EIN: 11-2453853
Name: RISEBORO COMMUNITY PARTNERSHIP INC

Form 990, Schedule R, Part II - 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 entity?	
						Yes	No
565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-2931055	RESPIRE SERVICES,REAL ESTATE	NY	501(C)(3)	LINE 12A, I	RISEBORO COMMUNITY PARTNERSHIP INC	Yes	
48 CEDAR ST BROOKLYN, NY 11221 11-3237619	NURSING HOME	NY	501(C)(3)	LINE 10	RISEBORO COMMUNITY PARTNERSHIP INC	Yes	
565 BUSHWICK AVENUE BROOKLYN, NY 11206 81-2591243	AFFORDABLE HOUSING	NY	501(C)(3)	LINE 12A, I	RISEBORO COMMUNITY PARTNERSHIP INC	Yes	
565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-2870431	AFFORDABLE HOUSING	NY	501(C)(3)	LINE 12A, I	RISEBORO COMMUNITY PARTNERSHIP INC	Yes	
565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-2917169	REAL ESTATE	NY	501(C)(3)	LINE 12A, I	RISEBORO COMMUNITY PARTNERSHIP INC	Yes	
565 BUSHWICK AVENUE BROOKLYN, NY 11206 45-1534613	AFFORDABLE HOUSING	NY	501(C)(3)	LINE 10	RISEBORO COMMUNITY PARTNERSHIP INC	Yes	
565 BUSHWICK AVENUE BROOKLYN, NY 11206 02-0695628	AFFORDABLE HOUSING	NY	501(C)(3)	LINE 10	RISEBORO COMMUNITY PARTNERSHIP INC	Yes	
565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-2001667	AFFORDABLE HOUSING	NY	501(C)(3)	LINE 10	RISEBORO COMMUNITY PARTNERSHIP INC	Yes	
565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-2906035	AFFORDABLE HOUSING	NY	501(C)(3)	LINE 12A, I	RISEBORO COMMUNITY PARTNERSHIP INC	Yes	
565 BUSHWICK AVENUE BROOKLYN, NY 11206 27-2210184	ASSISTED LIVING	NY	501(C)(3)	LINE 10	RISEBORO COMMUNITY PARTNERSHIP INC	Yes	
565 BUSHWICK AVENUE BROOKLYN, NY 11206 26-1191326	AFFORDABLE HOUSING	NY	501(C)(3)	LINE 10	RISEBORO COMMUNITY PARTNERSHIP INC	Yes	
565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-2833441	AFFORDABLE HOUSING	NY	501(C)(3)	LINE 10	RISEBORO COMMUNITY PARTNERSHIP INC	Yes	
565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3198278	AFFORDABLE HOUSING	NY	501(C)(3)	LINE 10	RISEBORO COMMUNITY PARTNERSHIP INC	Yes	
565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-2521680	HOME ATTENDANTS	NY	501(C)(3)	LINE 10	RISEBORO COMMUNITY PARTNERSHIP INC	Yes	
565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3534156	AFFORDABLE HOUSING	NY	501(C)(3)	LINE 10	RISEBORO COMMUNITY PARTNERSHIP INC	Yes	
565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-2985867	AFFORDABLE HOUSING	NY	501(C)(4)		RISEBORO COMMUNITY PARTNERSHIP INC	Yes	

Form 990, Schedule R, Part III - 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) Disproprtionate 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 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3473745	AFFORDABLE HOUSING	NY	420 STOCKHOLM CORP	NA				No			No	
ATLANTIC EAST AFFILIATES LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 47-5312901	AFFORDABLE HOUSING	NY	HARRY T NANCE APARTMENTS HDFC	N/A				No			No	
ATLANTIC EAST APARTMENTS LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 81-4286539	AFFORDABLE HOUSING	NY	ATLANTIC EAST MANAGER LLC	N/A				No			No	
BETHANY MH MANAGER LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 82-1116604	AFFORDABLE HOUSING	NY	BMH AFFILIATES LLC	N/A				No			No	
BETHANY MH LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 82-1092921	AFFORDABLE HOUSING	NY	BETHANY MH MANAGER LLC	N/A				No			No	
CASA PASIVA MANAGERS LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 82-2877945	AFFORDABLE HOUSING	NY	CASA PASIVA HDFC	N/A				No			No	
CASA PASIVA LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 82-2865009	AFFORDABLE HOUSING	NY	CASA PASIVA HDFC	N/A				No			No	
GOODWIN HIMROD ASSOCIATES LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 26-3568604	AFFORDABLE HOUSING	NY	GOODWIN HIMROD CORP	N/A				No			No	
HIMROD STREET ASSOCIATES LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-5416766	AFFORDABLE HOUSING	NY	HIMROD STREET APARTMENTS CORP	N/A				No			No	
KNICKERBOCKER COMMONS ASSOCIATES LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 27-2085350	AFFORDABLE HOUSING	NY	KNICKERBOCKER COMMONS CORP	N/A				No			No	
KNICKERBOCKER SQUARE ASSOCIATES LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 14-1807635	AFFORDABLE HOUSING	NY	1435 GATES AVE CORP	N/A				No			No	
LINDEN CENTRAL ASSOCIATES LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3511538	AFFORDABLE HOUSING	NY	LINDEN CENTRAL CORP	N/A				No			No	
MELROSE APARTMENTS ASSOCIATES LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 59-3797137	AFFORDABLE HOUSING	NY	MELROSE STREET APARTMENTS CORP	N/A				No			No	
MENNONITE UNITED REVIVAL APARTMENTS LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 27-5280574	AFFORDABLE HOUSING	NY	RBSCC MENNONITE CORP	N/A				No			No	
NOLL STREET ASSOCIATES LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3638335	AFFORDABLE HOUSING	NY	NOLL STREET APARTMENTS CORP	N/A				No			No	

Form 990, Schedule R, Part III - 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) 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	
OUR LADY OF LOURDES APARTMENTS LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 47-2721483	AFFORDABLE HOUSING	NY	OUR LADY OF LOURDES HDFC	N/A				No			No	
OUR LADY OF LOURDES LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 47-2869010	AFFORDABLE HOUSING	NY	OUR LADY OF LOURDES HDFC	N/A				No			No	
RENAISSANCE ESTATE APARTMENTS LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 56-2384905	AFFORDABLE HOUSING	NY	RENAISSANCE ESTATES APARTMENT CORP	N/A				No			No	
RHEINGOLD GARDENS APARTMENTS LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 52-2385379	AFFORDABLE HOUSING	NY	RHEINGOLD CORP	N/A				No			No	
RHEINGOLD HEIGHTS ONE ASSOCIATES LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 26-1455209	AFFORDABLE HOUSING	NY	RHEINGOLD HEIGHTS ONE CORP	N/A				No			No	
RHEINGOLD HEIGHTS TWO ASSOCIATES LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 26-3613369	AFFORDABLE HOUSING	NY	RHEINGOLD HEIGHTS TWO CORP	N/A				No			No	
STAMMTISCH ASSOCIATES LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 46-2150671	AFFORDABLE HOUSING	NY	STAMMTISCH CORP	N/A				No			No	
WEST BUSHWICK NRP ASSOCIATES LP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-2105532	AFFORDABLE HOUSING	NY	WEST BUSHWICK NRP HDFC	N/A				No			No	
WOODLAWN AFFILIATES LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 81-4378280	AFFORDABLE HOUSING	NY	WOODLAWN SENIOR LIVING HDFC	N/A				No			No	
WOODLAWN SENIOR LIVING LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 82-0860829	AFFORDABLE HOUSING	NY	WOODLAWN SENIOR LIVING HDFC	N/A				No			No	
WOODLAWN SENIOR MANAGER LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 82-0853356	AFFORDABLE HOUSING	NY	WOODLAWN SENIOR LIVING HDFC	N/A				No			No	
RISEBORO TPT X LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 83-1984663	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	N/A				No		Yes		100.000 %
RISEBORO SOLAR LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 82-5502379	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	N/A				No		Yes		100.000 %
37 HILLSIDE MANAGERS LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 83-1511216	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	N/A				No		Yes		100.000 %
37 HILLSIDE OWNERS LLC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 83-1526284	AFFORDABLE HOUSING	NY	37 HILLSIDE MANAGERS LLC	N/A				No			No	

Form 990, Schedule R, Part IV - 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
100 THROOP CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 27-4022213	REAL ESTATE	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
104-110 GROVE STREET HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3324953	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C	1,278,167	575,142	100.000 %	Yes	
116-120 GROVE STREET HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3104636	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C	973,014		100.000 %	Yes	
1435 GATES AVE CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 14-1807634	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C	34,466	863	100.000 %	Yes	
420 STOCKHOLM CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3556707	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C	1	2,080,382	100.000 %	Yes	
420 STOCKHOLM HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3465580	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
75 LINDEN STREET HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3143393	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C	25,609	17,670	100.000 %	Yes	
857 HART STREET HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 65-1176428	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C	77,559	742,530	100.000 %	Yes	
924 HART STREET HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3210216	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C	63,127	16,437	100.000 %	Yes	
93-95 STOCKHOLM STREET HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3327113	REAL ESTATE	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C	406,712	16,206	100.000 %	Yes	
BETHANY MH HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 82-1136176	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
BUSHWICK 203 NHP HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-3221868	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
COMMUNITY PROPERTY MANAGEMENT INC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3289657	MANAGEMENT OF HOUSING CORPS	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
ESPERANZA TPT HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-0721695	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C	173,385	1,418,705	100.000 %	Yes	
GOODWIN HIMROD CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 26-3568525	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C	652,845	3,981,471	100.000 %	Yes	

Form 990, Schedule R, Part IV - 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
GOODWIN HIMROD SENIOR HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 26-4399754	REAL ESTATE	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
HARMAN PLAZA HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3261868	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C	38,275	510,504	100.000 %	Yes	
HARRY T NANCE APARTMENTS HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 82-1592480	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
HIMROD STREET APARTMENTS CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-5416661	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
HIMROD STREET HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-5522469	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
IRVING STOCKHOLM HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 26-2720791	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
JEFFERSON SPI HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-8829278	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C	135,733	1,657,053	100.000 %	Yes	
KNICKERBOCKER COMMONS CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 27-2229522	REAL ESTATE	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
KNICKERBOCKER COMMONS HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 27-2193434	REAL ESTATE	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
KNICKERBOCKER SQUARE HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 06-1527802	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
LINDEN BUSHWICK HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3407212	REAL ESTATE	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
LINDEN CENTRAL CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3515047	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
LINDEN COURT HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3500443	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
MELROSE SPI HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-8829192	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C	184,262	2,018,095	100.000 %	Yes	
MELROSE STREET APARTMENTS CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 59-3797139	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C		448,255	100.000 %	Yes	

Form 990, Schedule R, Part IV - 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
MELROSE STREET HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 86-1142002	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
MENNONITE UNITED REVIVAL HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 45-2750860	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
MENNONITE UNITED REVIVAL HOUSING CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 27-5279074	AFFORDABLE HOUSING	NY	RBSCC MENNONITE CORP	C			50.000 %		No
NOLL STREET CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3638341	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
NOLL STREET HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3638362	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
OUR LADY OF LOURDES HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 47-2459362	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
RBSCC MENNONITE CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 25-5278749	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
RENAISSANCE ESTATES APARTMENT CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 56-2384863	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C	1		100.000 %	Yes	
RENAISSANCE ESTATES HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 56-2384866	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
RHEINGOLD CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 55-0799349	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C	-81	25,570	100.000 %	Yes	
RHEINGOLD GARDENS HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 54-2078061	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
RHEINGOLD HEIGHTS ONE CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 26-1287793	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C	152,922	167,203	100.000 %	Yes	
RHEINGOLD HEIGHTS ONE HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 26-1287838	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
RHEINGOLD HEIGHTS TWO CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 26-3613143	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
RHEINGOLD HEIGHTS TWO HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 26-3613321	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	

Form 990, Schedule R, Part IV - 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
RIDGEWOOD BUSHWICK HARMAN STREET HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 61-1672274	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C	362,747		100.000 %	Yes	
RIDGEWOOD BUSHWICK MANAGEMENT CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 11-3034922	MANAGING AGENT FOR LIMITED PARTNERSHIPS	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
SCHAEFFER APARTMENTS HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 26-3380721	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C	332,769	6,441,682	100.000 %	Yes	
SOUTH BUSHWICK NEIGHBORHOOD HOMES HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-3221819	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
STAMMTISCH CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 46-2295070	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
STAMMTISCH HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 45-5038520	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
SUNSET 203K HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 45-4640462	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
WEST BUSHWICK NRP CORP 565 BUSHWICK AVENUE BROOKLYN, NY 11206 20-2104933	REAL ESTATE	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C	4	2,500	100.000 %	Yes	
WEST BUSHWICK NRP HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 51-0419969	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
WEST BUSHWICK TPT HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 56-2364918	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C	550,292	3,316,200	100.000 %	Yes	
WOODLAWN SENIOR LIVING HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 82-0946156	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
50 PENN HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 83-1495563	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
HILLSIDE HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 83-4537563	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	
SOUTH POINT HDFC 565 BUSHWICK AVENUE BROOKLYN, NY 11206 83-3781471	AFFORDABLE HOUSING	NY	RISEBORO COMMUNITY PARTNERSHIP INC	C			100.000 %	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
GOODWIN HIMROD CORP	Q	413,230	COST
ESPERANZA TPT HDFC	Q	198,885	COST
WEST BUSHWICK 203K	Q	1,896,935	COST
RISEBORO HOMECARE	Q	4,260,931	COST
WEST BUSHWICK TPT HDFC	Q	232,620	COST
924 HART STREET HDFC	Q	90,834	COST
CITIZENS FOR A BETTER NEIGHBORHOOD HDFC	P	96,919	COST
RIDGEWOOD BUSHWICK MANAGEMENT CORP	P	1,209,993	COST
MELROSE STREET APARTMENTS	P	76,390	COST
RIDGEWOOD BUSHWICK MANAGEMENT CORP	P	545,855	COST
RENAISSANCE ESTATES	P	599,226	COST
COMMUNITY MANAGEMENT PROPERTY INC	P	183,158	COST
MOFFAT ALP	P	798,800	COST
BETHANY MH HDFC	P	633,917	COST
COMMUNITY IMPROVEMENT CORP	P	166,043	COST
420 STOCKHOLM CORP	P	115,509	COST
WEST BUSHWICK 203K	P	297,001	COST
TROUTMAN EVERGREEN HDFC	P	214,438	COST
COMMUNITY PROPERTY MANAGEMENT INC	P	579,497	COST
SCHAEFFER APARTMENTS HDFC	P	154,223	COST
RHEINGOLD GARDENS	P	202,356	COST
NOLL STREET CORP	P	114,449	COST
RENAISSANCE ESTATES	P	149,802	COST
PLAZA DE LOS ANCIANOS DE WILSON HDFC	P	296,823	COST
OLD STANLEY HDFC	P	242,924	COST

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
MOFFAT GARDENS HDFC	P	168,232	COST
WEST BUSHWICK TPT HDFC	P	123,095	COST
HUD 55 GOODWIN PLACE SOCIAL SERVICES	P	114,773	COST
GOODWIN PLACE FOR THE ELDERLY HDFC	P	218,242	COST
GATES PLAZA HDFC	P	248,838	COST
GATES GARDENS HDFC	P	187,167	COST
CORETTA SCOTT KING HDFC	P	187,558	COST
BUSHWICK GARDENS APARTMENT CORPORATION	P	100,248	COST
COMMUNITY IMPROVEMENT CORP	K	373,794	COST
RHEINGOLD GARDENS	K	95,052	COST