Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury

Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A			2022 calend	dar year, or tax year beg	inning				and end			, 20
В			plicable:	C Name of organization B	ANANA KEI	LY COMMUNITY	IMPRO	VEMENT .	ASSOCI	ATION, I	NC Emplo	yer identification number
Ö		ess chi		Doing business as								13-2934000
님				Number and street (or P.O.)	hov if mail is not d	elivered to street address)			Room/su	iite	E Teleph	ione number
님		e chan	_	863 PROSPECT		,						(718) 328-1064
님		return		City or town, state or province		P or foreign postal code					G Gross	receipts
님			/terminaled	Bronx, NY 104		or lotting it posters are					\$	3,133,122
님		nded re		A STATE OF THE PARTY OF THE PAR						H(a) Is this a	group return fo	or subardinales? Yes X No
Ш	Appli	cation	pending	F Name and address of princip	pai officer.							s included? Yes No
-	1-181 NO	e e il il e e e	V	Д) (insert n	o.) 4947(a)(1) or		27		7		t. See instructions
<u></u>	1150-1150-1			501(c)(3) 501(c) () (insert n	5.) U 4947(8)(1) 01				H(c) Group		
1	Webs			ww.bkcianyc.org		Out -	T ₁	Year of form	alion: 19		State of lega	
K			panization: X		ssociation	Other		Teal Orionii	ation. 25	1 1 1 1		
P	art I		Summar			nimificant activities:	TO II	DCDADE	DETER	ORATED	NEIGH	BORHOODS IN THE
0		1	Briefly descr	ribe the organization's mis	ssion or most:	significant activities.	TDENTE	OF THE	CITY	TN TMPR	OVING	THEIR COMMUNITIES
					ASSIST L	OW INCOME RES	IDENIS	OF THE	CIII	The Truth	OTING	
Governance		2	AND THEM	<u>iselves</u>					_			6
Lug				<u> </u>				nore then '	250/ of its	net secote		
o Ve		2	Check this b	oox [] if the organization	discontinued	its operations or disp	oseu or i	HOLE MENT	20/18/01/16	1100 00000	13	13
Ú		3	Number of v	voting members of the gov	verning body	(Part VI, line 1a)	0 453	• * *O*O*			4	9
Activities &		4	Number of i	independent voting membe	ers of the gov	erning body (Part VI	, иле то)	* *:*::	F 85000	5 505305	5	75
ıti.		5	Total numbe	er of individuals employed	in calendar y	ear 2022 (Part V, line	e 2a) .	• • • • • •	5 55575	* ***	6	
į		6	Total numbe	er of volunteers (estimate i	if necessary)	* **** * * ****	• *0000	*C* * 8383			7a	0
٩		7a -	Total unrela	ited business revenue from	n Part VIII, co	lumn (C), line 12	* * (*)*()	* * * * * *			7b	0
_		b	Net unrelate	ed business taxable incon	ne from Form	990-T, Part I, line 11	* * (*)					Current Year
										Prior Year		1,965,749
		8	Contribution	ns and grants (Part VIII, lin	ne 1h) 🗼 👵		* * * *	** * * * *	•		0,366	1,167,373
9		9	Program se	rvice revenue (Part VIII, li	ne 2g) . 💀	** **** * * * *	* * * * *		• —	92.	2,952	1,167,373
Revenue	1	10	Investment i	income (Part VIII, column	(A), lines 3, 4	, and 7d)			• -			
Re	1	11 (Other reven	ue (Part VIII, column (A),	lines 5, 6d, 8d	, 9c, 10c, and 11e)		• • • • •	٠ 🛌			2 122 122
	_ 1	12	Total revenu	ue - add lines 8 through 11	(must equal	Part VIII, column (A)	, line 12)			2,70	3,318	3,133,122
	1	13	Grants and	similar amounts paid (Par	t IX, column (A), lines 1-3)			٠ 📙			<u> </u>
	- 1	14	Benefits pai	id to or for members (Part	IX, column (A	(), line 4)		• • • •	٠ 📙			1 000 003
		15	Salaries, oth	her compensation, employ	ee benefits (F	art IX, column (A), li	nes 5-10)			2,00	8,229	1,880,003
S	1	l6a	Professiona	ıl fundraising fees (Part IX	(, column (A),	line 11e)		• • • • •				0
Expenses		b '	Total fundra	aising expenses (Part IX, o	column (D), lin	e 25)			0			4 400 000
Ä		17	Other expen	nses (Part IX, column (A),	lines 11a-11d	,11f-24e)		• 9 9 9 90			6,808	1,429,293
	- 1	18	Total expens	ses. Add lines 13-17 (mu	st equal Part	X, column (A), line 2	5)				5,037	3,309,296
	_ 1	19	Revenue les	ss expenses. Subtract lin	e 18 from line	12				(1,57	1,719)	(176,174)
_	9									inning of Cur		End of Year
ž	i di	20	Total assets	s (Part X, line 16)							8,339	3,086,502
3	Bal		Total liabiliti	ies (Part X, line 26)							3,416	1,089,206
	22	22	Net assets	or fund balances. Subtra	ct line 21 from	line 20				2,17	4,923	1,997,296
D	art l		Signatu	re Block								
Un	der pe	nalties	s of perjury, I de	eclare that I have examined this re eclaration of preparer (other than	etum, including ac	companying schedules and	d statements	, and to the be	est of my kni	owledge and b	elief, it is	2
tru	e, com	ect, ar	nd complete. De	aclaration of preparer (other than	officer) is basin o	A A A A	Tara IIIas	arry knowledg	·-			PRAMERILI
			HOPE	E BURGESS NA	V. U	ע זעו ענג.	\cup_{-}				L	11/10/6000
Si	gn	- 1	Signature of offi	icer	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	- go					Dal	le !
He	re		HOPE	BURGESS, PRESID	ENT	U						
		- 1-	Type or print na									
-				reparer's name	Preparer's sig	nature		Date		Check	X if	PTIN
Pa	id		Rowan (Creary, CPA	Rowan C	reary, CPA		11-07-2	2023	self-er	nployed	P00952643
-	epa	TOF	Firm's name		RY CPA PC					Firm's EIN		
	•	nly		101.0.0		VE STE 15				Phone no.		
JS	-	····y	rims addres		Stream N						718-	706-6768
Ma	u the	lb6	discuse this	s return with the preparer	shown above	? See instructions						Yes X No
ivid	y ure	: IL/O	CENTRE CENTRE	STORBIT MILLING PROPRIET	TO STATE OF THE PARTY OF THE PA							

-cem	990 (2022) BANANA KELLY COMMUNITY IMPROVEMENT ASSOCIATION, INC	13-2934000	Page 2
	rt III Statement of Program Service Accomplishments		_
_	Check if Schedule O contains a response or note to any line in this Part III		<u>L</u>
1	Briefly describe the organization's mission:		
	TO UPGRADE DETERIORATED NEIGHBORHOODS IN THE CITY OF NEW YORK AND TO ASSIST	LOW INCOME RE	ESIDENTS
	OF THE CITY IN IMPROVING THEIR COMMUNITIES AND THEMSELVES		
2	Did the organization undertake any significant program services during the year which were not listed on the		-
	prior Form 990 or 990-EZ?	∐ Yes ⊠	No
3	Did the organization cease conducting or make significant changes in how it conducts, any program		
-	services?	Yes M	<u>C</u> No
	If "Yes," describe these changes on Schedule O.	red hv	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measurexpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others.	
	the total expenses, and revenue, if any, for each program service reported.		
_	(Code:) (Expenses \$ 2,208,081 including grants of \$) (Revenue	\$ 2,749,	,241)
4a	LOW INCOME HOUSING SUPORT PROGRAM: SERVING OVER 1,000 FAMILIES BY PROVIDING	AND ASSISTING	IN THE
	MAINTENANCE OF AFFORDABLE HOUSING, HEALTH, EDUCATION AND OTHER SERVICES. SER	VICES.	
	(Revenue	\$ 355	,081)
4b	(Code:) (Expenses \$520,754 including grants of \$) (Revenue SUPPORTIVE HOUSING RENTAL ASSISTANCE PROGRAM: SERVING OVER 60 INDIVIDUALS A	ND FAMILIES,	
	WHOM WERE FORMERLY HOMELESS, AND ALL OF WHOM EITHER HAVE OR HAVE A FAMILY M	EMBER WHO HAS	A
	DEVELOPMENTAL OR PHYSICAL DISABILITY. SERVICES INCLUDED OBTAINING AND RETAI	NING AFFORADA	BLE
	HOUSING, CAREER DEVELOPMENT, SOBRIETY MAINTENANCE SERVICES, JOB REFERRALS,	AND MORE.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue	\$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 2,728,835		- 000 /2022

Checklist of Required Schedules Part IV Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 2 X 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to x Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 X election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 x Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 X Did the organization receive or hold a conservation easement, including easements to preserve open space, X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," **b** Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more 11b X c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 11c X d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Was the organization included in consolidated, independent audited financial statements for the tax year? If X_ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 13 14a X Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate \mathbf{X} Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 15 X for any foreign organization? If "Yes," complete Schedule F, Parts II and IV.......... Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 X_ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 X_ 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 19 x X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 X

Pai	TIV Checklist of Required Schedules (continued)		Yes	No
	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
22	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		<u>x</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		<u>X</u>
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c	_	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	_	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			2223
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u>x</u>
Ь	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?	256		W.
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		х
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II.	20		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		x
	persons? If "Yes," complete Schedule L, Part III	V-Y		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,	1.71		
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV.	28a		x
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
Ь	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
С	"Yes," complete Schedule L, Part IV	28c		x
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			
00	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.	31		X
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 L	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV. and Part V. line 1	34	Х	_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	-
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	254		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	-
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	26		U
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	-	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	37		v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	31		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	38	x	
_	19? Note: All Form 990 filers are required to complete Schedule O	30		_
Par	Statements Regarding Other IRS Filings and Tax Compliance			П
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		1.50	
1a	Effet the fullibet reported in day 3 of 1 of it 1000. Effet of it 1101 department of it			50.
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		14.1	
С	reportable gaming (gambling) winnings to prize winners?	1c		х
EEA	reportable gaming (gambing) withings to prize without.	Forr	n 990	(2022)

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Par			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
2.0	Statements, filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
44	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x
ь.	If "Yes," enter the name of the foreign country			
Ь	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	(
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x
Ь	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
6a	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		x
	organization solicit any contributions that were not tax declarated as organization solicit any contributions or If "Yes," did the organization include with every solicitation an express statement that such contributions or			
b	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		x
	and services provided to the payor?	7b		
Ь	If "Yes," did the organization notify the donor of the value of the goods of services provided. 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1			
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		х
	required to file Form 8282?			
d	If "Yes" indicate the number of Fortis 6262 filed duffing the year.	7e		ж
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 f		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		8	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
	sponsoring organization have excess business holdings at any time during the year?		-	
9	Sponsoring organizations maintaining donor advised funds.	9a		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9ь		
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter:	. 10-		
а	Initiation rees and capital contributions included on that vin, into the state of t	1		b
b	Gross receipts, included on Form 990, Part Vin, line 12, for public disc of class admitted		1	
11	Section 501(c)(12) organizations. Enter:	100		
а	Gross income from members or shall enoughs			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	anainst amounts due of received iturit incib./ • • • • •	12a		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b	7 100		
b	If "Yes," enter the amount of tax-exempt merest received of accided during the yes.			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	15 the organization hourses to local quality			
	Note: See the instructions for additional information the organization must report on Schedule O.			8 -
Ь	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified fleatit plans			
С	Enter the amount of reserves our manu.	14a		х
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14b		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	1-10		1
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x
	excess parachute payment(s) during the year?	19		+^-
	If "Yes," see the instructions and file Form 4720, Schedule N.	16		x
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	10		1^
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities	4-		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17	-	+
	If "Yes," complete Form 6069.	_	000	(2022

13-2934000

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Part VI

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
500	ction A. Governing Body and Management			
Sec	Clion A. Governing Body and management		Yes	No
4.	Enter the number of voting members of the governing body at the end of the tax year			
1a	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
	Enter the number of voting members included in line 1a, above, who are independent			
ъ 2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
_	any other officer, director, trustee, or key employee?	2		x
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors, 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 since the prior Form 990 was filed?.	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
_	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			16-
•	the year by the following:	- 10		
а	The governing body?	8a	X	_
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	9		_X_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		x
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	4.51		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	_
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	42-		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13.	12a	X	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	-
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	v	
	describe on Schedule O how this was done	12c	x	_
13	Did the organization have a written whistleblower policy?	14	X	\vdash
14	Did the organization have a written document retention and destruction policy?	14	^	
15	Did the process for determining compensation of the following persons include a review and approval by		100	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	х	
а	The organization's CEO, Executive Director, or top management official	15b		x
b	Other officers or key employees of the organization	100		<u> </u>
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		x
	with a taxable entity during the year?	100	Q.	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its		1	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	16b		
	organization's exempt status with respect to such arrangements?	100		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed New York List the states with which a copy of this Form 990 is required to be filed New York List the states with which a copy of this Form 990 is required to be filed New York			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)			
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Over website X Another's website X Upon request Other (explain on Schedule O)			
	1 Owl McDalle Allogoro Allogoro -			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,			
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records.			
	HOPE BURGESS (718) 328-1064, 863 PROSPECT AVE, Bronx, NY 10459		- 000	(2022)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- · List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - · List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- · List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- · List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- · List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization nor any rela		ion co	mper	nsat	ed a	ny cun	ent	officer, director, or	trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	bax	cer and	Pos eck m ss per d a di	rson is rector	han one s both are (frustee) Highest compensated		(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) HOPE_BURGESSPRESIDENT	40.00	x		x				138,905	0	0
(2) LIDO GORI CONSTRUCTION MANAGER	40.00					х		102,654	0	0
(3) BRIAN F SAHD CHIEF FINANCIAL OFFICER	40.00			x				94,141	0	0
(4) HAROLD DERIENZO PRESIDENT EMERITUS SPECIAL ADVISOR	40.00	x		x				88,426	0	0
(5) ANNE HOCKENBERRY CHIEF FINANCIAL OFFICER	40.00	x		x				14,981	0	0
(6) WANDA SWINNEY MEMBER	1.00	x						× 0	0	0
(7) KELLY WOODS MEMBER	1.00	х						0	0	0
(8) WANDA SALAMAN MEMBER	1.00	x						0	0	0
(9) JANICE SINGLETON TREASURER	1.00	х						0	0	0
(10)LEE ALLEN VICE CHAIRPERSON	1.00	х						0	0	0
(11)REV. THEODORA BROOKS CHAIRPERSON	1.00	х						0_	0	0
(12)EDNA LINDQUIST MEMBER	1.00	х						0	0	0
(13)SONYA FERGUSON MEMBER	1.00	ж						0	0	0
(14)SUSAN CAMERATA MEMBER	1.00	x						0	0	0

	compensation from the organization. Report compensation for the calendar year end (A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed at received more than \$100,000 of compensation from the organization	pove) who	

Page 9 13-2934000 BANANA KELLY COMMUNITY IMPROVEMENT ASSOCIATION, INC Form 990 (2022) Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D) (C) Revenue excluded Total revenue Unrelated Related or exempt from tax under business revenue function revenue sections 512-514 1a Federated campaigns 1a 1b b Contributions, Gifts, Grants and Other Similar Amounts 1c d Related organizations 1d 1,666,909 Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above 1f 298,840 g Noncash contributions included in 28,800 1g S 1,965,749 h Total. Add lines 1a-1f **Business Code** 245,945 245,945 532000 2a RENTAL INCOME 109,136 Program Service Revenue 532000 109,136 b RENTAL INCOME CELLTOWER 531310 810,357 810,357 C MONITORING AND MGMT FEE 1,935 1,935 531390 d OTHER INCOME f All other program service revenue 1,167,373 3 Investment income (including dividends, interest, and Income from investment of tax-exempt bond proceeds (ii) Personal 6a Gross rents 6a 6b b Less: rental expenses . . c Rental income or (loss) d Net rental income or (loss) (i) Securities 7a Gross amount from sales of assets other than inventory 7a **b** Less: cost or other basis 7b and sales expenses . . Other Revenue c Gain or (loss) 7c 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities, See Part IV, line 19 9a c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10b b Less: cost of goods sold c Net income or (loss) from sales of inventory . . . **Business Code** Miscellanous Revenue 11a

3,133,122

1,167,373

0

0

d All other revenue e Total. Add lines 11a-11d

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (B) (C) (A) Total expenses Do not include amounts reported on lines 6b, 7b, Program service Management and general expenses 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign 3 organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 290,630 45,822 336,452 trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and 172,454 1,093,793 1,266,247 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 19,817 125,688 145,505 9 17,950 131,799 113,849 10 Fees for services (nonemployees): 11 48,491 7,645 56,136 157 1,153 996 89,490 89,490 C Professional fundraising services. See Part IV, line 17 . Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column 4,062 25,760 29,822 (A) amount, list line 11g expenses on Schedule O.) . . 10,421 10,421 12 39,397 6,212 45,609 13 146 1,074 928 14 15 52,319 512,127 564,446 16 6,011 38,124 44,135 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 1,451 9,202 10,653 Conferences, conventions, and meetings 19 12,753 12,753 20 21 24,450 24,450 Depreciation, depletion, and amortization 22 4,253 31,227 26,974 23 Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 41,532 41,532 a BAD DEBT EXPENSE 75,952 11,975 87,927 b OFFICE SUPPLIES 27,119 172,005 199,124 C REPAIRS AND MAINTENANCE 11,881 75,359 87,240 d UTILITIES 12,541 79,560 92,101 e All other expenses 0 580,461 2,728,835 Total functional expenses. Add lines 1 through 24e. . 3,309,296 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here | if following SOP 98-2 (ASC 958-720) . .

Form 990 (2022)

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 138,547 1 219,067 Cash - non-interest-bearing 2 Savings and temporary cash investments 2 127,500 3 3 1,033,582 4 659,799 4 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 8 9 13,513 Prepaid expenses and deferred charges Land, buildings, and equipment cost or other 10a 266,562 basis. Complete Part VI of Schedule D 106,838 82,388 10c b Less: accumulated depreciation 10b 184,174 11 11 12 Investments - other securities. See Part IV, line 11 12 13 13 14 14 1,831,985 2,221,622 15 15 3,086,502 Total assets. Add lines 1 through 15 (must equal line 33) 3,348,339 16 16 566,164 470,306 17 17 80,000 160,000 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, 22 -iabilities trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 537,893 23 437,850 23 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 5,192 25 5,217 1,089,206 1,173,416 26 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 1,974,379 1,976,173 27 27 22,917 28 198,750 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 32 1,997,296 2,174,923 33 3,086,502 3,348,339

Form	990 (2022) BANANA KELLY COMMUNITY IMPROVEMENT ASSOCIATION, INC	13-293	4000	Pa	age 12
	t XI Reconciliation of Net Assets				_
	Check if Schedule O contains a response or note to any line in this Part XI			• • •	Ш
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	,133,	_
2	Total expenses (must equal Part IX, column (A), line 25)	2		,309,	
3	Revenue less expenses. Subtract line 2 from line 1	3		(176,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	,174,	923
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		(1	453)
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
10	32, column (B))	10	_1	,997	296
Dar	rt XII Financial Statements and Reporting				
rai	Check if Schedule O contains a response or note to any line in this Part XII				
_	Crieck in Scriedale O contains a response of theta to any			Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other			7.0	1
'	If the organization changed its method of accounting from a prior year or checked "Other," explain on				
	Schedule O.				
20	Were the organization's financial statements compiled or reviewed by an independent accountant?	,	. 2a		X
Za	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:			1	
	Separate basis Consolidated basis Both consolidated and separate basis		1 61	1	
ь	Were the organization's financial statements audited by an independent accountant?		. 2b	х	
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	Separate basis				
c	that the second development of the second se				
C	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.				
2-	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
Şđ	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
L	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
ט	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	required dudit of dudito, engineer mily off-defined to a state of the		Fo	m 990	(2022)

EEA

SCHEDULE A (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for Instructions and the latest information. Employer identification number

Name of the organization 13-2934000 BANANA KELLY COMMUNITY IMPROVEMENT ASSOCIATION, INC Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For Ilnes 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vI). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 12 one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving a the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, c its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (v) Amount of monetary (vi) Amount of (III) Type of organization (Iv) Is the organization (ii) EIN (i) Name of supported organization other support (see support (see listed in your governing (described on lines 1-10 instructions) instructions) above (see instructions)) Yes No (A) (B) (C) (D) (E)

13-2934000

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				1.00004	(*) 2022	(f) Total
Calen	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(i) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						7 077 001
	include any "unusual grants.")	986,042	1,027,771	1,417,893	1,780,366	1,965,749	7,077,821
2	Tax revenues levied for the						
	organization's benefit and either paid to						N.
	or expended on its behalf						
3	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	886,042	1,027,771	1,417,893	1,780,366	1,965,749	7,077,821
5	The portion of total contributions by	T-uu					
J	each person (other than a	100			A THE RES	0.0	II.
	governmental unit or publicly		1 7	Te I -		STATE OF	1
	supported organization) included on		E SE			1 A 12 2	
	line 1 that exceeds 2% of the amount					6 m	
	shown on fine 11, column (f)	A CONTRACTOR				THE REPORT OF	56,637
_	Public support. Subtract line 5 from line 4.					The second	7,021,184
6 Sacti	on B. Total Support						
Secu	dar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
Calen 7	Amounts from line 4	886,042	1,027,771	1,417,893	1,780,366	1,965,749	7,077,821
	Gross income from interest, dividends,	555/012					
8	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources				886,589	1,165,438	2,052,027
	Net income from unrelated business						
9							
	activities, whether or not the business						
4.0	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets				36,363	1,935	38,298
	(Explain in Part VI.)						9,168,146
11	Total support. Add lines 7 through 10 Gross receipts from related activities, etc.	(coo instruction	ne)			12	
12	First 5 years. If the Form 990 is for the or	. (See manuch respiration's fi	ret except th	ird fourth or f	ifth tax vear as	a section 50	1(c)(3)
13	organization, check this box and stop her	rganization s ii	rst, second, tri	ira, ioarai, or i	mir tax you. =		
	organization, check this box and stop her	et Percentag		******* * ******			
	on C. Computation of Public Support Public Support Public Support Percentage for 2022 (line 6	s column (f) o	livided by line	11 column (f))		14	76.58 %
14	Public support percentage for 2022 (fine to Public support percentage from 2021 Sch	o, coluinii (i), c	II line 14	11, 00.0	10.7031.0 Ta D	15	74.69 %
15		ization did no	check the ho	on line 13 ar	nd line 14 is 33	1/3% or more	e, check this
16a	box and stop here . The organization qua	lifice on a pub	lich supported	organization			x
_	33 1/3% support test - 2021. If the organ	illines as a pub	t check a hov o	organization in line 13 or 16	Sa and line 15	is 33 1/3% or	more, check
b	this box and stop here . The organization	avalifies as a	nublicly suppo	rted organizat	ion.		
	10%-facts-and-circumstances test - 20	qualifies as a	publicly suppo	t check a box	on line 13, 16a	or 16b, and	line 14 is
17a	10%-racts-and-circumstances test - 20. 10% or more, and if the organization mee	zz. 11 u le vi ya to the facts ar	d-circumetano	es test check	this box and st	top here. Ext	olain in
	Part VI how the organization meets the fa	ets the lacts-ar	notaneos tost	The organizati	ion qualifies as	a publicly su	pported
	Part VI how the organization meets the fa	icis-and-circur	natanices test.	THE OIGHNIZAN	on quannos as	en en en en en en	n
	organization	04	riantian did an	t check a box	on line 13 162	16b or 17a	and line
Ь	10%-facts-and-circumstances test - 20	21. If the orga	nı∠auon did no	t clieck a nox	shock this hove	and ston her	e. Explain
	15 is 10% or more, and if the organization	n meets the fa	cis-anu-circum	stances test, t	ration qualifies	as a publicly	supported
	in Part VI how the organization meets the	racis-and-circ	umstances tes	st. THE OIYAHIZ	ation qualifies	TO A PADION	
	organization	na se se sense es se Labarant alba a lla a	hav an line 12	16a 16h 17	a or 17h chec	k this box and	
18	Private foundation. If the organization d	io noi check a	DOX OF HITE 13	, 10a, 10b, 17			П
	instructions			• • • • • • •	A HILL CONTRACT	Sched	ule A (Form 990) 2022

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.

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

Name of the organization

BANANA KELLY COMMUNITY IMPROVEMENT ASSOCIATION, INC

13-2934000

Organization type (check one): Section: Filers of:) (enter number) organization Form 990 or 990-EZ X 501(c)(3 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. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

BANANA KELLY COMMUNITY IMPROVEMENT ASSOCIATION, INC

Employer identification number

13-2934000

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is r	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	FEDERATION OF PROTESTANT WELFARE 40 BROAD STREET 5TH FL New York NY 10004	\$10,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	UNITED WAY 120 WALL STREET New York NY 10005	\$20,000	Person Rayroli Dayroli Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	THE M&T CHARITABLE FOUNDATION 350 PARK AVE 6TH FL New York NY 10022	\$10,000	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ENTERPRISE 70 CORPORATE CENTER SUITE 700 Columbia MD 21044	\$25,000	Person K Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization 13-2934000 BANANA KELLY COMMUNITY IMPROVEMENT ASSOCIATION, INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts, Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II | Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements included in (c) acquired after July 25, 2006, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

Schodul	e D (Form 990) 2022 BANANA KELLY CO	MMUNITY IMPRO	OVEMENT	ASSOCI	ATION, INC	:	13-2934		Page 2
Parl	III Organizations Maintaining	Collections of	Art, Hist	orical T	reasures,	or Ot	her Similar As	sets (cc	ontinued)
3	Using the organization's acquisition, access	ion, and other record	ls, check ar	y of the fol	llowing that ma	ake sig	nificant use of its		
3	collection items (check all that apply):								
-	Public exhibition		d [Loan or	exchange pro	gram			
a	Scholarly research								
Ь									
C	Preservation for future generations Provide a description of the organization's c	allections and evolai	n how they	further the	organization's	s exem	pt purpose in Part		
4		onections and explan	ii iioii aloj		3				
	XIII. During the year, did the organization solicit of	ivo donations	of art histor	rical treası	res or others	similar			
5	During the year, did the organization solicit	to be maintained as	nad of the	organizatio	n's collection)		Yes	No No
	assets to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Pan	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form								
		answered res	OII I OIII	1 550, 1 6	uit 14, 11170 (,	оролого		
	990, Part X, line 21.	·	inni for con	tributions e	or other assets	e not			
1a	Is the organization an agent, trustee, custod	ian or other intermed	lary for con	ti ibulions c	JI Olikei dassela	3 1101		. TYes	s 🗌 No
	included on Form 990, Part X?	• • • • • • • • • •		****** * ** !=:		. •	*** * ****** * *	. 🗀	
ь	If "Yes," explain the arrangement in Part XII	l and complete the fo	bilowing tab	ie.			Am	ount	
							-	Odni	
C	Beginning balance					10			
d	Additions during the year				****	10	-		
е	Distributions during the year		• • • • •			1e			
f	Ending balance			• • • • •		1f		Пус	s No
2a	Did the organization include an amount on F	form 990, Part X, line	e 21, for esc	crow or cus	stodial accoun	t liabili	y? • • • • • • • •	. U 16:	
b	If "Yes," explain the arrangement in Part XII	I. Check here if the e	explanation	has been j	provided on P	art XIII			· U
Par	Part V Endowment Funds.								
	Complete if the organization	answered "Yes"	on Forn	1 990, P				1	
-		(a) Current year	(b) Prid	or year	(c) Two years	back	(d) Three years back	(e) Four	r years back
1a	Beginning of year balance								
b	Contributions							-	
С	Net investment earnings, gains, and								
	losses							-	
d	Grants or scholarships								
е	Other expenditures for facilities and								
	programs								
f	Administrative expenses							-	
g	End of year balance							J	
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g,	column (a)) held as:				
а	Board designated or quasi-endowment	%							
ь	Permanent endowment %)							
C	Term endowment %								
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the poss	ession of the organiz	zation that a	are held an	nd administere	d for th	е		
	organization by:								Yes No
	(i) Unrelated organizations	****						. 3a(i)	
	(ii) Related organizations							. 3a(ii)	
ь	If "Yes" on line 3a(ii), are the related organi	zations listed as requ	uired on Sc	hedule R?		300		. 3b	
4	Describe in Part XIII the intended uses of the								
	VI Land Buildings, and Equi	oment.							
I di	Complete if the organization	answered "Yes"	on Forn	n 990, P	art IV, line	11a. S	See Form 990,	Part X,	line 10.
-	Description of property	(a) Cost or oth			r other basis		Accumulated	(d) Boo	ok value
	Description of property	(investm			olher)	c	epreciation		
4-	Land								
1a	Land	374350							
b	Buildings	V4.1400	25,785				11,892		13,893
C	Leasehold improvements	1310 20	56,985				156,610		375
d	Equipment		83,792				15,672		68,120
- e	Other STMD1 Add lines 1a through 1e. (Column (d) must			n (B), line	10c.)				82,388
ı otal.	Add lines 12 unough 1e. [Column (d) must	oquai i Oilli aav, Fa		1-0,					000) 202

Page 2

D-4 V/II	Investments - Other Securities.	
Part VIII	Myestillelits - Other Securities.	rm 000 Bort IV line 11b See Form 990 Part X
-	- · · · · · · · · · · · · · · · · · · ·	rm 000 Part IV, line 11b, See Form 990, Part A.

Part VII	Complete if the organization answered "	Yes" on Form 990, I	Part IV, line	11b. See Form	990, Part X, line 12.
	(a) Description of security or category		ook value	(c) Meth	od of valuation:
	(including name of security)	(4, 5		Cost or end-	of-year market value
(1) Financial	derivatives				
	eld equity interests				
(3) Other					
(A)					
(B)					
(C)					
(D)					
_(E)					
_(F)					
(G)					
_(H)		25.00.5.000.000			
	nn (b) must equal Form 990, Part X, col. (B) line 12.). Investments - Program Related.				
Part VIII	Complete if the organization answered	'Yes" on Form 990.	Part IV, line	11c. See Form	990, Part X, line 13.
			ook value	(c) Met	nod of valuation:
	(a) Description of investment	(6)	DOK VAIGE		of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total, (Colum	nn (b) must equal Form 990, Part X, col. (B) line 13.).	644 X K K			
Part IX	Other Accets				200 D 1V E 45
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line	11d. See Form	990, Part X, line 15.
	(a) Desc				(b) Book value
(1DUE FR	OM BUILDINGS				1,436,47
	RECEIVABLE				390,31
	CTED CASH RESIDENTS COUNCIL				5,19
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					1,831,98
Total. (Colun	nn (b) must equal Form 990, Part X, col. (B) line 15.).				1,031,50
Part X	Other Liabilities.	ID (II = 000	Deat N/ line	110 or 11f Soc	Form 990 Part X
	Complete if the organization answered	"Yes" on Form 990,	Pail IV, IIII	FILE OF THE OCC	7 () () () () () ()
	line 25.				
1.	(a) Description of liability	(b) Book value			
	income taxes	- 40			
(2RESTRI	CTED CASH RESIDENTS COUNCIL	5,19	2		
(3)					
(4)					
_(5)			25.51		
(6)					
(7)					
(8)					
(9)					
Total /Column	thi must equal Form 990, Part X, col. (B) line 25.)	5,19	4		

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

SCHEDULE M (Form 990)

Department of the Treasury

Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

BANANA KELLY COMMUNITY IMPROVEMENT ASSOCIATION, INC

Employer Identification number

Part	I Types of Property			(-)			-	_
-5		(a)	(b)	(c) Noncash contribution	Method o	(d) of determ	inina	
		Check if	Number of contributions or	amounts reported on	noncash con	tribution	amou	ınts
		applicable	items contributed	Form 990, Part VIII, line 1g	(IO) IOGOTI SOTA			_
1	Art - Works of art							_
2	Art - Historical treasures						_	_
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							_
7	Boats and planes						_	_
8	Intellectual property							
9	Securities - Publicly traded						_	
10	Securities - Closely held stock							_
11	Securities - Partnership, LLC,							
	or trust interests						_	_
12	Securities - Miscellaneous							_
13	Qualified conservation							
	contribution - Historic							
	structures							_
14	Qualified conservation							
	contribution - Other						_	_
15	Real estate - Residential						_	_
16	Real estate - Commercial						_	_
17	Real estate - Other						_	
18	Collectibles						_	
19	Food inventory						_	_
20	Drugs and medical supplies						_	
21	Taxidermy						-	-
22	Historical artifacts						_	
23	Scientific specimens						_	
24	Archeological artifacts						_	
25	Other (OFFICE SPACE)	Х	1	28,800	FMV		_	
26	Other ()							
27	Other (
28	Other (
29	Number of Forms 8283 received by the	organization	during the tax year for contribu	tions for				
	which the organization completed Form	8283, Part V	, Donee Acknowledgement		29		. 1	
						-	Yes	No
30a	During the year, did the organization rec	eive by conti	ibution any property reported i	n Part I, lines 1 through				
	28, that it must hold for at least three year	rs from the o	late of the initial contribution, a	nd which isn't required to be				
	used for exempt purposes for the entire	holding perio	od?		*** * ******	30a	_	X
ь	If "Yes," describe the arrangement in Pa							
31	Does the organization have a gift accept	tance policy	that requires the review of any	nonstandard				
•	contributions?				****	31	_	X
32a	Does the organization hire or use third p	arties or rela	ated organizations to solicit, pro	cess, or sell noncash				2511
-14	contributions?				**** * * * * * * * * * * * * * * * * *	32a		х
ь	If "Yes." describe in Part II.					100	10	
33	If the organization didn't report an amou	nt in column	(c) for a type of property for wh	ich column (a) is checked,			1	
	describe in Part II.							

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 13-2934000 BANANA KELLY COMMUNITY IMPROVEMENT ASSOCIATION, INC. 01. Form 990 governing body review (Part VI, line 11) PRESIDENT HOPE BURGESS PERFORMS A PRELIMINARY REVIEW OF FORM 990 AND SUPPLEMENTAL SCHEDULES. ALL CHANGES ARE MADE AND A FINAL REVIEW PERFORMED WITH BOARD. FINAL FORM 990 IS SUBMITTED TO BOARD FOR SECOND SIGNOFF. 02. Conflict of interest policy compliance (Part VI, line 12c) ANNUALLY THE BOARD REVIEWS THE CONFLICT OF INTEREST POLICY AND SIGN OFF THAT THEY HAVE NO UNDISCLOSED CONFLICTS. ANY CONFLICTS IS ALSO BROUGHT FORWARD FOR DISCUSSION AT THAT TIME. 03. CEO, executive director, top management comp (Part VI, line 15a) OFFICERS AND KEY EMPLOYEES COMPENSATION IS REVIEWED ANNUALLY BY THE BOARD TO ENSURE THAT THEY ARE IN LINE WITH OTHER EXECUTIVES IN SIMILAR INDUSTRIES 04. Governing documents, etc, available to public (Part VI, line 19) ALL GOVERNING DOCUMENTS BOOKS AND RECORDS ARE MAINTAINED AT 863 PROSPECT AVENUE BRONX NEW YORK AND ARE AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

2022

Open to Public

Department of the Treasury		Attach to horm see. Go to www.irs.gov/Form990 for instructions and the latest information.	erm 990.	est information.		_ (Inspection
Name of the organization	MOROVEMENT ASSOC	C				Employer identifii 13-2934000	Employer identification number 13-2934000
Part I	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form	if the organization ar	swered "Yes" o		990, Part IV, line 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	Primar	(b) Primary activity			(e) End-of-year assets	(f) Direct controlling entity
(3)							
(2)							
(3)							
(4)							
(5)							
Part II	Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	ions. Complete if the ng the tax year.	organization a	nswered "Yes" on	Form 990, Part I	V, line 34 becau	se it had
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Sec. 512(b)(13) controlled entity? Yes No
(1)							
(2)							
(3)							
(4)							
(5)							

BANANA KELLY COMMUNITY IMPROVEMENT ASSOCIATION, INC

Part III because it had one or more related organizations treated as a partnership during the tax year.

BANANA KELLY COMMUNITY IMPROVEMENT ASSOCIATION, INC

13-2934000

Part III because it had one or more related organizations treated as a partnership during the tax year.

		(4) 630 HONGWOOD AVENUE OD, 13-3011(42	BEO LONGWOOD AVENUE HD		(3)	71 788 FOX STREET HDFC, 13-3248030		(2) /83 BECK STREET HDFC, 13-334/130	CHAIR MERCENS ADDR COL		(1) tead to mestenbotte av, to to:	1244-46 WESTSTREET AV 13-3347761		(a) Name, address, and EIN of related organization	Part IV line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	(5)	(4)	(3)	(2)	(1)		related organization	lof	5000000 To 10000 OT 10000
866 BECK STREET HDEC, 13-3255549		LOW INCOME		HOUSING	LOW INCOME		HOUSING	LOW INCOME		HOUSING	LOW INCOME	7761		Piri	ganizations T								(b) Primary activity	
LOW INCOME	47	COME		4 2	ME		41	EMO	ľ		OME			(b) Primary activity	Taxable as a d organization						country)	(state or foreign		-
	HOUSING			HOUSING			HOUSING			HOUSING				(c) Legal domicile (state or foreign country)	Corporations treated as							omey	ling	
	BANANA			BANANA			ING BANANA KELLY			BANANA				(d) Direct controlling entity	n or Trust. (a corporatio						sections 512-514)	unrelated, excluded from	(e) Predominant income (related.	
	KELLY C C			KELLY C C		1	റ		1	KETTA C C					complete if the nor trust dur								Share of total	,
	Corp			Corp			Corp		6	Corp				(e) Type of entity (C corp, S corp, or trust)	ne organizati							,	(g) Share of end-of- year assets	
														Share of total income er	on answere /ear.						Yes No		(n) Disproportionate allocations?	7.1
														(g) Share of end-of-year assets	d "Yes" on Fi							amount in box 20 of Schedule K-1 (Form 1065)	Code V-UBI	/11/
													4	(h) Percentage Serownership	orm 990, Pa						Yes No	partner?	General or	***
												+	Yes No	(I) Section 512(b)(13) controlled entity?	IT IV							ownership	Percentage	

Schedule R (Form 990) 2022	BANANA KELLY	BANANA KELLY COMMUNITY IMPROVEMENT ASSOCIATION, INC	ROVEMENT ASSO	CIATION, INC				13-2934000		Page 2
Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.	Related Organiza or more related	tions Taxable as organizations trea	a Partnership ted as a partne	 Complete if the rship during the 	e organizati tax year.	on answere	d "Yes" on	Form 990, P	art IV, line	
(a)	(b)	(c)	(d)	(e)	3	(9)	(h)	(1)	6	Ê
Name, address, and EIN of related organization	Primary activity	S 7 7 8	ralling V	Predominant income (related, unrelated, excluded from tax under ta	Share of total income	Share of end-of- year assets	Disproportionate ellocations? Yes No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner? Yes No	Percentage ownership
(1)										
(2)										
(3)										
(4)										
(5)										
Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	Related Organiz t had one or more	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization a line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	s a Corporatio tions treated as	a corporation o	plete if the r trust durin	organization organization organization of the tax years	ear.	d Yes on Fo	om 990, Pa	an IV,
(a) Name, address, and EIN of related organization	organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	Direct controlling entity	(e) Type of entity (C corp. S corp. or	(e) Type of entity (C corp. S corp. or Inust)	fotal	(g) Share of end-of-year assets	(h) Percentage Se	(I) Section 512(b)(13) controlled entity?
(1) BANANA KELLY LONGWOOD, 38-3694210		OW INCOME								Yes
		OUSING	HOUSING	NG BANANA KELLY	o O	dro				
(2) BANANA KELLY PROSPECT,	38-3694211	OUSING	HOUSING	NG BANANA KELLY	TY C Corp	- Ip				
(3) BANANA KELLY UNION HDF,	DF, 38-3694215	OW INCOME								
		ROUSING	HOUSING	NG BANANA KELLY	TX C Corp	dī				
(4) MARIA & BERARDO HOUSES, 13-4056778	ES, 13-4056778	HOUSING	HOUSING	ING BANANA KELLY	n	Corp	10			
(5) EK SIMPSON DAWSON HDFC,	FC, 61-1718965	LOWN INCOME			a					
	2-2-	HOUSING	HOUS	HOUSING BANANA KELLY	വ	Corp	_			

Schedule R (Form 990) 2022	BANANA KELLY COMMUNITY IMPROVEMENT ASSOCIATION, INC	MUNITY I	MPROVEMENT 1	ASSOCIATION, II	ດັ			13-2934000		Page 2
Identification	Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34,	s Taxable	as a Partners	ship. Complete i	f the organiza	ition answere	d "Yes" or	1 Form 990, Pa	art IV, line	34,
because it had	because it had one or more related organizations treated as a partnership during the tax year	nizations	reated as a pa	rtnership during	the tax year.					
(a)	(b)	(c)	(b)	(e)	3	(g)	Œ	9	S	Ē
Name, address, and EIN of related organization	Primary activity	Legal domicite (state or	Direct controlling entity	Predominant Income (related, unrelated,	Share of lotal income	Share of end-of- year assets	Disproportionate allocations?	Code V-UBI amount in box 20 of Schedule K-1	General or managing partner?	Percentage ownership
		foreign		excluded from				(Form 1065)		
		country)		sections 512-514)			Yes No		Yes No	
(1)										
(2)			¥.							
(3)										
(4)										
(5)										
						on not beautiful to	-		200	111
١	Identification of Related Organizations Taxable as a Corporation or Trust. Complete if t	ns Taxabl	e as a Corpor	ation or Trust. (Complete if the	e organization	on answere	he organization answered "Yes" on Form 990, Part IV,	rm 990, Pa	AI JJE
				The second secon	100	The town				
Part IV line 34, becau	line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	ited organ	izations treated	d as a corporation	n or trust dur	ing the tax yo	эаг.			

ווווכ טדן טכטמטטט זי וומם טווס טי וווסיט	o louded or Service							
(a)	(b)	(c)	(a)	(e)	3			9
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Type of entity	Share of total	_	Percentage	Section 512(b)(13)
		(state or foreign country)	entity	(C corp, S corp, or trust)	income	end-of-year assets		enlity?
								Yes No
(1) 830 FOX STREET HDFC, 01-0869756								
	LOW INCOME							
	HOUSING	HOUSING	HOUSING BANANA KELLY	C Corp				
(2) 824-834 E 161ST STREET, 13-3642906								
	LOW INCOME				_			
	HOUSING	HOUSING	HOUSING BANANA KELLY	C Corp				
(3) OTHER BUILDINGS,								
	LOW INCOME							
	HOUSING	HOUSING	HOUSING BANANA KELLY	C Corp				
(4)								
(5)								

Part V Transactions with Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

			7
Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		:	Yes
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in	ations listed in Parts II-IV?	1-IV?	4
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			
c Gift, grant, or capital contribution from related organization(s)			16
d Loans or loan guarantees to or for related organization(s)			10
e Loans or loan guarantees by related organization(s)			· · · · · · · · · · · · · · · · · · ·
f Dividends from related organization(s)		• • • • • • • • • • • • • • • • • • • •	: : :
_			19
Purchase of assets from related organization			
with related organization(s)			
	• • • • • • • •		
lease of facilities againment or other assets from related prognization(s)			,
Performance of services or membership or fundraising solicitations for related organization(s)			=
m Performance of services or membership or fundraising solicitations by related organization(s)			in in
			1n
o Sharing of paid employees with related organization(s)	• • • • • • • •		
p Reimbursement paid to related organization(s) for expenses	• • • • • • • • • • • • • • • • • • • •		
r Other transfer of cash or property to related organization(s)			17
S Other transfer of cash or property from related organization(s) 1 If the answer to any of the above is "Yes" see the instructions for information on who must complete this line, including covered related to the above is "Yes" see the instructions for information on who must complete this line.		ationships and transaction thresholds.	holds.
		(c)	(b)
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
(1)1244-46 WESTCHESTER AVENUE HDFC	Q.	45,010	PAYMENT RECEIVED OR MADE
(2)783 BECK STREET HDFC	ρ.	457,841	PAYMENT RECEIVED OR MADE
(3)788 FOX STREET HDFC	ρ.	162,705	PAYMENT MADE OR RECEIVED
(4)850 LONGWOOD AVENUE HDFC	<u>ο</u> .	111,497	PAYMENT MADE AND RECEIVED
(5)866 BECK STREET HDFC	ρ.	142,986	PAYMENT MADE AND RECEIVED
(6)BANANA KELLY LONGWOOD HDFC	Q.	263,320	PAYMENT MADE AND RECEIVED

Part V Transactions with Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

(6)824-834 E 161ST STREET HDFC	(5)830 FOX STREET HDFC	(4)BK SIMPSON DAWSON HDFC	(3)MARIA & BERARDO HOUSES HDFC	(2)BANANA KELLY UNION HDFC	(1)BANANA KELLY PROSPECT AVENUE HDFC	Name of related organization		- 1	Other transfer of cash or property from related organization(s)	r Other transfer of cash or property to related organization(s)	q Reimbursement paid by related organization(s) for expenses	p Reimbursement paid to related organization(s) for expenses	o Sharing of paid employees with related organization(s)	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		Performance of services or membership or fundralsing solicitations for related organization(s)	k ease of facilities, equipment or other assets from related organization(s)	J Lease of facilities, equipment, or other assets to related organization(s)	i Exchange of assets with related organization(s)	Purchase of assets from related organiza	Sale of assets to related organization(s)	f Dividends from related organization(s)	Color of the state	loans or loan guarantees by related organization(s)	loans or loan guarantees to or for related organization(s)	Gift, grant, or capital contribution from related organization(s		a Receipt of (i) interest, (ii) annuities, (III) royalties, or (Iv) rent from a controlled entity	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.
Ω	ρ.	Q.	Q.	ρ	<u>α</u>	Transaction type (a-s)	(b)	luding covered relationships							• • • • • • • • • • • • • • • • • • • •	•						*****						* * * * * * * * * * * * * * * * * * * *	anizations listed in Parts	
13,408	47,943	61,625	314,170	55,997	223,650	Amount involved	(c)	ips and transaction thresholds.		•						•													II-IV?	
PAYMENT MADE AND RECEIVED	PAYMENT MADE AND RECEIVED	PAYMENT MADE AND RECEIVED	PAYMENT MADE AND RECEIVED	PAYMENT MADE AND RECEIVED	PAYMENT MADE AND RECEIVED	Method of determining amount involved	(d)	sholds.	· · · · · · · · · · · · · · · · · · ·	1	1q	1p	10	in In	1m	1				15	19			1e	1d	1c	1b	2		Yes No

Part V Transactions with Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Schedule R (Form 990) 2022	Sched			EEA
				(6)
				(5)
				(4)
				(3)
				(2)
AND RECEIVED	PAYMENT MADE A	(232,728)	Q.	(1)OTHER BUILDINGS
		STATE OF STA	lyps (a-s)	Name or related organization
amount Involved	(d) Method of determining amount involved	(c)	(b)	Name of extended constraints
		ationships and transaction thresholds		2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered rel
s				s Other transfer of cash or property from related organization(s)
=		000 + 0000 + 0 0000	* * ***** * * ***** * *	r Other transfer of cash or property to related organization(s)
ā	***************************************			q Reimbursement paid by related organization(s) for expenses
ם ל		***		p Reimbursement paid to related organization(s) for expenses
•				
10				
3				n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
ā	*******			m Performance of services or membership or fundraising solicitations by related organization(s)
=		* * ****** * * ****** * *		Performance of services or membership or fundraising solicitations for related organization(s)
ĸ				k Lease of facilities, equipment or other assets from related organization(s)
		* * * * * * * * * * * * * * * * * * * *		J Lease of facilities, equipment of other assets to related organization(s)
=				i Exchange of assets with related organization(s)
5				h Purchase of assets from related organization(s)
				g Sale of assets to related organization(s)
=		· 医原子 · 医香子 · ·		f Dividends from related organization(s)
6	• • • • • • •			e Loans or loan guarantees by related organization(s)
à	• • • • • • • • • • • • • • • • • • • •		• • • • • • • • • • • • • • • • • • • •	d Loans or loan guarantees to or for related organization(s)
ਨ				c Gift, grant, or capital contribution from related organization(s)
B	:			
8				a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
	T	-IV?	anizations listed in Parts II-IV?	1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in
Tes No	1			Note: Complete line 1 If any entity is listed in Parts II, III, or IV of this schedule.

13-2934000

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets

4562

Department of the Treasury

Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Identifying number

Sequence No. 179

Business or activity to which this form relates Name(s) shown on return 13-2934000 FORM 990 - 1 BANANA KELLY COMMUNITY IMPROVEME Part! | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 1 2 Total cost of section 179 property placed in service (see instructions) 2 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 (b) Cost (business use only) (c) Elected cost (a) Description of property 6 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 9 Tentative deduction. Enter the smaller of line 5 or line 8 9 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 . . . 13 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II | Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 14,670 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 9,780 17 MACRS deductions for assets placed in service in tax years beginning before 2022 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (g) Depreciation deduction (e) Convention (f) Method (business/investment use (a) Classification of property placed in period only-see instructions) service 19a 3-year property 5-year property C 7-year property d 10-year property e 15-year property f 20-year property S/L 25 yrs. g 25-year property MM S/L 27.5 yrs. h Residential rental MM S/L 27.5 yrs. property S/L MM 39 yrs. Nonresidential real S/L MM Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System S/L 20a Class life S/L 12 yrs. b 12-year S/L MM 30 yrs. c 30-year MM 40 yrs. d 40-year Part IV Summary (See instructions.) 21 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions _ . . 22 24,450 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

		FOR YOUR RECOR Federal Supporting		2022	PG01
Name(s) as shown on return BANANA KELLY	COMMUNITY	IMPROVEMENT ASS	OCIATION, INC	Tax ID Numbe	3-2934000
	Form 990	- Schedule D -	Part VI - Line	. 1e Sta	atement #Dle
		Investments -	Other		D - ala
		Investments - Cost/basis	Other Cost/basis		Book Value
of Investment		Investments - Cost/basis (Investment)	Other	Depr 981	Value
Description of Investment HVAC SOFTWARE		Investments - Cost/basis	Other Cost/basis (Other)	Depr	Book Value 17,51: 50,60:

990	Overflow Statement (This page is not filed with the return. It is for your records only.)	2022 Page 1
Name(s) as shown on return	(This page to the three that are re-	FEIN
BANANA KELLY	COMMUNITY IMPROVEMENT ASSOCIATION, INC	13-2934000

Description		Amount
CORPORATE CONTRIBUTIONS	\$	264,990
INDIVIDUAL CONTRIBUTIONS		5,050
INDIVIDUAL CONTRIBUTIONS	Total: \$	270,040

Form 990	Schedule A	, Line 5 - Exc	ess 2% Limit	Schedule A, Line 5 - Excess 2% Limitation Contributors	utors		
Worksheet	(This pa	age is not filed with the	This page is not filed with the return. It is for your records only.)	ecords only.)		2022	
None (c) to the up of refug	1111	90.00				Tax ID Number	
Name(s) as snown on Healty COMMUNITY IMPROVEMENT ASSOCIATION, INC	ENT ASSOCIATION	INC				13-2934000	
20/ of the amount on Schodule A. Part II. line 11 column (f)	imn (f)						183,363
	(a)	(d)	(c)	@	(e)	3	(g)
North	2018	2019	2020	2021	2022		Excess contributions
į							(col. (f) minus
FEDERATION OF PROTESTANT WELFARE					10,000	10,000	
INTERN WAY				220,000	20,000	240,000	56,637
CALLED				20,000	10,000	30,000	
THE MAT CHARITABLE FOUNDATION						125 000	

Total

56, 637