Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► The organization may have to use a copy of this return to satisfy state reporting requirements.

B Crede of application: Application providing Sea PROSPECT AVENUE Sea Prospect return Sea PROSPECT AVENUE Sea PROSPECT AV	A	For the	2010 calend	dar year, or tax y	ear beginni	ng		, 201	0, and end	กต			7	v v	
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Summary	<u></u>				501(c) ()•	(insert no.)	4947(a)(1)	л 1927	٦			>		
Briefly describe the organization's mission or most significant activities: TO_UFGRADE_DETERIORATED_NEIGHBORDOS IN_THE CITY_OF_NEW_YORK AND_TO_ASSIST_LOW_INCOME_RESIDENTS_OF_THE_CITY_IN_ IMPROYING_THEIR_COMMUNITIES_AND_THEMSELVES 2 Check this box = if the organization discontinued its operations or disposed of more than 25% of its not assets. 3	<u>J</u>	Webs	site: ► N/	A								····			
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8 Contributions and grants (Part VIII, line 1h). 9 Program service revenue (Part VIII, line 2g). 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d). 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e). 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), lines 1-3). 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 14 Benefits paid to or for members (Part IX, column (A), lines 1-3). 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10). 16 Professional fundraising fees (Part IX, column (A), line 4). 17 Other expenses (Part IX, column (A), line 14e). 18 Total supenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 19 Revenue less expenses. Subtract line 18 from line 12. 20 Total assets (Part X, line 16). 21 Total liabilities (Part X, line 26). 22 Net assets or fund balances. Subtract line 21 from line 20. 34 Jay 298. 25 Jog 34 Jay 298. 26 Jignature Godier 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 officior) is based on all information of which preparer has any knowledge. Paid Primt Jupe repearer's name Preparer's signature Donald DaMon, CPA	_	DI	vet unrelated	a business taxan	ie income n	OHI I OHI	330-1, mie	***************************************			p	rior Year		Current Ye	
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Signature of officer HARRY DERIENZO Type or print name and title. Paid Preparer Paid Preparer's name DONALD DAMON, CPA Firm's name Firm's address BRIDGE PLZ N STE 125	Un	der penalt	ties of perjury, I	declare that I have ex	amined this ret	um, including	ассопрапуілс	schedules and s	tatements, an	t of b	he best of	my knowledge	and belief	f, it is true, correc	t, and
HARRY DERIENZO PRESIDENT	COL	nplėte. De	eclaration of pre	parer (other than onic	er) is pased on	an anormand	ALO: MINCLEDIS	parer rias any five	wiende.				· · · · ·	·	<u></u>
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Use Only Firm's address ► 1 BRIDGE PLZ N STE 125 Firm's EIN ► N/A FORT LEE, NJ 07024-7571 Phone no. (201) 363-9099	Pi	epare	Firm's nam	ne ► SMMW (CONSULT	ING CO	₹₽.					1	-		
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May the IRS discuss this return with the preparer shown above? (see instructions)				FORT 1	EE, NJ	07024	-7571					Phone no.	· · · · · · · ·		9
	Ma	y the IF	RS discuss t	his return with th	e preparer	shown ab	ove? (see i	nstructions).						X Yes	No

rm 990 (2010) BANANA KELLY	Y COMMUNITY IM	PROVEMENT ASSU	<u> </u>	13-293	1 000	Page Z
Series S	latement of Progra	m Service Accom	plisnments	***			
CI	neck if Schedule O contr	ains a response to any	question in this Part	<u>III </u>			
1 Briefly de	scribe the organization	s mission:		OD 37777 370DT	7 73TD MO 3CC	TOP TOW	
TO UP	SCRIBE THE ORGANIZATION STRADE DETERIORA	TED NEIGHBORHO	ODS IN THE CT.	TA OF NEW TOKE	WIND IO WOS	757 704	
INCOM	RADE DETERIORA	THE CITY IN IN	PROVING THEIR	COMMONTATES E	ND THEWSERA	<u> </u>	
					·	· · · · · · · · · · · · · · · · · · ·	
2 Did the C	rganization undertake a	ny significant program	services during the y	ear which were not lis	ted on the prior		
	or 990-EZ?	******	******			Yes X	No
ronn zz	describe these new serv	ices on Schedule O.				. , , , ,	
it Yes, (rganization cease cond	uction or make signific	ent changes in how if	t conducts, any progra	m services?	Yes X	No
	4						
if 'Yes, i	sescribe these changes	On acresuse Q.	f the organization's th	ree larnest program s	ervices by expense	s. Section 501(c)(3)
4 Describe	describe these changes the exempt purpose ac (c)(4) organizations and s, and revenue, if any, f	section 4947(a)(1) tru	sts are required to rep	ort the amount of gra	nts and allocations	to others, the t	otal
expense	s, and revenue, if any, f	or each program servi	ce reported.		•		
4a (Code:) (Expenses	s 863,496	including grants of	\$) (Revenue \$)
ייניטטן פר דעשת	OPED EDUCATION	AL. CULTURAL,	CAREER COUNSEL	ING AND OTHER	SOCIAL PROC	RAMS	
. 7575	***************************************	## #	*. ** ** ** ** ** ** ** ** ** ** ** ** *		· · · · · · · · · · · · · · · · · · ·		
							
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4e Total p	rogram service expens	es ►	3,496.			Form 99	20 (2021
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TEEA0102L 10/06/10

Form	990 (2010) BANANA KELLY COMMUNITY IMPROVEMENT ASSOC 13- Checklist of Required Schedules	2934000	**************************************	P	age 3
	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 the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	lete	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)		2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to cano for public office? If 'Yes,' complete Schedule C, Part I.	didates	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) ele in effect during the tax year? If 'Yes,' complete Schedule C, Part II.	ction	4		Х
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 I	n	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes;' complete Sched	. 1	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part il		7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.		8		X
9	Did the organization report an amount in Part X, line 21; serve as a custedian 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.		9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endow 'Yes,' complete Schedule D. Part V	ments? //	10	2.4 N a	X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, or X as applicable.	VIII, IX,			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete S D, Part VI	chedule	11 a	X	
	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of assets reported in Part X, line 16? If Yes, complete Schedule D, Part VII	its total	11 b		Х
	c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of assets reported in Part X, line 16? If Yes, complete Schedule D, Part VIII.	f its total	11 c		Х
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets re in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.		11 d	Х	
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part		11 e	X	-
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that add the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, F	resses art X	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Complete D, Parts XI, XII, and XIII.		12a	X	ļ
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Ye if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	es,' and	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		13		X
	a Did the organization maintain an office, employees, or agents outside of the United States?		14a		X
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Parts I and I		14b		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization report of the United States? If "Yes," complete Schedule F, Parts II and IV.		15		X
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV		16		Х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on P column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)		17 ·		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Pallines 1c and 8a? If 'Yes,' complete Schedule G, Part II	· · · · · · · · · · · · · · · · · · ·	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If a complete Schedule G, Part III.		19		X
20	a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	- 1	20		X
	b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form filers that operate one or more hospitals must attach audited financial statements (see instructions)	1 990	20 b		<u></u>
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Form	990 (2010) BANANA KELLY COMMUNITY IMPROVEMENT ASSOC 13-2934000	1 .	Р	age 4
	Checklist of Required Schedules (continued)	 -1	Voc	No
•		1	Yes	NO
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts i and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part (X. column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		Х
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? If 'Yes,' complete	23		X
	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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No 'rio to line 25	24a		Х
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	24c	· · · · · · · · ·	
ď	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		Х
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? If 'Yes,' complete Schedule L, Part i	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete	27		Χ̈́
28	Schedule L, Part III. 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 current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28a	<u> </u>	X
	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
٠.	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.	30		х
24	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.	33		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		X
25	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
35	a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	,	Х
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? If 'Yes,' complete Schedule R, Part VI.	37		Х
38	the Calestyle Condition and provide evaluations in Schedule O for Part VI. lines 11 and 19?	38		X
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Form 990 (2010)

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V..... Yes No 0 Ð **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1cl (gambling) winnings to prize winners?.. 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. n b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?... 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?..... За b If "Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q... 3ь 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?...... X b If 'Yes,' enter the name of the foreign country: > See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?..... 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?..... 56 c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T7..... 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization X solicit any contributions that were not tax deductible? b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were 6Ь not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and 7a X services provided to the payor?.... b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?..... 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 70 d If 'Yes,' indicate the number of Forms 8282 filed during the year..... e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?... X 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . **7**f X g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?.... 9 Sponsoring organizations maintaining donor advised funds. 9a a Did the organization make any taxable distributions under section 4966?..... 9Ъ b Did the organization make a distribution to a donor, donor advisor, or related person?...... 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders...... **b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.). 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?... 12a b if 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a is the organization licensed to issue qualified health plans in more than one state?..... 13a Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year?... 14a b if 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. 14b

Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b be a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan Schedule O. See instructions.	yes i	* 1	ਿr ਦਾ
Check if Schedule O contains a response to any question in this Part VI	<u></u>		X
Section A. Governing Body and Management			
1 1	`	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 7			
b Enter the number of voting members included in line 1a, above, who are independent 1b 7			
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2 Did any officer, director, trustee, or key employee have a talking relationship of a security relati	2		<u>X</u>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4 Did the organization make any significant changes to its governing documents	4	.	<u>X</u>
since the prior Form QQQ was filed?	•		
5. Did the experiention become aware during the year of a significant diversion of the organization's assets?	5		X
with the manufactor of chockbolders? SEE SUHEDING U	6	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	х	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? SEE SCH. O	7b	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by			
the following:			9.40
a The governing body?	8a	Х	
b Each committee with authority to act on behalf of the governing body?	8b	X	
9 Is there any officer, director or trustee, or key employee listed in Part VII. Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O.	9		Х
Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
Section D. Policies (Titis Decitivit D Toducate interinace) Provides		Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a		X
10a Does the organization have local chapters, productes, or annuals,			
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?.	10b 11a	×	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
d Describe at ocheduic o die bioogen a graft and an area and area	12a	Χ	
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	124		
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is doneSEE .SCHEDULE . O	12c	X	
13 Does the organization have a written whistleblower policy?	13	X	
14 Does the organization have a written document retention and destruction policy?	14	X	V "我"
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a The organization's CEO, Executive Director, or top management official	15a	X	- -
b Other officers of key employees of the organization	15b	X	
If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b if 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Section C. Disclosure			
17 List the states with which a copy of this Form 990 is required to be filed NONE			
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) avinspection. Indicate how you make these available. Check all that apply.	ailable	for p	ublic
Own website Another's website Upon request			
Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest polici statements available to the public. SEE SCHEDULE O			ncial
20 State the name, physical address, and telephone number of the person who possesses the books and records of the orgation of the person who possesses the books and records of the orgation of the person who possesses the books and records of the orgation of the person who possesses the books and records of the orgation of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person of	nizatio . – – -	on: 	
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FORD 990 (2010) BANANA KELLY COMMUNITY IMPROVEMENT ASSOC	13-2934000	Page 7
Form 990 (2010) BANANA KELLY COMMONITY IMPROVEMENT ASSOCIATION Compensation of Officers, Directors, Trustees, Key Employees, Highest	Compensated Employe	ees,
Compensation of Officers, Directors, Trustees, Rey Employees, Higher		•
and Independent Contractors		

· · ·	alla illachengoni oon			5-43/0		
	Check if Schedule O contain	as a response to a	any auestion in this h	art VII		<u> </u>
_	Check it Schedule o conten	13 d rooperise 15	1	J Hi-bact Co	ampeneated Fi	mnlovees
C A	Check if Schedule O contain Officers, Directors,	Trustees, KeV	Employees, an	a mignest Co	Milheliagred Pi	inproyees
Section A	. Ulliceis, Directors,	1100000			tandan man andine	- with or within

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the
- 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
 organization, more than \$10,000 of reportable compensation from the organization and any related organizations, List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. **(F) (E) (D)** (C) **(B)** Estimated amount of other Reportable compensation from Reportable compensation from the organization (W-2/1099-MISC) Position (check all that apply) Average hours Name and title compensation from the organization related organization (W-2/1099-MISC) Individual or director Key employee Highest compensated Institutional trustee per week (describe (describe hours for related organiza-tions in Schedule O) trustee (I) CARLTON COLLIER 0 0 0. 0 ASST. TREASURER (2) HARRY DERIENZO 0. 0 36,000 Х 40 PRESIDENT (3) ALYAH HORSFORD-SIDBERRY 0. 0 0. X 0 VICE PRESIDENT (4) VICTOR ALICEA 0 0. 0 0 X SECRETARY (5) RICHARD J ROBERTO 0 0. Ó. 0 Х TREASURER (6) VERA ROMAN 0. 0 0 0 O DEIDRE WELLINGTON 0 0. Ō 0 (8) (9) (10) (11)(12)(13)(14)(15) (16) (17)_ Form 990 (2010) TEEA0107L 12/21/10 BAA

13-2934000

Page 8

	Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
	1a Federated campaigns 1a				
E S	b Membership dues				
8,0	c Fundraising events				
3	d Related organizations 1d				
SES.	e dovernment grans von				
	f All other contributions, gifts, grants, and similar amounts not included above 1f 201, 841.				
E 0	Noncash contributions included in lns 1a-1f: \$				
§₹	h Total. Add lines 1a-1f Business Code	201,841.			
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOURTS		307,352.	307,352.		_
EVE	2a MEDICAID SERVICES b RENTAL INCOME RAP	211,366.	211,366.		
CE	c RENTAL ASSISTANCE PROGRAM	97,411,	97,411.		
ERV	d DEVELOPMENT FEES	75,628.	75,628. 31,639.		<u> </u>
AM	e MISC.	31,639. 29,435.	29,435.		
GGR	f All other program service revenue.	752,831.			
<u> </u>	g Total. Add lines 2a-2f				1 100
	omer similar amounts)	1,123.			1,123.
	4. Income from investment of tax-exempt bond proceeds.				
. :	5 Royalties (i) Personal				
	6a Gross Rents.				
. :	b Less: rental expenses.				
	c Rental income or (loss)				
	d Net rental income or (loss)				
	7a Gross amount from sales of assets other than inventory.				
	b Less: cost or other basis and sales expenses		The second second		
•	c Gain or (loss)				
	d Net gain or (loss)				
EVENUE	8a Gross income from fundraising events (not including. \$				
ZEVE	of contributions reported on line 1c). See Part IV, line 18				
OTHER.R	b Less: direct expenses				
5	c Net income or (loss) from fundraising events				
:	9a Gross income from gaming activities. See Part IV, line 19a				
٠.	b Less: direct expensesb				
	c Net income or (loss) from gaming activities				
	10a Gross sales of inventory, less returns and allowances	-			
	b Less: cost of goods sold b c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code				
	11a			 	
	b	1	 	+	
	d All other revenue	1			
	12 Total revenue. See instructions	955,795	. 752,831	.	1,123.
B/		EA0109L 10/11/10			Form 990 (2010)

Form **990** (2010)

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. ations must complete column (A) but are not required to complete columns (B), (C), and (D).

1 Graand line 2 Grathe 3 Graorg U.S 4 Bet 5 Contrus	anclude amounts reported on line 3b, 9b, and 10b of Part VIII. ants and other assistance to gove of organizations in the U.S. See Part IV, line 22. ants and other assistance to individuals and other assistance to gove anizations, and individuals outsides. See Part IV, lines 15 and 16. Interpretation of current officers, distess, and key employees. Impensation of current officers, distess, and key employees. Impensation not included above, impensation of current officers, disters and appears for defined units.	mments art IV, iduals in mments, ie the	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1 Graand line 2 Grathe 3 Graorg U.S 4 Bet 5 Contrus	ants and other assistance to gove d organizations in the U.S. See P e 21. U.S. See Part IV, line 22. ants and other assistance to individuals and other assistance to gove anizations, and individuals outsides. See Part IV, lines 15 and 16. nefits paid to or for members. Impensation of current officers, distess, and key employees.	iduals in mments, ie the rectors.				
2 Grathe 3 Graorg U.S 4 Ber 5 Contrus	ents and other assistance to individuals. U.S. See Part IV, line 22	mments, ie the rectors.				
3 Gra org U.S 4 Ber 5 Cor trus	ants and other assistance to gove anizations, and individuals outsided. See Part IV, lines 15 and 16 nefits paid to or for members impensation of current officers, distess, and key employees	mments, ie the rectors.				
4 Bet 5 Cot trus	nefits paid to or for members impensation of current officers, di stees, and key employees	rectors.				
5 Coi	mpensation of current officers, di stees, and key employees	rectors,		F		فالمساكنات والتحار للاكارون المكتب بمهارات بماساري
,,,,,,	work behinded shove		36,000.	36,000.	0.	<u> </u>
6 Col dis sec	impensation not included above, squalified persons (as defined und ction 4958(f)(1)) and persons des section 4958(c)(3)(B)	to I	0.	0.	0.	0.
7 (14)	her salaries and wages		361,863.	347,883.	13,300.	
E3-	entino eles contributions (include					
g Pe sec	ction 401(k) and section 403(b)	,		10 707	3,865.	
9 Oti	ther employee benefits		47,586.	43,721.		
# Ou	ayroli taxes	ļ	27,466.	26,416.	1,050.	
10 Pa	ees for services (non-employees):					
11 Fe	es for services (non-employees).					·
a Ma	anagement					
b Le	anagement	1	54,000.	44,280.	9,720.	
c Ac	ccounting		34,000.			
d Lo	obbying	,				
e Pro	ofessional fundraising services. See Part I	V, line 17			The state of the s	
f In	vestment management fees			0 420	2,070.	
a Oi	ther		11,500.	9,430.	2,070.	
12 Ac	dvertising and promotion				1 007	
12 0	ffice expenses		20,909	18,982.	1,927.	
13 0	formation technology		A STATE OF THE STATE OF			
14 ln	ntormation technology					
15 R	oyalties		1,200	984.	216.	
16 Q	ecupancy		2,132		737.	
17 Tr	ravel					
e) Di	ayments of travel or entertainme xpenses for any federal, state, or jublic officials	iucai				·
19 C	conferences, conventions, and me	etings				
20 In	nterest					
64 D	Payments to affiliates				9,721.	
22 D	Depreciation, depletion, and amor	tization	9,721		1,893.	
	nsurance	<u>,</u> ,,,	10,646	. 8,753.	1,073.	
24 C c ir	Other expenses. Itemize expenses overed above (List miscellaneous n line 24f. If line 24f amount except line 25, column (A) amount, lis expenses on Schedule O.)	eds 10%				
_ 1	PROGRAM RENT		273,766	273,766.		
.a_1	ACTIVITY SUPPORT		25,944		1,660.	
			11,171		2,314.	
	SUPPLIES		9,569		1,763.	
	REPAIRS	 	8,736		1,572.	
_	TELEPHONE	 	8,712		4,937.	
f A	All other expenses		920,921		57,425.	0.
	Total functional expenses, Add lines 1 th		920,921	000,100		
	Joint costs. Check here ► if SOP 98-2 (ASC 958-720). Compl only if the organization reported i (B) joint costs from a combined of campaign and fundraising solicitations.	educational				Form 990 (2010

		Balance Sheet						/D\
	The second second second			-	·	(A) Beginning of year		(B) End of year
		Cash - non-interest-bearing				166,056.	1	171,740.
	1	Savings and temporary cash in	vestments				2	
					l l	52,576.	3	35,827.
	3	Pledges and grants receivable, Accounts receivable, net				5,170.	4	261,618.
	4	Accounts receivable, not	re		oos key employees			
	5	Receivables from current and fr and highest compensated empl	ormer officers, unrectors lovees, Complete Part I	of Sc	hedule L		5	
	6	Possimbles from other disqual	ified persons (as define	d und	er section 4958(f)(1)),			
	•	persons described in section 4	958(c)(3)(B), and contri	buting	employers and			
Ì		and highest compensated emp. Receivables from other disqual persons described in section 49 sponsoring organizations of se- organizations (see instructions)	Ction on I (c)(a) votatival.	y cinp			6	
Ą	7	Notes and loans receivable, ne	1 1				7	
ş	8	Inventories for sale or use					8	
ASSET'S	· a	Prepaid expenses and deferred	charges			8,849.	9	5,253.
3								
	10a	Land, buildings, and equipmen Complete Part VI of Schedule	D	10a				
	h	Less accumulated depreciation	n.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10b	41,593.	35,996.		29,012.
	11	Investments - publicly traded	securities				11	
	12	Investments - other securities	See Part IV, line 11				12	
	13	Investments - program-related	d. See Part IV, line 11				13	
	14	Intendible assets					14	21 000
	15	Other assets, See Part IV, line	11		ورورو والمتاري والمتارية والمتارية والمتارية	240,280.		31,098.
	16	Total accets Add lines 1 throu	ich 15 (must equal line	34)	<u> </u>	300,321.		534,548.
	17	Accounts payable and accrued	expenses			51,694.	4	21,084.
	18	Grants pavable					18	
	19	Deferred revenue					19	
Ļ	20	Tay-exempt hond liabilities					20	
Å	21	Escrow or custodial account	ability. Complete Part I	V of S	Schedule D		21	
Ţ	22							
Į	22	Payables to current and forme highest compensated employer	es, and disqualified per	rsons.	Complete Part II		22	
į	1	of Schedule L					23	
Ş	23	Secured mortgages and notes Unsecured notes and loans pa	payable to unletted thir	niu pe I narli	e	110	24	
	24	Unsecured notes and loans participated of the complete Participated of the	yable to unrelated unit	partic		2,604.	. 25	3,961.
	25	Total liabilities. Add lines 17 t	hands 25					25,045.
	26	Organizations that follow SF	AS 117 check here >	Χ.	nd complete lines			
Ņ		27 through 29 and lines 33 ar	4 34					
A			10.34.			474,629	. 27	509,503.
S	27	Temporarily restricted net ass	ets				28	
\$	29	Dominantly restricted net as	sets				29	
O R		Organizations that do not foll	ow SFAS 117, check h	ere 🟲	and complete			
		lines 30 through 34.	T		_			
FUND	30	Capital stock or trust principa	or current funds				30	<u> </u>
	1 .	Paid-in or capital surplus, or	land, building, or equipr	nent f	und	•	31	
Ă	32		nt, accumulated income	, or of	ther funds	-	32	
BALANCES	33	Total net assets or fund balar	nces			4/4,629		509,503
Š	34		s/fund balances			508,927	. 34	534,548.
B/							•	Form 990 (2010

	3-2934000	Page 12
Reconciliation of Net Assets Check if Schedule O contains a response to any question in this Part XI		<u>,,</u>
Check if Schedule O contains a response to any quasi-		
(A) (inc. 12)	1	<u>955,795.</u>
1 Total revenue (must equal Part VIII, column (A), line 12)	2	920,921.
2 Total expenses (must equal Part IX, column (A), line 20)	3	34,874.
 Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1. 	4	474,629.
3 Revenue less expenses. Subtract line 2 from the 2. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	5	0.
S Other changes in net assets or fund balances (explain in achequie o)		
6 Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	1 _ 1	509,503.
column (B))		
Pan XIII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII	<u></u>	
Check if Schedule O contains a response to any 4	Ī	Yes No
Other		
1 Accounting method used to prepare are to the total		
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?	,,,,,,,,,,,,	2a X
2a Were the organization's financial statements complied by an independent accountant?		2b X
b Were the organization's financial statements audited by an independent accountant?	of the audit	
b were the organization's intended committee that assumes responsibility for oversight c if 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	Of the death	2c X
review, or compilation of its financial statements and selection process during the tax year, explain		
review, or compilation of its financial statements and selection process during the tax year, explain if the organization changed either its oversight process or selection process during the tax year, explain		
in Schedule O.	issued on a	
d if 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		
separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis		
	the Single	1 1
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		3a X
Audit Act and Civib Circular A 1001	thus beginner	
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b
or audits, explain why in Schedule O and describe any stops and the		Form 990 (2010
RAA		

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.

13-2934000

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Employer identification number

-3ΔN-	2 1T7	A KELLY	COMMITTATE	TV MU						1-1	3-Z3.	3 <u>4000</u>		
30.45		Decom	for Dushlin	~ Charity	Status (All organizations i	nust co	mplet	e this	part.)	See in	structi	ons.	·
		Reason	to private	foundation	herause i	it is: (For lines 1 throug	h 11, ch	eck only	one bo	x.)				
	rgai	nization is r	or a private	f churches	or associa	ition of churches descri	bed in s	ection 1	70(b) (1)	(A)(i).				
1		A church,	OUAGUIOU	ooston 171	MAYIYAYii). (Attach Schedule E.))							
2	Н					necession described	in section	on 170(t)(1)(A)(i	ii).				
3		A hospital	or a coopen	ative nospi	cal service	conjunction with a hos	nital des	cribed	in secti c	n 170(b)(1)(A)(ii). Ente	r the hosp	ital's
4														
5		1 170/LVIV	IVINA (COM	ואכש שושוחנ	11.3	a college or university of					nental u	nit descr	ibed in se	ction
6						ernmental unit describe	ed in sec	tion 170	о(ь)(1)(А)(v).	- (- +	ha cener	ral nublic (described
7	X	An organiz	ration that n	ormaily red Yvi). (Com	ceives a su iplete Part	ostantiai part of its sup II.)	Þóst non	i a gora	er ir ner ic	ai uini o	HOHIC	ine genioi	rai pasiis i	2000.1094
8						(b)(1)(A)(vi), (Complete			aanteihu	Hope m	omhers	hin fees	and gros	s receipts
9		from activ	ties related t income an	to its exem id unrelated action 5096	business	more than 33-1/3% of ins — subject to certain taxable income (less supplete Part III.)	action 51	1 tax) f	rom bus	inesses	acquire	3% of its d by the	support f organizat	rom gross ion after
10		An organi:	ration organ	nized and o	perated ex	clusively to test for pub	iic saret	/. See s	ecuon :	isotajta,	h ar antn	out the	nistances	of one or
11		An organi more publ	ration organicly support the type of	nized and o ed organiza supporting	perated ex ations desc organization	clusively for the benefit cribed in section 509(a) on and complete line	le throu	igh 11h.			ction 50	9(a)(3).		
					Time II	· Æ I IVDE III		IUI III II 1	1110414					
e	- [By checki other than	ng this box, foundation	managers	and other	nization is not controlle than one or more public			•					
, f		If the orga	nization rec			mination from the IRS t								
ç		Since Aug	just 17, 200	6, has the	organizatio	on accepted any gift or	countiph	tion fro	m any of	the foll	owing p	ersons?	. :	Yes No
-	•													162 140
		(f) A p	erson who d	irectly or in	ndirectly co	ntrols, either alone or to ported organization?	ogetner	with bei	SUID UC	SCHEU				
		beio	w, the gove	rning body	on describ	ed in (i) above?							11g(i)	
		(ii) A fa	mily memo	erotapers	son describ								11g(i) 11g(ii)	
		nin ∆3	5% controlle			toccribed in (i) or (ii) at								
1		(iii)	3 /0 COI III OIII	ed entity of	a person d	tescribed in (i) or (ii) at	ove?						11g (ii)	
	h	Provide t	e following	informatio	n about the	lescribed in (i) or (ii) at supported organization	oove?	.,					11g (ii)	
<u>-</u>	<u>h</u>	Provide t	ne following	informatio	a person on about the	tescribed in (i) or (ii) at	(iv) i	s the ation in) listed in	(v) Did y	ou notify ization in	(vi) i	s the	11g (ii)	
	<u>h</u>	Provide t	ne following	informatio	n about the	described in (i) or (ii) at supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) i organiz column (i your go docur	s the ation in	(v) Did you the organ	ou notify ization in	(vi) i	sthe	11g (ii)	
	<u>h</u>	Provide t	ne following	informatio	n about the	described in (i) or (ii) at supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) i	s the ation in) listed in verning nent?	(v) Did yo the organ column your su	ou notify ization in () of pport?	(vi) i organiz colur organiz: U.	s the ation in on (i) ad in the s.?	11g (ii)	
	<u>.</u>	Provide t	ne following	informatio	n about the	described in (i) or (ii) at supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) i organiz column (i your go docur	s the ation in) listed in verning nent?	(v) Did yo the organ column your su	ou notify ization in () of pport?	(vi) i organiz colur organiz: U.	s the ation in on (i) ad in the s.?	11g (ii)	
	<u>h</u>	Provide t	ne following	informatio	n about the	described in (i) or (ii) at supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) i organiz column (i your go docur	s the ation in) listed in verning nent?	(v) Did yo the organ column your su	ou notify ization in () of pport?	(vi) i organiz colur organiz: U.	s the ation in on (i) ad in the s.?	11g (ii)	
	<u>h</u>	Provide t	ne following	informatio	n about the	described in (i) or (ii) at supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) i organiz column (i your go docur	s the ation in) listed in verning nent?	(v) Did yo the organ column your su	ou notify ization in () of pport?	(vi) i organiz colur organiz: U.	s the ation in on (i) ad in the s.?	11g (ii)	
	<u>h</u>	Provide t	ne following	informatio	n about the	described in (i) or (ii) at supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) i organiz column (i your go docur	s the ation in) listed in verning nent?	(v) Did yo the organ column your su	ou notify ization in () of pport?	(vi) i organiz colur organiz: U.	s the ation in on (i) ad in the s.?	11g (ii)	
(A)	<u>n</u>	Provide t	ne following	informatio	n about the	described in (i) or (ii) at supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) i organiz column (i your go docur	s the ation in) listed in verning nent?	(v) Did yo the organ column your su	ou notify ization in () of pport?	(vi) i organiz colur organiz: U.	s the ation in on (i) ad in the s.?	11g (ii)	
(A) (B)	<u> </u>	Provide t	ne following	informatio	n about the	described in (i) or (ii) at supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) i organiz column (i your go docur	s the ation in) listed in verning nent?	(v) Did yo the organ column your su	ou notify ization in () of pport?	(vi) i organiz colur organiz: U.	s the ation in on (i) ad in the s.?	11g (ii)	
(A) (B)	<u> </u>	Provide t	ne following	informatio	n about the	described in (i) or (ii) at supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) i organiz column (i your go docur	s the ation in) listed in verning nent?	(v) Did yo the organ column your su	ou notify ization in () of pport?	(vi) i organiz colur organiz: U.	s the ation in on (i) ad in the s.?	11g (ii)	
(A) (B) (C)	<u> </u>	Provide t	ne following	informatio	n about the	described in (i) or (ii) at supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) i organiz column (i your go docur	s the ation in) listed in verning nent?	(v) Did yo the organ column your su	ou notify ization in () of pport?	(vi) i organiz colur organiz: U.	s the ation in on (i) ad in the s.?	11g (ii)	
(A) (B) (C)	<u> </u>	Provide t	ne following	informatio	n about the	described in (i) or (ii) at supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) i organiz column (i your go docur	s the ation in) listed in verning nent?	(v) Did yo the organ column your su	ou notify ization in () of pport?	(vi) i organiz colur organiz: U.	s the ation in on (i) ad in the s.?	11g (ii)	
(A) (B) (C)	<u>.</u>	Provide t	ne following	informatio	n about the	described in (i) or (ii) at supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) i organiz column (i your go docur	s the ation in) listed in verning nent?	(v) Did yo the organ column your su	ou notify ization in () of pport?	(vi) i organiz colur organiz: U.	s the ation in on (i) ad in the s.?	11g (ii)	
(A)	<u> </u>	Provide t	ne following	informatio	n about the	described in (i) or (ii) at supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	(iv) i organiz column (i your go docur	s the ation in) listed in verning nent?	(v) Did yo the organ column your su	ou notify ization in () of pport?	(vi) i organiz colur organiz: U.	s the ation in on (i) ad in the s.?	11g (ii)	
(A) (B) (C) (D)		Provide to	ne following supported zation	(fi)	n about the	described in (i) or (ii) at supported organization (iii) Type of organization (described on lines 1-9 above or IRC section	(v) (your go docur Yes	s the ation in) listed in verning nent? No	(v) Did yo the organ column your su	ou notify ization in a (0 of pport?	(vi) i organiz colur crganiz royu. Yes	s the ation in no () set in the S.?	11g (ii) 11g (iii	

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

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

	on A. Public Support			T	4 7 6000	(e) 2010	(f) Total
beginr	lar year (or fiscal year ning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(1) 10001
1 (Gifts, grants, contributions, and nembership fees received. (Do not include unusual grants.)	388,473.	428,749.	754,532.	800,896.	848,529.	3,221,179.
(Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
1	The value of services or facilities furnished by a governmental unit to the organization without charge		740	754 533	800,896.	848,529.	0. 3,221,179.
4	Total. Add lines 1 through 3	388,473	428,749.	754,532.	000,000.		
-	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)						0.
	Public support. Subtract line 5 from line 4						3,221,179.
	ion B. Total Support		1	**************************************		· · · · · ·	
Caler	ndar year (or fiscal year nning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 4	388,473.	428,749.	754,532.	800,896.	848,529.	3,221,179.
	Gross income from interest, dividends, payments received on securities loans, rents,						
-	royalties and income from similar sources	-			*		0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11	Total support. Add lines 7 through 10			Name of the second		12	3,221,179.
12	Gross receipts from related act	ivities, etc (see in:	structions)	Karinga (Aringa Aring)	i kaja kaj kaja krejasti et		
	First five years. If the Form 99 organization, check this box an	(1 210h uese · · · · ·		nd, third, fourth, c	or fifth tax year as	a section but(c)	(3) ▶∏
	ction C. Computation of P Public support percentage for 2			e 11 column (f))	14	100.0%
	m titl and a second from	, 2000 Schedule A	. Part II. line 14.				100.0%
16:	a 33-1/3% support test — 2010. I	f the organization on qualifies as a po	did not check the ublicly supported o	rganization	ind the time 14 is a		check this box ► X
• • •	b 33-1/3% support test — 2009. I and stop here. The organization	f the organization in qualifies as a po	did not check a bo ablicly supported o	ex on line 13 or 1 rganization	6a, and line 15 is	33-1/3% or more	, check this box
	a 10%-facts-and-circumstances or more, and if the organizatio the organization meets the fac	n meets the Tacts sts-and-circumstar	ices' test. The orga	anization qualifie	s as a publicly su	pported organizat	ion
	b 10%-facts-and-circumstances or more, and if the organizatio organization meets the 'facts-	THEELS THE TACKS	toot The arasmi	zation qualifies a	s a publicly suppo	erted organization	,
18	Private foundation. If the orga	nization did not cl	neck a box on line	13, 16a, 16b, 1/	a, or 170, Gibbs t	HIS DOX BITG SEE II	n 990 or 990-EZ) 2010
BA	A Profession Commence			.*	•	هم بمواضع ما ال	
			TEE 4040	oi 1 <i>010</i> 3/10			
			ieeau40.	<u>a.</u> 12/23/10			

(Complete only if you checked the box on line 9 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.)

	ion A. Public Support		4 . 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
Calend	ar year (or fiscal yr beginning in)	(a) 2006	(b) 2007	(6) 2008	(0) 2.003	(0)20.4	
1	Gifts, grants, contributions and membership fees received. (Do not include any junusual 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						
,	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
-	The value of services or facilities furnished by a governmental unit to the organization without charge						
78	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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.						
8	Add lines 7a and 7bPublic support (Subtract line	i e					· ·
	7c from line 6.)			of \$100, Septem 7 Controls 1, 467 or serious per l'auton			
	tion B. Total Support	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	dar year (or fiscal yr beginning in)	(a) 2000	(0)2007	+	, , , , , , , , , , , , , , , , , , ,		
		ſ	ŀ	1	i		1
9 10:	Amounts from line 6						
10:	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
10:	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 2 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b						
10:	a Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources. 2 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not title business is						
10:	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 51) taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in						
10 11 12	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
10: 11 12 13	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12 First five years. If the Form 99 organization, check this box ar	0 is for the organi ad stop here	zation's first, seco	and, third, fourth,	or fifth tax year as		3) -
10: 11 12 13	a Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins 9, 10c, 11, and 12 First five years. If the Form 9 are the Computation of Part IV.)	0 is for the organi ad stop here ublic Support	Percentage			s a section 501(c)	
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10. 11 12 13 14 See 15	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 3 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add ins 9, 10c, 11, and 12 First five years. If the Form 99 organization, check this box arction C. Computation of Public support percentage for public support percentage from	0 is for the organi d stop here ublic Support 2010 (line 8, colur n 2009 Schedule A	Percentage nn (f) divided by li A, Part III, line 15.	ine 13, column (f)		s a section 501(c)	96
10. 11 12 13 14 See 15	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 3 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add Ins 9, 10c, 11, and 12 First five years. If the Form 99 organization, check this box arction C. Computation of Public support percentage from the sale of capital assets.	0 is for the organi of stop here	Percentage nn (f) divided by li A, Part III, line 15. ome Percenta c; column (f) divid	ine 13, column (f) ge ed by line 13, col) umn (f))	15 16	90
10 11 12 13 14 Se 15 16 Se	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add ins 9, 10c, 11, and 12 First five years. If the Form 99 organization, check this box arction C. Computation of Public support percentage for Public support percentage from ction D. Computation of Investment income percentage	0 is for the organi of stop here. ublic Support 2010 (line 8, colurn 2009 Schedule A vestment Inc. for 2010 (line 10	Percentage nn (f) divided by li A, Part III, line 15. ome Percenta C; column (f) divid	ge ed by line 13, column)	15 16 17 18	96 90 90 96 90
10 11 12 13 14 Se 15 16 Se 17	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. 3 Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. 4 Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. (Add Ins. 9, 10c, 11, and 12 First five years. If the Form 99 organization, check this box arction C. Computation of Public support percentage for Public support percentage from Ction D. Computation of Interestment income percentage Investment income percentage is not more than 33-1/3%, chee	0 is for the organic stop here. ublic Support 2010 (line 8, column 2009 Schedule Anvestment Inc. for 2010 (line 100 from 2009 Schedule It the organizatio ck this box and st	Percentage on (f) divided by li A. Part III, line 15. ome Percenta c; column (f) divid ule A, Part III, line on did not check th op here. The orga	ge ed by line 13, column (f) ed by line 13, column e 17	imn (f)). and line 15 is mo as a publicly sup	15 a section 501(c) 15 a section 501(c) 16 a section 501(c) 17 a section 33-1/3%, poorted organization 16 is more than	% % % % and line 17 n
10 11 12 13 14 Se 15 16 Se 17	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add Ins.9, 10c, 11, and 12 First five years. If the Form 99 organization, check this box are tion C. Computation of Public support percentage for Public support percentage from the sale of capital assets. If the form 99 organization is support percentage from the support percentage from the support percentage from the support percentage from the support percentage investment income percentage investment income percentage in a 33-1/3% support tests — 2010 is not more than 33-1/3%, chebits a support tests — 2010 is not more than 33-1/3%, chebits 10 support tests — 2010 is not more than 33-1/3%.	o is for the organial stop here. ublic Support 2010 (line 8, column 2009 Schedule And Procedure 1009 Schedule 100	Percentage on (f) divided by li A, Part III, line 15. ome Percenta c; column (f) divid ule A, Part III, line op here. The orga on did not check a c and stop here. T	ge ed by line 13, column e 17. he box on line 14, nization qualifies box on line 14 or the organization qualities	imn (f)) and line 15 is mo as a publicly sup- line 19a, and line yalifies as a publi	s a section 501(c) 15 16 17 18 re than 33-1/3%, ported organization 16 is more than city supported organization city supported organizati	% % % % % % % % % % % % % % % % % % %
10 11 12 13 14 Se 15 16 Se 17	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. Add lines 10a and 10b. Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.). Total support. (Add Ins. 9, 10c. 11, and 12 First five years. If the Form 99 organization, check this box arction C. Computation of Public support percentage for Public support percentage for Ction D. Computation of Investment income percentage Investment income percentage investment income percentage in sort more than 33-1/3% support tests — 2010, is not more than 33-1/3%, cheep line 18 is not more than 33-1/3%.	o is for the organial stop here. ublic Support 2010 (line 8, column 2009 Schedule And Procedure 1009 Schedule 100	Percentage on (f) divided by li A. Part III, line 15. Dome Percenta C; column (f) divid ule A, Part III, line on did not check th op here. The orga or did not check a c and stop here. T neck a box on line	ge ed by line 13, column e 17. he box on line 14, nization qualifies box on line 14 or the organization qualities	and line 15 is mo as a publicly sup line 19a, and line ualifies as a publi check this box an	s a section 501(c) 15 16 17 18 re than 33-1/3%, ported organization is more than city supported organizations disee instructions	and line 17 n [33-1/3%, and anization]

Schedule A	(Form 990 or 990-	EZ) 2010	BANANA	KELLY	COMMUN.	LIA TWER	OAPMENT	ASSUC	13-23341)00.	Page 4
And Se	Supplemental Part II, line 17 (See instruction	Informati a or 17b:	ion. Comp and Part	olete this III, line	part to 12. Also	provide the complete	e explana this part f	tions requier any add	ired by Hi ditional in	art II, IIne formation	
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Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF

OMB No. 1545-0047

2010

Employer identification number Name of the organization 13-2934000 BANANA KELLY COMMUNITY IMPROVEMENT ASSOC Organization type (check one): Section: Filers of: 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.) General Rule Special Rules X For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts 1 and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ, that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc. purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc. purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it must answer 'No' on Part IV, line 2 of their Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Schedule	B (Form 990, 990-EZ, or 990-PF) (2010)	Page 1	or 1 Orrares
lame of orga	mization	, , ,	934000
BANANA	KELLY COMMUNITY IMPROVEMENT ASSOC	113-2	334000
	Contributors (see instructions.)	•	
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LOCAL INITIATIVE SUPPORT 501 7TH AVE NY NY 10018 NEW YORK, NY 10013	\$ <u>149,211.</u>	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	FOOTHOLD TECHNOLOGY 58 EAST 11TH ST NY NY 10003 NEW YORK, NY 10065	\$7,000	Person X Payroli Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7:		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) Numbe	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash

(Complete Part II if there is a noncash contribution.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

e it elles	Noncash Property (see instructions.)	· · ·	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	N/A		
	WA		
		-	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Parti			
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147		\$	
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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		_ \$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
Part I			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
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			T ++ 000 PE (00)
BAA	Sc	hedule B (Form 990, 990-E	Z, OF 330-PF) (20

of Part III

Name of organization BANANA KELLY COMMUNITY IMPROVEMENT ASSOC Employer identification number

13-2	93	40	00	

DESTRITATE !	14444	00111011			P 41 P . 3		/O\ ~~ /1/\
- TO		* / Li	a abaritable e	de individual	contributions to	Section buller/	, (8), or (10) ad the following line entry.
Li Li	LXCIU:	s <i>iveiv</i> religiol	15, Cilalitable, e	ic, muriamon	001101144110110 10		nd the following line entry.
	1			-an C 1 888 fo	r the Veat C omplete	e cols (a) through (e) at	id the tollowing line entry.
	Organi	zations aggr	egating more u	1411 41,000 10	Lette Acres combions	toolo (m) amonga (a)	
	VI SWIII		- 9				

	or organizations completing Part III, enter to outributions of \$1,000 or less for the year. (THOI BIO MICHINGOOT COOK	ions.)
(a) . from art l	(b) Purpose of gift	(c) Use of gift	Description of how gift is held
	/A		
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		Transfer of gift	Relationship of transferor to transferee
	Transferee's name, address	s, and ZIP + 4	Relationiship of transferor to transferes
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. from	Purpose of gift	Use of gift	Description of how gift is held
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		(a)	
		(e) Transfer of gift	
	Transferee's name, addres		Relationship of transferor to transferee
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· .		(c)	(d)
(a) o. from	(b) Purpose of gift	Use of gift	Description of how gift is held
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	Transferee's name, addres	Transfer of gift	Relationship of transferor to transferee
1	Fransièree's name, addres	3, 4110 ,	
r		•	
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(a)	(b)	(c)	(d)
(a) o. from Part i		(c) Use of gift	(d) Description of how gift is held
(a) o. from Part I	(b)		(d)
(a) o. from Part I	(b)		(d) Description of how gift is held
(a) p. from Part I	(b)	Use of gift	(d) Description of how gift is held
(a) o. from Part i	(b)	Use of gift (e)	(d) Description of how gift is held
(a) o. from Part I	(b) Purpose of gift	Use of gift (e) Transfer of gift	(d) Description of how gift is held
(a) o. from Part I	(b)	Use of gift (e) Transfer of gift ss, and ZIP + 4	(d) Description of how gift is held
(a) o. from Part I	(b) Purpose of gift	Use of gift (e) Transfer of gift	(d) Description of how gift is held
(a) o. from Part I	(b) Purpose of gift	Use of gift (e) Transfer of gift ss, and ZIP + 4	(d) Description of how gift is held Relationship of transferor to transferee
(a) o. from Part I	(b) Purpose of gift Transferee's name, addres	Use of gift (e) Transfer of gift ss, and ZIP + 4	(d) Description of how gift is held
o. from Part I	(b) Purpose of gift Transferee's name, addres	Use of gift (e) Transfer of gift ss, and ZIP + 4	(d) Description of how gift is held Relationship of transferor to transferee
(a)), from Part I	(b) Purpose of gift Transferee's name, addres	Use of gift (e) Transfer of gift ss, and ZIP + 4	Description of how gift is held Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Employer identification number

	TARROTTENER ACCOL		13-2934000	
BAN	ANA KELLY COMMUNITY IMPROVEMENT ASSOC Organizations Maintaining Donor Advised Funds or Other	r Similar Funds o	r Accounts. Complete	if
130	the organization answered 'Yes' to Form 990, Part IV, line	6.		
		inds	(b) Funds and other acco	unts
		urico		
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year		hisod	
5	Did the organization inform all donors and donor advisors in writing that the funds are the organization's property, subject to the organization's exclusive			No
6	Did the organization inform all grantees, donors, and donor advisors in writing used only for charitable purposes and not for the benefit of the donor or donor purpose conferring impermissible private benefit?	or advisor, or for any o	ther Yes	No No
	purpose conferring impermissible private benefit: Conservation Easements. Complete if the organization a	nswered Yes to F	Offit 950, Fart IV, mile	
1	Purpose(s) of conservation easements held by the organization (check all the	ist sphis).	historically important land a	
-	Preservation of land for public use (e.g., recreation or education)	Preservation of an i	nistorically important land a ertified historic structure	
	Protection of natural habitat	Preservation of a co	CHANCA HISTORIC SUCCORC	
	 		om of a consensation easen	nent on the
2	Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation last day of the tax year.	n contribution in the io	Held at the End of the	
			2a	
			2b	
1	Total acreage restricted by conservation easements.	in (n)	2c	 .
4	notal acreage restricted by conservation a certified historic structure included the conservation easements on a certified historic structure included	ın (a)	20	
	d Number of conservation easements included in (c) acquired after 8/17/06, a structure listed in the National Register.	nd not on a historic	2d	
- 3	Number of conservation easements modified, transferred, released, extingu		The organization during the	
4	Number of states where property subject to conservation easement is locally	ed >		
5	Does the organization have a written policy regarding the periodic monitoring	ng, inspection, handling	of violations, Yes	No No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	conservation easement	is during the year	
-	Amount of expenses incurred in monitoring, inspecting, and enforcing cons	ervation easements du	ring the year	
7	<u>. č</u>	_		
8	Does each conservation easement reported on line 2(d) above satisfy the research (2) 2 and portion 170(h)(4)(R)(i)?	equirements of section	Yes	☐ No
9	In Part XIV, describe how the organization reports conservation easements include if applicable, the text of the footnote to the organization's financial	in its revenue and exp statements that descri	pense statement, and balan- ibes the organization's acco	ce sheet, and unting for
	conservation easements.	I Treasures, or Of	ther Similar Assets.	7 .
_	Complete if the organization answered 163 to 10111 33	And the state of t		
1	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to art, historical treasures, or other similar assets held for public exhibition, eart, historical treasures, the footpate to its financial statements that describe	o report in its revenue s ducation, or research in es these items.	statement and balance snee n furtherance of public servi	et works of ice, provide,
	b If the organization elected, as permitted under SFAS 116 (ASC 958), to replicate historical treasures, or other similar assets held for public exhibition, education.	port in its revenue state ation, or research in fur	ement and balance sneet witherance of public service,	provide the
	(i) Revenues included in Form 990, Part VIII, line I.			
	following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X.		pancial dain, provide the fol	llowing
:	 (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other amounts required to be reported under SFAS 116 (ASC 958) relating to the Revenues included in Form 990, Part VIII, line 1. 	ner similar assets for fill ese items:	rianciai gain, provide die ioi	iio wii ig
	a Revenues included in Form 990, Part VIII, line 1			
	t a set to had din Form 998 Part X		· · · · · · · · · · · · · · · · · · ·	

Schedule D (Form 990) 2010 BANANI	A KELLY COM	MUNITY	IMPROVEM	ENT ASSOC		13-293	4000		age 2
Schedule D (Form 990) 2010 BANAIVE Organizations Maintain	nina Collectio	ns of Art,	Historica	l Treasures, o	or Other S	<u>imilar Ass</u>	ets (co	ntinue	<u>≥d)</u>
3 Using the organization's acquisition	n, accession, and	other recor	ds, check ar	y of the following	g that are a s	ignificant us	e of its c	ollection	า
items (check all that apply):				hange programs					
a Public exhibition		. d		mange programs	•				
b Scholarly research		. e	Other					-	
c Preservation for future general	tions			fuller the ereer	nization'e eve	ampt purpose	e in		
Preservation for future general Provide a description of the organi Part XIV.				and franciscos	or other simil	lar			
 5 During the year, did the organization assets to be sold to raise funds raise 	on solicit or recei ther than to be m	ive donation: laintained as	s of art, nistons part of the	organization's co	llection?		Yes		No
Escrow and Custodial 9, or reported an amou	Arrangement int on Form 9	90, Part X	ete it orga (, line 21.	nizauon answ	vereu res	W I GIIII .	990, Pa	irt IV,	line
1a is the organization an agent, trust	ee, custodian, or	other interm	nediary for co	ontributions or ot	her assets no	ot	Yes] No
b If 'Yes,' explain the arrangement is	n Part XIV and co	omplete the	following tab	le:		, 			
·						· · · · · · · · · · · · · · · · · · ·	Amount		
c Beginning balance	, , , , , , , , , , , , , , , , , , ,			,	1c				
A Additions during the year				• • • • • • • • • • • • • • • • • • •	····				
- Distributions during the year					16				
(F. Ji beleven									-
2a Did the organization include an ar	nount on Form 99	90, Part X, li	ine 21?				Yes	L	No
and the second s	a Dat VIV								
Endowment Funds. Co	mplete if the	organizati	on answe	red 'Yes' to Fo	orm 990, F	<u> Part IV, lin</u>	<u>ie 10.</u>		
Endowment unds. co	(a) Current year	(b)	Prior year	(c) Two years be	ack (d) Ti	rree years back	(e) F	our years	back
5 Deciminant way balance					\$ 550				
1 a Beginning of year balance b Contributions								-	
	·								
c Net investment earnings, gains, and losses					and or has across				
d Grants or scholarships			•					i est Alaye	F
e Other expenditures for facilities									
and programs									34.7
f Administrative expenses				 					
g End of year balance	<u> </u>		 			and the second second	and the comment of the		
2 Provide the estimated percentage	of the year end	balance held	d as:		· ·				
a Board designated or quasi-endow	ment 🟲								
b Permanent endowment	ું જ								
c Term endowment ▶	8				•				
3a Are there endowment funds not in	n the possession	of the organ	nization that	are held and adn	ninistered for	'the .	, · [Yes	No
organization by: (i) unrelated organizations							3a(i)		
(i) unrelated organizations							3a(ii)		
b if 'Yes' to 3a(ii), are the related of		ud se remiére	d on Schedi	ıle R?			3b		
b if 'Yes' to 3a(ii), are the related of	nyanizadons iist	as redaile	ndowment fi	inds.		1 7	 ;		
and the second s	treas of the area							•	
4 Describe in Part XIV the intended	uses of the orga	ee Form	990 Part	X line 10					
4 Describe in Part XIV the intended Land, Buildings, and Description of investment	Equipment. S	Cost or other	er basis (b) Cost or other	(c) Acc	cumulated eciation	(d) E	Book va	ilue
Land, Buildings, and Description of investment	Equipment. S	ee Form S	er basis (x, line to.	(c) Acc depr	umulated eciation	(d) E	Book va	ilue
Description of investment 1a Land.	Equipment. S (a)	Cost or other	er basis (b) Cost or other	(c) Acc depr	umulated eciation	(d) E	3ook va	ilue
Description of investment 1 a Land. b Buildings.	Equipment. S (a)	Cost or other	er basis (b) Cost or other basis (other)	depr	cumulated eciation	(d)		
Description of investment 1 a Land. b Buildings. c Leasehold improvements.	Equipment. S (a)	Cost or other	er basis (b) Cost or other basis (other)	depr	eciation	(d) E	13,	, 283
Description of investment 1 a Land. b Buildings.	Equipment. S (a)	Cost or other	er basis (b) Cost or other basis (other)	depr	1,067.	(d) E	13,	, 283 , 729

THE STATE SHEET AND SHEET STATES TO SHEET STATES ST	מאיי אבבטר	13-293400)0 Page
dule D (Form 990) 2010 BANANA KELLY COMMUNITY IMPROVEM	Inancial Statements	47,477	· · · · · · · · · · · · · · · · · · ·
Reconciliation of Change in Net Assets from Form 990 to Audited F Total revenue (Form 990, Part VIII, column (A), line 12).	Didition order		955,795
Total revenue (Form 990, Part VIII, column (A), line 12). Total expenses (Form 990, Part IX, column (A), line 25). Excess or (deficit) for the year. Subtract line 2 from line 1.			920,921
Total expenses (Form 990, Part IX, column (A), line 23)			34,874
Excess or (deficit) for the year. Subtract line 2 from line 1. Net unrealized gains (losses) on investments.			
Net unrealized gains (losses) on investments. Donated services and use of facilities. Investment expenses.			
Donated services and use of facilities		********	
Investment expenses			
many to the control of the Control o	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Complete Com	nes 3 280 S		34,874
The state of Dayanua per Audited Financial Diale	illigiitə satrii iseseiir	ie per Return	
Total revenue, gains, and other support per audited financial statements		1	955,795
Amounts included on line 1 but not on Form 990, Part VIII, line 12;			
Net unrealized gains on investments	2a		
Donated continue and use of facilities	69		
Recoveries of prior year grants	2e		
ran manualla la Bad VIIA	ァ t t '* - 1		
Add lines 2a through 2d:			
Subtract line 2c from line 1			955,795
Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV.)	4b		
- Add lines As and Ah		4c	
This must equal Form 990 Part I line	12.)	5	955,79
will beconciliation of Fynenses per Audited Financial Sta	itements with Expe	nses per Return	
Total expenses and losses per audited financial statements.	********	1	920,92
Amounts included on line 1 but not on Form 990, Part IX, line 25:			u Kan 145
Donoted convices and use of facilities	2a		× 2
h Drior year adjustments	2b		
c Other losses	2c		٠
4 Other (Describe in Part XIV.)	2d		
ο Add lines 2a through 2d		2e	
Subtract line 2e from line 1		3	920,92
Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investments expenses not included on Form 990, Part VIII, line 7b	4a		•
a Investments expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV.)	4b	4-	
		4c	920,92
Total expenses, Add lines 3 and 4c. (This must equal Form 990, Part I, Iir	18 (O.)		754,75
Supplemental Information nolete this part to provide the descriptions required for Part II, lines 3, 5, and to line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part additional information.	t 9: Part III, lines 1a and XIII, lines 2d and 4b. Als	4; Part IV, lines 1b a complete this part	and 2b; to provide
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		<u> </u>	le D (Form 990) 2

Schedule D (Form 990) 2010 BA	NANA KELLY	COMMUNITY	IMPROVEM	ENT ASSO	<u></u>	13-2934	000	Page 5
Supplemental Inf	ormation (col	ntinued)		 		·· <u>·</u>		<u> </u>
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* Note and and one one have been then and one was made after one one of the a							·	
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ВАА		11	EEA3305L 07/16/	10		Sche	dule D (Form	990) 20

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.

OMB No. 1545-0047 **2010**

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization	13-2934000
BANANA KELLY COMMUNITY IMPROVEMENT ASSOC	
FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER	
BOARD MEMBERS - SEE 990 PART VII	
FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVE	ERNING BODY
BOARD MEETINGS	
FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY	MEMBERS OR SHAREHOLDERS
	سه جيد
FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS	
REVIEW WITH ORGANIZATION'S MANAGEMENT	
FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS	
PERIODIC REVIEW AT BOARD MEETINGS	
FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY A	VAILABLE
NO DOCUMENTS AVAILABLE TO THE PUBLIC.	
	· .
	

 $(x_1, x_2, \dots, x_n, x_n, x_n, \dots, x_n, x_n, \dots, x_n, \dots, x_n) = (x_1, \dots, x_n, \dots, x_n)$

Form **8868** (Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMR No. 1545-1709

Department of the Treasury Internal Revenue Service File a separate application for each return. If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box..... If you are filling for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits. Part Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only..... All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns. Feologer identification number Name of exempt organization Type or print 13-2934000 BANANA KELLY COMMUNITY IMPROVEMENT ASSOC Number, street, and room or suite number. If a P.O. box, see instructions. File by the due date for filing your return. See 863 PROSPECT AVENUE City, town or post office, state, and ZIP code. For a foreign address, see instructions. etr intinus BRONX, NY 10459 01 Enter the Return code for the return that this application is for (file a separate application for each return). . . . Application Return Return Application Code Code is For is For 07 01 Form 990-T (corporation) Form 990 02 Form 1041-A 08 Form 990-BL Form 4720 09 03 Form 990-EZ 04 Form 5227 10 Form 990-PF Form 6069 11 05 Form 990-T (section 401(a) or 408(a) trust) 12 Form 8870 Form 990-T (trust other than above) The books are in the care of ► TAXPAYER FAX No. F Telephone No. ► 718-328-1064 If the organization does not have an office or place of business in the United States, check this box..... . If this is for the whole group, If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) check this box. ► . If it is for part of the group, check this box. ► | and attach a list with the names and EINs of all members the extension is for. 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 10 or ____, 20 ___, and ending tax year beginning 2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a if this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any 3a Ş nonrefundable credits. See instructions ... b if this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made, Include any prior year overpayment allowed as a credit зы\$ 0. c Balance due: Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions..... ٥.

payment instructions.

BAA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for