Form **990**

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

Open to Public Inspection

A	For	the	2023 calend	lar year, or tax year begin	ining		, 202	3, and endi	ng		, 20
В	Chec	ck if ap	oplicable:	C Name of organization BA	NANA KEL	LY COMMUNITY	IMPROVEMENT	ASSOCIA	ATION, IN	C Empl	oyer identification number
	Addr	ress cl	nange	Doing business as							13-2934000
	Nam	ne cha	nge	Number and street (or P.O. bo	x if mail is not de	elivered to street address)		Room/sui	te E	Telep	phone number
	Initia	al retur	n	863 PROSPECT A	VE						(718) 328-1064
	Final	l retun	n/terminated	City or town, state or province,	, country, and ZII	or foreign postal code				G Gros	s receipts
	Amei	ended i	retum	Bronx, NY 1045	9					\$	3,421,054
Ē	Appli	lication	pending	F Name and address of principa					H(a) Is this a gr	oup return	for subordinates? Yes X No
									H(b) Are all su		
1	Tax-	exem	ot status:	501(c)(3) 501(c)() (insert no	.) 4947(a)(1) or	527		If "No," a	ttach a lis	st. See instructions
J	Web	site:		w.bkcianyc.org					H(c) Group ex	emption	number
ĸ	Form	n of or			ociation	Other	L Year of for	mation: 197	8 M St	ate of leg	gal domicile: NY
Pá	art I		Summar	y							
_	Т	1		ribe the organization's miss	ion or most s	ignificant activities:	TO UPGRADE	DETERI	ORATED N	EIGH	BORHOODS IN THE
			-	=		-		E CITY	IN IMPRO	VING	THEIR COMMUNITIES
Ş			AND THEM	ISELVES							
& Governance											
Ver		2	Check this be	ox if the organization d	iscontinued i	ts operations or disp	osed of more than	25% of its	net assets.		
တိ		3	Number of v	oting members of the gove	rning body (I	Part VI, line 1a)				3	13
•ජ ග				ndependent voting member	• • •					4	9
Activities				er of individuals employed in	_					5	62
ξį				er of volunteers (estimate if	_		200			6	
Ā				ted business revenue from						7a	0
				ed business taxable income						7b	0
	7								Prior Year	-	Current Year
Revenue	-] -	8	Contributions	s and grants (Part VIII, line	1h)			. —	1,965	749	2,233,169
	- 1			rvice revenue (Part VIII, line					1,167		1,187,885
	1		_	ncome (Part VIII, column (A							0
	1			ue (Part VIII, column (A), lin							0
_				e - add lines 8 through 11 (3,133,	122	3,421,054
	1			similar amounts paid (Part I							0
	1			d to or for members (Part I)							0
	1			ner compensation, employee					1,880,	.003	1,746,702
es	1			fundraising fees (Part IX,							0
Expenses				ising expenses (Part IX, col		05)		0			
쭚	1			ses (Part IX, column (A), lir				_	1,429,	.293	1,580,484
_	Ι.		•	ses. Add lines 13-17 (must		<u> </u>			3,309		3,327,186
	_ 1		•	s expenses. Subtract line 1		• •	41 6 6 70 0		(176		93,868
	\neg								ning of Curren		End of Year
sts	2	20	Total assets	(Part X, line 16)					3,086,	502	3,459,764
Net Assets or	8 2	21	Total liabilitie	es (Part X, line 26)					1,089,		892,885
Ne	Ĕ 2	22	Net assets o	or fund balances. Subtract I	ine 21 from li	ne 20	********	22-4	1,997,		2,566,879
Pa	art I		Signatu	re Block							
Und	ler pe	enalties	s of perjury, I dec	clare that I have examined this return	rn, including acco	ompanying schedules and	statements, and to the	est of my know	ledge and belie	f, it is	
true	, corre	ect, ar	na complete. Det	claration of preparer (other than offi	icer) is based on	all information of which pr	eparer has any knowled	ge.		E	2 - 4 2.00
			HOPE	BURGESS	ALD U	US ALSS					30 October 2021
Sig	ın		Signature of office	cer /	V	/				Da	te
He	re		HOPE	BURGESS, PRESIDE	NT						
			Type or print nan								
			Print/Type pre	parer's name	Preparer's sign	ature	Date		Check	X if	PTIN
Pai	id		Rowan C	Creary, CPA	Rowan Cr	eary, CPA	10-30-	2024	self-empl	ae-00	P00952643
	pa	гег	Firm's name	R CREARY					rm's EIN	-	
	•	nly				E STE 15			hone no.		
		5	1 2 2 2 3 3 0 0	Valley S						718-	706-6768
May	/ the	IRS	discuss this	retum with the preparer sh							
100							ACCOUNTS A SECURITION	Contract of the American	maisoblist	-	her her

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Checklist of Required Schedules

Part IV

No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X X 2 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 3 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) 4 X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III. 5 Х 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 "Yes." complete Schedule D. Part I 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 8 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 9 X Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 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," complete Schedule D, Part VI 11a X b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more X 11b 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 X X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e 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. 11f X 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 "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 X 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 14b 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 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 16 X Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 17 X Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 X X 20a 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 21 Х

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? 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 Schedule J	23	Х	
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		X
Ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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 25-	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	25-		٠,
L	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part.I	25a		х
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?			
	If "Yes," complete Schedule L, Part I	25b		v
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		X
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part.II	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
-	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (See the Schedule			
	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
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			
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.	33	-	<u>x</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	ا ہو ا	, I	
25-	or IV, and Part V, line 1	34	X	_
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a	Х	
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	x	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330	^	
	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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part.VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	-		
	19? Note : All Form 990 filers are required to complete Schedule O	38	x	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
	in w e		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		x

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 62			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.	0-		v
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		x
ь 10	Section 501(c)(7) organizations. Enter:	30		
а	Initiation fees and capital contributions included on Part VIII, line 12			
	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 filing Form 990 in lieu of Form 1041?	12a		
	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.			
а	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			
С	Enter the amount of reserves on hand		=	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u>x</u>
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
	If "Yes," complete Form 6069.			

BANANA KELLY COMMUNITY IMPROVEMENT ASSOCIATION, INC Form 990 (2023) 13-2934000 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

<u>5e</u>	ction A. Governing Body and Management		-1.	_	
4-		_	١,	Yes	No
1a		.3			
	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				
ь	committee, explain on Schedule O. Enter the number of voting members included in line 1a, above, who are independent	او			
b 2	Enter the number of voting members included in line 1a, above, who are independent	-			
2	any other officer, director, trustee, or key employee?	2	,		v
3	Did the organization delegate control over management duties customarily performed by or under the direct	-	+	-	<u>x</u>
3	supervision of officers, directors, trustees, or key employees to a management company or other person?	3			х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.	4	_	-	x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	-	-1	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?	7.	'a		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?	7	ъ		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
	the year by the following:				
а	The governing body?	8	a	x	
b	Each committee with authority to act on behalf of the governing body?	8	b	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	•		х_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.))			
		_)	res	No
I0a	Did the organization have local chapters, branches, or affiliates?	10)a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10	_	_	
l1a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11	la	Х	
ь	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	1			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12		X	-
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12	20	х	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	1 45	2c	x	
13	Did the organization have a written whistleblower policy?	1:	_	x	
14	Did the organization have a written document retention and destruction policy?	14	_	x	
5	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?				
а	The organization's CEO, Executive Director, or top management official	15	5a	x	
b	Other officers or key employees of the organization	15	_		×
-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?	16	Sa		x
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its				
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the				
	organization's exempt status with respect to such arrangements?	16	3b		
Sec	tion C. Disclosure				
7	List the states with which a copy of this Form 990 is required to be filed New York				
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.				
	Own website X Another's website X Upon request Upon request Other (explain on Schedule O)				
9	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				

Form 99	90 (2023
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1	3	-2	a	3	4	n	O	n	

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

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

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

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

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

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

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

	1						_				
				((C)						
(A)	(B)	l			sition			(D)	(E)	(F)	
Name and title	Average hours per week	box	, unless	s per	son is	nan one s both an /trustee)		Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)	or director	institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations	
(1) HOPE BURGESS PRESIDENT AND CEO	40.00			x				167,308	0	0	
(2) BRIAN SAHD CHIEF FINANCIAL OFFICER	40.00			x				94,635	0	0	
(3) HAROLD DERIENZO PRESIDENT EMERITUS	40.00			x				88,724	0	0	
_(4)WANDA_SWINNEY MEMBER	1.00	x						0	0	0	
_(5) LYNNETTE_VERGES MEMBER	1.00	x						0	0	0	
_(6) KELLY_WOOD MEMBER	1.00	x						0	0	0	
(7) WANDA SALAMAN MEMBER	1.00	x						0	0	0	
(8) LEE ALLEN VICE CHAIRPERSON	1.00	x						0	0	0	
(9) REV. THEODORA BROOKS CHAIRPERSON	1.00	x						0	0	0	
(10) JANICE SINGLETON TREASURER	1.00	x						0	0	0	
(11)EDNA LINDQUIST MEMBER	1.00	х						0	0	0	
(12)SUSAN CAMERATA MEMBER	1.00	х						0	0	0	
(13)											
(14)											

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	VII Section A. Officers, Directors, T	rusices,	ive y		pio	yee	o, ai	lu i	ngnest comp	ensated Limpic	Jyee3	(CON	unuet
						(C) sition							
	(A)	(B)	(do	not cl			han one		(D)	(E)		(F)	
	Name and title	Average hours	1				s both ar		Reportable compensation	Reportable compensation	Estin	ated ar of othe	
		per week	officer and a director/trustee						from the	from related		mpensa	ation
		(list any	9 5	1 7	9	8	8 I	5	organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/		rom the nizatior	
		hours for related	direc		Officer	Key employee	ploy	Former	1099-NEC)	1099-NEC)	_		izations
		organizations	ğ	9	3	iploy	ee Con						
		below	or director	Institutional trustee	T C	ee	npen						
		dotted line)		8	8		Highest compensated employee						
(45)													
(19)													
(16)													
(17)													
(18)_													
<u>(19)</u>													
(20)													
(21)													
-													
(24)													
(25)													
1b	Subtotal		• • •	• •			* ******	•					
С	Total from continuation sheets to Part VII, Sect					• • •		٠.					
d	Total (add lines 1b and 1c)								350,667	0	_		0
2	Total number of individuals (including but no reportable compensation from the organization)		ว เทอร	e iis	stea	abc	ve) w	no	received more ir	ian \$100,000 oi			
	reportable compensation from the organiza	lion										Yes	No
3	Did the organization list any former officer, direct	tor, trustee,	key en	nplo	yee,	or h	ighest	con	npensated				
	employee on line 1a? If "Yes," complete Schedul	e J for such	individ	lual						• • • • • • • • • • • • • • • • • • • •	3		х
4	For any individual listed on line 1a, is the sum of re												
	organization and related organizations greater th)? <i>If</i> "Y	'es,'	" con	plet	e Sche	edul	e J for such				
_	individual			• •	٠.	• •				* * * * * ******	4	Х	-
5	Did any person listed on line 1a receive or accrue for services rendered to the organization? If "Yes										5		v
Secti	on B. Independent Contractors	, complete	Scried	uie	J 101	Suc	pers	on .		• • • • • • • •	<u> </u>		Х
1	Complete this table for your five highest cor	npensated	inder	end	dent	cor	tracto	ors t	hat received mo	re than \$100.000	of		
•	compensation from the organization. Repor	•										tax y	ear.
	(A)						ĺ		(B)		(C)		
	Name and business address	S .							Description of service	es	Compens	ation	
_					-								
2	Total number of independent contractors (in received more than \$100,000 of compensate	-					ose lis	stec	l above) who				

Form 990 (2023) BANANA KELLY COMMUNITY IMPROVEMENT ASSOCIATION, INC 13-2934000 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) (D) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 1b Contributions, Giffs, Grants and Other Similar Amounts 1c d Related organizations 1d Government grants (contributions) . . 1e 2,036,971 f All other contributions, gifts, grants, and similar amounts not included above 1f 196,198 Noncash contributions included in 1g \$ 28,800 2,233,169 **Business Code** 532000 2a RENTAL INCOME CELLTOWER 106,407 106,407 Program Service b MONITORING AND MGMT FEE 531310 1,075,564 1,075,564 c OTHER INCOME 531390 5,914 5,914 1,187,885 Investment income (including dividends, interest, and Income from investment of tax-exempt bond proceeds (ii) Personal (i) Real 6a Gross rents **b** Less: rental expenses . . c Rental income or (loss) d Net rental income or (loss) (i) Securities (iii) Other 7a Gross amount from sales of assets other than inventory . . **b** Less: cost or other basis and sales expenses .. 7b Other Revenue c Gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a **b** Less: direct expenses 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 9a **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold 10b c Net income or (loss) from sales of inventory Business Code Miscellanous Revenue 11a

3,421,054

1,187,885

13-2934000

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 r	note to any line in thi	is Part IX		
Do I	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
8b,	9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16		×		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	350,667	312,512	38,155	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,087,812	969,451	118,361	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	200,294	180,265	20,029	
10	Payroll taxes	107,929	94,421	13,508	
11	Fees for services (nonemployees):				
а	Management	186,960	166,618	20,342	
b	Legal	300	267	33	
C	Accounting	323,393	288,206	35,187	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	26,676	23,773	2,903	
12	Advertising and promotion	4,665		4,665	
13	Office expenses	67,080	59,781	7,299	
14	Information technology	88,632	78,988	9,644	
15	Royalties				
16	Occupancy	370,278	329,989	40,289	
17	Travel	3,666	3,267	399	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	12,725	11,340	1,385	
20	Interest	13,135		13,135	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	15,318		15,318	
23	Insurance	36,464	32,496	3,968	
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	BAD DEBT EXPENSE	295,744		295,744	
b	OFFICE SUPPLIES	48,570	43,285	5,285	
C	REPAIRS AND MAINTENANCE	62,134	55,373	6,761	
d	EQUIPMENT RENAL	18,377	16,377	2,000	
е	All other expenses	6,367	5,681	686	
25	Total functional expenses. Add lines 1 through 24e	3,327,186	2,672,090	655,096	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in thi		(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		138,547	1	39,358
	2	Savings and temporary cash investments	[2	
	3	Pledges and grants receivable, net	894 A A A		3	942,368
	4	Accounts receivable, net	[1,033,582	4	1,374,765
	5	Loans and other receivables from any current or former officer, director,				
		trustee, key employee, creator or founder, substantial contributor, or 35%				
		controlled entity or family member of any of these persons		5		
	6	Loans and other receivables from other disqualified persons (as defined				
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6		
10	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use	[8	
Ass	9	Prepaid expenses and deferred charges			9	7,976
	10a	Land, buildings, and equipment cost or other				
		basis. Complete Part VI of Schedule D 10a	286,562			
	ь	Less: accumulated depreciation 10b	199,492	82,388	10c	87,,070
	11	Investments - publicly traded securities	074 14 14 14		11	
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11	[13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		1,831,985	15	1,008,227
	16	Total assets. Add lines 1 through 15 (must equal line 33)	[3,086,502	16	3,459,764
	17	Accounts payable and accrued expenses		566,164	17	396,708
	18	Grants payable	[80,000	18	40,000
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities	[20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
S	22	Loans and other payables to any current or former officer, director,				
慧		trustee, key employee, creator or founder, substantial contributor, or 35%				
Liabilities		controlled entity or family member of any of these persons	[22	
	23	Secured mortgages and notes payable to unrelated third parties	[437,850	23	450,985
	24	Unsecured notes and loans payable to unrelated third parties	[24	
	25	Other liabilities (including federal income tax, payables to related third				
		parties, and other liabilities not included on lines 17-24). Complete Part X				
		of Schedule D		5,192	25	5,192
	26	Total liabilities. Add lines 17 through 25		1,089,206	26	892,885
		Organizations that follow FASB ASC 958, check here				
S		and complete lines 27, 28, 32, and 33.				
1Çe	27	Net assets without donor restrictions		1,974,379	27	2,566,879
ala	28	Net assets with donor restrictions	L	22,917	28	
B		Organizations that do not follow FASB ASC 958, check here				
뎚		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds			31	
et /	32	Total net assets or fund balances		1,997,296	32	2,566,879
~	33	Total liabilities and net assets/fund balances	****	3,086,502	33	3,459,764

3a

3b

X

Form 990 (2023) EEA

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Schedule O.

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

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

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

Schedule A (Form 990) 2023

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.)

Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not					1	
	include any "unusual grants.")	1,027,771	1,417,893	1,780,366	1,965,749	2,233,169	8,424,948
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	1 027 771	1 417 893	1,780,366	1.965.749	2.233.169	8,424,948
5	The portion of total contributions by				_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	each person (other than a						
	governmental unit or publicly			la la la			
	supported organization) included on			1			
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.				Re .		8,424,948
	on B. Total Support						0,424,540
	dar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1,027,771	1,417,893	1,780,366		2,233,169	8,424,948
8	Gross income from interest, dividends,	1,021,111	1,417,055	1,700,500	1,303,743	2,233,203	0,121,510
J	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources			886 589	1,165,438	1 181 971	3,233,998
9	Net income from unrelated business			000,000	2/200/100		0,200,000
•	activities, whether or not the business						
	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)			36,363	1,935	5,914	44,212
11	Total support. Add lines 7 through 10			30,303	1,355	5,511	11,703,158
12	Gross receipts from related activities, etc.	(see instruction	ns)	The stay of the St. St. St.		12	11,,00,100
13	First 5 years. If the Form 990 is for the o						:)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppo						
14	Public support percentage for 2023 (line 6			11. column (f))	5/5/5/5/5/5	14	71.99 %
15	Public support percentage from 2022 Sch					15	76.58 %
16a	33 1/3% support test - 2023. If the organ					1/3% or more.	
	box and stop here. The organization qua						
b	33 1/3% support test - 2022. If the organ						
_	this box and stop here . The organization						
17a	10%-facts-and-circumstances test - 20						
	10% or more, and if the organization mee						
	Part VI how the organization meets the fa						
	organization			-	-		
b	10%-facts-and-circumstances test - 20						
D	15 is 10% or more, and if the organization	_					
	in Part VI how the organization meets the						
	organization						
18	Private foundation. If the organization di						
10							
	instructions		• • • • • • • •				• • • • • · · · · · · · · · · · · · · ·

Schedule B (Form 990)

Schedule of Contributors

Employer identification number

Department of the Treasury Internal Revenue Service

Attach to Form 990, 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization BANANA KELLY COMMUNITY IMPROVEMENT ASSOCIATION, INC 13-2934000 Organization type (check one): Filers of: Section: X 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 Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule K 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) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 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	n number
13-2934000	

Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is r	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE M&T CHARITABLE FOUNDATION 350 PARK AVE 6TH FL New York NY 10022	\$10,000	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NEW YORK COMMUNITY BANK 100 DUFFY AVE STE 301 Hicksville NY 11801	\$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
3	UNITED WAY 205 EAST 42ND ST New York NY 10017	\$50,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ENTERPRISE 70 CORPORATE CENTER Columbia MD 21044	\$100,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(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.

2023

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization BANANA KELLY COMMUNITY IMPROVEMENT ASSOCIATION, INC 13-2934000 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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 **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) Protection of natural habitat Preservation of a certified historic structure 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 Number of conservation easements on a certified historic structure included on line 2a 2c Number of conservation easements included on line 2c, acquired after July 25, 2006, and not Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 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 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 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 2 following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1

d Equipment . 29,404 54,388 83,792

Schedule D (Form 990) 2023

87,070

Part VII	Investments - Other Securities Complete if the organization answered	"Yes" on Form 990 Par	t IV-line 11	b See Form 990 Part X line 12
N	(a) Description of security or category (including name of security)	(b) Book v		(c) Method of valuation: Cost or end-of-year market value
(1) Financial				Coat of Grid of your market value
,	eld equity interests			
(3) Other	ad equity into to a	* * * (*)*:*:		
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, line 12, col.(B)) .			
Part VIII	Investments - Program Related			
	Complete if the organization answered	"Yes" on Form 990, Par	t IV, line 11	c. See Form 990, Part X, line 13.
	(a) Description of investment	(b) Book v	alue	(c) Method of valuation: Cost or end-of-year market value
(1)				
(2)				· · · · · · · · · · · · · · · · · · ·
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				-
(9)				
	in (b) must equal Form 990, Part X, line 13, col. (B)).			
Part IX	Other Assets Complete if the organization answered '	'Yes" on Form 990 Par	t IV. line 11	d See Form 990 Part X line 15
	(a) Desc		CIV, IIIC III	(b) Book value
(1htte epo	OM BUILDINGS	приот		951,599
	RECEIVABLE			51,436
	CTED CASH RESIDENTS COUNCIL			5,192
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal. (Colum	n (b) must equal Form 990, Part X, line 15 col. (B)) .	57047.000367.00 64 18 18 16 16 16 16 16 16 16 16 16 16 16 16 16	* * * * * * * * * *	1,008,227
Part X	Other Liabilities			
	Complete if the organization answered 'line 25.	'Yes" on Form 990, Par	t IV, line 11e	e or 11f. See Form 990, Part X,
5	(a) Description of liability	(b) Book value		
(1) Federal i	ncome taxes			
(2RESTRIC	CTED CASH RESIDENTS COUNCIL	5,192		
(3)				
(4)				
(5)				

(2RESTRICTED CASH RESIDENTS COUNCIL	5,192
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
otal. (Column (b) must equal Form 990, Part X, line 25 col. (B))	5,192

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.

Part		Return	
_	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		2 401 054
1	Total revenue, gains, and other support per audited financial statements	1	3,421,054
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	-	
Ь	Donated services and use of facilities	+	
C	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)	-	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,421,054
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1;	11	
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
C	Add lines 4a and 4b	4c	
5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).	5	3,421,054
Part		er Retur	'n
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	3,327,186
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
Ь	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.) 2d		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	3,327,186
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,327,186
Part			0,02.,1200
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	ar X, iiic	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

BANAI	NA KELLY COMMUNITY IMPROVEMENT ASSOC		13-2934000			
Part	I Questions Regarding Compensation					
,	- N				Yes	No
1a	Travel for companions		arding these items. r personal use conal residence on fees			
b	If any of the boxes on line 1a are checked, did the orgor reimbursement or provision of all of the expenses of explain	described above? If "No," complete F		1b		
2	Did the organization require substantiation prior to reindirectors, trustees, and officers, including the CEO/Ex 1a?	ecutive Director, regarding the items		2		
3	☐ Independent compensation consultant	apply. Do not check any boxes for m	ethods used by a in Part III.			
a b c	During the year, did any person listed on Form 990, Porganization or a related organization: Receive a severance payment or change-of-control participate in or receive payment from a supplementa Participate in or receive payment from an equity-base If "Yes" to any of lines 4a-c, list the persons and provided the participate in or receive payment from an equity-base of the persons and provided the persons are persons and provided the persons and provided the persons are persons are persons and provided the persons are persons are persons and provided the persons are persons and persons are persons and provided the persons are persons and persons are persons are persons and persons are persons are persons are persons and persons are perso	ayment?		4a 4b 4c		x x x
5 a b	Only section 501(c)(3), 501(c)(4), and 501(c)(29) or For persons listed on Form 990, Part VII, Section A, li compensation contingent on the revenues of: The organization?	ne 1a, did the organization pay or ac	crue any	5a 5b		x x
6 a b	For persons listed on Form 990, Part VII, Section A, licompensation contingent on the net earnings of: The organization?		******	6a 6b		x
7 8	For persons listed on Form 990, Part VII, Section A, lip payments not described on lines 5 and 6? If "Yes," downward amounts reported on Form 990, Part VII, part to the initial contract exception described in Regulation in Part III	escribe in Part III	that was subject describe	7		x
9	If "Yes" on line 8, did the organization also follow the r Regulations section 53.4958-6(c)?			9		

BANANA KELLY COMMUNITY IMPROVEMENT ASSOCIATION, INC Schedule J (Form 990) 2023

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII. Part II

Page 2

13-2934000

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

		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	J/or 1099-MISC and/or	1099-NEC compensation	(C) Retirement and	(D) Nontaxable	(F) Total of columns	(F) Compensation
(A) Name and Title		(I) Base compensation	(II) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
HOPE BURGESS	ε	167,308	0	0	0	0	167,308	0
1 PRESIDENT AND CEO	(E)	0	0	0	0	0	0	0
	€							
2	€							
	€							
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EEA							Schedi	Schedule J (Form 990) 2023

SCHEDULE M (Form 990)

Part I

Noncash Contributions

OMB No. 1545-0047

(d)

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service 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.

(b)

Name of the organization

BANANA KELLY COMMUNITY IMPROVEMENT ASSOCIATION, INC.

(a)

Types of Property

Employer identification number 13-2934000

(c)

Art - Works of art Art - Historical treasures Art - Flactorical interests Books and publications Clothing and household goods Socurities - Publicly traded Socurities - Closely heid stock Socurities - Publicly traded Socurities - Publicly traded Socurities - Closely heid stock Socurities - Publicly traded Socurities - Closely heid stock Socurities - Socurities - Miscellaneous Soc			Check if applicable	Number of contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	Method noncash co			
2 Art - Historical treasures		Art. Marks of ort	арріюшью	ROTTO COTRIDUCO	Form 990, Part VIII, line 1g	Tronodon vo			
3 A1 - Fractional inherests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded 10 Securities - Publicly traded 11 Securities - Publicly traded 12 Securities - Publicly traded 13 Securities - Publicly traded 14 Securities - Publicly traded 15 Securities - Puthicly traded 16 Securities - Puthicly traded 17 Securities - Partnership, LLC, 18 Securities - Niscellaneous 18 Securities - Miscellaneous 19 Securities - Miscellaneous 19 Securities - Miscellaneous 10 Securities - Miscellaneous 10 Securities - Miscellaneous 10 Securities - Miscellaneous 11 Qualified conservation contribution - Historic structures 12 Securities - Miscellaneous 13 Qualified conservation contribution - Other 15 Real estate - Commercial 16 Real estate - Commercial 17 Real estate - Commercial 18 Collectibles 19 Food inventory 19 Food inventory 19 Food inventory 10 Drugs and medical supplies 10 Taylore - Securities - Securi									
Securities - Publicity traded									
5 Clothing and household goods Sear and other vehicles Sear and other vehicles Sear and planes									
goods Cars and other vehicles Boats and planes Intellectual property Securities - Publicity traded Securities - Visional Republic Securities - Securities - Publicity traded Securities - Miscellaneous Securities - Mis	_								
Gars and other vehicles Securities - Publicity traded Securities - Publicity traded stock Securities - Securities - Securities - Securities - Securities - Publicity traded stock Securities - Securities	Ð	-							
8 Intellectual property									
8 Intellectual property									
9 Securities - Publicly traded			-						
10 Securities - Closely held stock									_
11 Securities - Partnership, LLC, or 'trust interests'									
12 Securities - Miscellaneous		1997							
12 Securities - Miscellaneous	"	·							
13 Qualified conservation contribution - Hisbaric structures	12	Code ed 19					_		
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 19 Food inventory 20 Prugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other (OFFICE SPACE) X 1 28,800 FMV 26 Other () 27 Other () 28 Other () 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Suring the year, did the organization receive by contribution any property reported in Part I, lines 1 through 2 state it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 29 During the year, did the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 30 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 31 X 32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 31 X 32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 Jess the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		15.41 12 17							
structures Qualified conservation	13								
14 Qualified conservation contribution - Other contributions - Other con									
contribution - Other	1/1								-
15 Real estate - Residential Real estate - Commercial Real estate - Other Collectibles Commercial Real estate - Other Real est	1-4								
Real estate - Commercial Real estate - Cother Real	15	CENTRAL S.							
17 Real estate - Other		The second secon							
18 Collectibles Sod inventory Sod inventor									
19 Food inventory		THE PROPERTY CONTRACTOR OF THE							
20 Drugs and medical supplies									
Taxidermy Historical artifacts Historical									
22 Historical artifacts									
Scientific specimens									
24 Archeological artifacts									
26 Other (OFFICE SPACE) X 1 28,800 FMV 27 Other (
27 Other () Oth		-	х	1	28,800	FMV			
27 Other ()		:							
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,									
Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		· · · · · · · · · · · · · · · · · · ·							
which the organization completed Form 8283, Part V, Donee Acknowledgement Yes No			organization	during the tax year for contribut	tions for				
During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 12a Describe in Part II. 32a If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		•	_	= = =		29			
28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,				· ·				Yes	No
28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	30a	During the year, did the organization rece	eive by contri	bution any property reported in	Part I, lines 1 through				
used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a X 32b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,									
b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32 Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32 b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,		· · · · · · · · · · · · · · · · · · ·					30a		x
Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? By If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	ь								
contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a X b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,				hat requires the review of anv r	nonstandard				
Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		•					31		x
contributions?	32a					× * * * * * * * * * * * * * * * * * * *			
b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,							32a		х
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	b		a w wasasidii	ය ග ක හ සා කාශතාගතවනය වේ න ඒ වී වී	vocación a nen en el entre ella el el				
			nt in column	(c) for a type of property for whi	ich column (a) is checked,				
GOODING III I GIVIII		describe in Part II.		. , , , , , , , , , , , , , , , , , , ,	• • • • • • • • • • • • • • • • • • • •				

SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

Name of the organization 13-2934000 BANANA KELLY COMMUNITY IMPROVEMENT ASSOCIATION, INC 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.

Employer identification number Open to Public OMB No. 1545-0047 Inspection 2023 13-2934000 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships Go to www.irs.gov/Form990 for instructions and the latest information. Attach to Form 990. BANANA KELLY COMMUNITY IMPROVEMENT ASSOCIATION, INC Department of the Treasury Internal Revenue Service Name of the organization SCHEDULE R (Form 990) Part I

(f) Direct confrolling entity 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. (e) End-of-year assets (**d)** Total income (c) Legal domicile (state or foreign country) (b) Primary activity (a) Name, address, and EIN (if applicable) of disregarded entity Part II Ξ 2 <u>@</u> <u>4</u> <u>(3)</u>

(g) Section 512(b)(13) controlled entity? Š Yes (f)
Direct controlling
entity (e)
Public charity status
(if section 501(c)(3)) (d) Exempt Code section (c) Legal domicile (state or foreign country) (b) Primary activity (a)Name, address, and EiN of related organization € 2 3 **£** 2

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

Schedule R (Form 990) 2023

i

Schedule R (Form 990) 2023

Page 2

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. 13-2934000 Part III

(i) (ii) (ji) (ji) (ji) (ji) (ji) (ji) end-of- Disproporitionate amount in box 20 managing amount in box 20 cof-bottle K-1 partner?	>						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.	(f) (g) (h) (i) (ii) (iii) (iii) (iii) Share of end-of-year assets ownership entity?	Yes									CONT. (AND
(f) Share of total Income Share assets							lete if the organi rust during the t	(e) Type of entity (C corp, S corp, or trust)		C Corp			C Corp		C Corp		Corp	ر
(e) Predominant She income (related, unrelated.	excluded from tax under sections 512-514)						or Trust. Compl	(d) Direct controlling entity		BANANA KELLY	a state of the sta	TOO STILL DELIVER WELLING	BANANA KELLY		HOUSING BANANA KELLY		HOIISTING BANANA KELLY	DANAMA MANAMA
(d) Direct controlling entity income (related, unrelated, unrelated, and	ex ex						Corporation on treated as a	(c) Legal domicile (state or foreign country)		HOUSING	CALCA	PATEOON	HOUSING		HOUSING		ENTSTICH	2000
ity Legal Dire domicile (state or	foreign country)						ons Taxable as a	(b) Primary activity		LOW INCOME HOUSING	LOW INCOME	DNITCO	LOW INCOME HOUSING		LOW INCOME		LOW INCOME	DALING
(b) Primary activity							elated Organizati	anization	, 13-3347761		13-3347138 LOW	13-3248030	FON HOU	13-3614722	TOM	13-3255549	LOW	38-3694210
Name, address, and EIN of related organization		(1)	(2)	(3)	(4)	(5)	Part IV 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.	(a) Name, address, and EIN of related organization	(1) 1244-46 WESTCHESTER AV,		(2) 783 BECK STREET HDFC, :	(3) 788 FOX STREET HDFC, 13		(4) 850 LONGWOOD AVENUE HD,		(5) 866 BECK STREET HDFC,		EE BANANA KELLY LONGWOOD

LOW INCOME HOUSING

C Corp HOUSING BANANA KELLY Page 2

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, Schedule R (Form 990) 2023

(i) Section 512(b)(13) controlled Schedule R (Form 990) 2023 (k) Percentage ŝ ownership Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Yes ş (j) General or managing partner? (h) Percentage ownership Yes (i)
Code V-UBI
amount in box 20
of Schedule K-1 (Form 1065) end-of-year assets (g) Share of (h) Disproportionale å allocations? (f) Share of total Yes income line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. (g) Share of end-of-year assets Type of entity (C corp, S corp, or trust) Corp C Corp Corp C Corp C Corp (f) Share of total income because it had one or more related organizations treated as a partnership during the tax year. υ Ö HOUSING BANANA KELLY (d)
Direct controlling
entity Predominant income (related, sections 512-514) excluded from unrelated, tax under <u>e</u> (state or foreign country) Legal domicile (d) Direct controlling entity Primary activity (c)
Legal
domicile
(state or foreign country) LOWN INCOME COW INCOME COW INCOME LOW INCOME OW INCOME HOUSING HOUSING HOUSING HOUSING HOUSING Primary activity (2) BANANA KELLY UNION HDF, 38-3694215 (3) MARIA & BERARDO HOUSES, 13-4056778 (4) BK SIMPSON DAWSON HDFC, 61-1718965 (1) BANANA KELLY PROSPECT, 38-3694211 9 (5) 830 FOX STREET HDFC, 01-0869756 Name, address, and EIN of related organization Name, address, and EIN of related organization Part III Part IV <u>3</u> Ξ 2 ල 4

EEA 824-834 E 161ST STREET, 13-3642906

LOW INCOME HOUSING

C Corp HOUSING BANANA KELLY 13-2934000

BANANA KELLY COMMUNITY IMPROVEMENT ASSOCIATION, INC

Schedule R (Form 990) 2023

Page 2 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. Part III

(k) Percentage ownership							٦ . ۲ ک	(i) Section 512(b)(13) controlled entity?	oN S						Schedule R (Form 990) 2023
(j) General or managing partner?	8 8						90, Pal		Yes						edule R (F
	Yes						-orm 9	(h) Percentage ownership							Sch
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)							as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, rations treated as a corporation or trust during the tax year.	(g) Share of end-of-year assets							
(h) Disproportionate allocations?	Yes No						nswere		1						
	۶						ation a	(f) Share of total income							
(g) Share of end-of- year assets							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.	entity orp, or trust)		ę.					
(f) Share of total income							te if the	(e) Type of entity (C corp, S corp, or trust)		C Corp					
Share							Somple n or tru	olling		KELLY					
(e) Predominant income (related, unrelated, excluded from tax innder	sections 512-514)						Trust. ((d) Direct controlling entity		ANANA					
Predo income unre exclud	sections					===	tion or as a co	nicile 1 country)		HOUSING BANANA KELLY					
(d) Direct controlling entity							orporater treated	(c) Legal domicile (state or foreign country)		HOU					
Direct co							as a C	(st							
(c) Legal domicile (state or foreign	(6)						Faxable organi	(b) Primary activity		OME					
							ations related	P. r <u>i</u> r		COW INCOME					
(b) Primary activity							rganiza or more			- H					
Prin							lated C ad one	iization							
							n of Reuse it ha	related orgar							
nd EIN of zation							Identification of Related Organizations Taxable line 34, because it had one or more related organi	(a) Name, address, and EIN of related organization		INGS,					
(a) Name, address, and EIN of related organization							Ident line 3	ne, address,		BUILD					
Name							Part IV	Nar		(1) OTHER BUILDINGS,					EEA
	- 1	£	(R)	<u>@</u>	₹	<u>(2)</u>		l	- 1	こ	(2)	ල	4	2	1 111

Page 3

13-2934000

Schedule R (Form 990) 2023

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No	_
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	janizations listed in Parts	II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity.		* * * * ******** * * * * *	1a	æ	
b Gift, grant, or capital contribution to related organization(s)		•	1b	а	1
c Gift, grant, or capital contribution from related organization(s)	• • • • • • •		5	o	l i
d Loans or loan guarantees to or for related organization(s)			14	70	
e Loans or loan guarantees by related organization(s)				0	III
f Dividends from related organization(s)			1		
໌ທ			-	19	ľ
			=		1
Exchange of assate with related organization(s)					1
Exertaingle of assets with related organization(s)					1
Lease of facilities, equipment, of other assets to related organization(s)	•		<u>-1</u>		
k lease of facilities equinment or other assets from related organization(s)			7	÷	
	•	•	= =	4 -	
Performance of services of membership of fundraising solicitations for re-					-1
m Performance of services or membership or fundraising solicitations by related organization(s)				E	- 1
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			-1-1		- 1
o Sharing of paid employees with related organization(s)	* * * * * * * * * * * * * * * * * * * *		1	10	- 1
p Reimbursement paid to related organization(s) for expenses	• • • • • • • •		<u>-</u>	1p	- 11
q Reimbursement paid by related organization(s) for expenses			10	19	[]
r Other transfer of cash or property to related organization(s)			1r	_	1
10				1s	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including	luding covered relationsh	covered relationships and transaction thresholds	sholds.		
(*)	1-1	(3)	3		ľ
Marrie of related	(D) Transaction	(c)	(a) Method of determinations arrows to body	poylovni tara	
Marile or related by galifation	type (a-s)		אפנוסס כו תפנפוווווו א שווים	Danie III Allia	
(1)1244-46 WESTCHESTER AVENUE HDFC	р	29,245	PAYMENT RECEIVED	OR MADE	
(2) /83 BECK STREET HOFC	Ð	185,185	PAYMENT RECEIVED	OK MADE	_ 1
(3) 788 FOX STREET HDFC	ъ	162,217	PAYMENT MADE OR	RECEIVED	
(4)850 LONGWOOD AVENUE HDFC	ъ	81,063	PAYMENT MADE AND	NECEIVED	Ωl
AN BECK STREET HDFC	ซ	118,820	PAYMENT MADE AND) RECEIVED	Ω
					1
(6) BANANA KELLY LONGWOOD HDFC	đ	246,455	PAYMENT MADE AND) RECEIVED	91

Schedule R (Form 990) 2023

Schedule R (Form 990) 2023

Page 3

13-2934000

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

Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule.			App	N.
	ganizations listed in Parts	: II-IV?		-
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			- Ta	
b Gift, grant, or capital contribution to related organization(s)			1p	
10			100	
d Loans or loan guarantees to or for related organization(s)			- Ja	
e Loans or loan quarantees by related organization(s)			4	
f Dividends from related organization(s)				
			- 2	L
n Furchase of assets from related organization(s)			1p	
i Exchange of assets with related organization(s)				
j Lease of facilities, equipment, or other assets to related organization(s)			1j	
k Lease of facilities, equipment, or other assets from related organization(s)			1k	
l Performance of services or membership or fundraising solicitations for related organization(s)		* * * * * * * * * * * * * * * * * * * *	1	
m Performance of services or membership or fundraising solicitations by related organization(s)				
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			- 1n	L
				-
				L
b Keimbursement paid to related organization(s) for expenses			dL · · · · · · · ·	
q Reimbursement paid by related organization(s) for expenses				
			1	
s Other transfer of cash or property from related organization(s)				
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, in	including covered relationships	ips and transaction thresholds.	sholds.	
(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount involved	,eq
	type (a-s)			
(1)BANANA KELLY PROSPECT AVENUE HDFC	ъ	179,819	PAYMENT MADE AND RECE	RECEIVED
(2)BANANA KELLY UNION HDFC	p	9,047	PAYMENT MADE AND RECE	RECEIVED
(3)MARIA & BERARDO HOUSES HDFC	ď	288,109	PAYMENT MADE AND RECE	RECEIVED
Carl Modura va	7	0000	and die eden mineraed	CENTERO
Demaci	3	160,02	MADE AND	TEATE
(5)830 FOX STREET HDFC	ਚ	32,122	PAYMENT MADE AND RECE	RECEIVED
(6)824-834 E 161ST STREET HDFC	ซ	8,983	PAYMENT MADE AND RECE	RECEIVED
EEA			Schedule R (Form 990) 2023	990) 2023

13-2934000

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes	8
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	ganizations listed in Parts	: II-IV?			_
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	
b Giff, grant, or capital contribution to related organization(s)				9	
-				1	
l pare or loan quarantees to or for related organization(s)				2 7	
				2	
e Loans or loan guarantees by related organization(s)				<u>1</u> e	
T Dividends from related organization(s)				=	
g Sale of assets to related organization(s)	**********			1g	
h Purchase of assets from related organization(s)	•••••••••			ŧ	
i Exchange of assets with related organization(s)				=	
i Lease of facilities equipment or other assets to related organization(s)				=	
k lease of facilities an imment or other seests from related ornanization(s)				7	
				£ =	-
					1
	•••••••••	• • • • • • • • • •	•	틸	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			• • • • • • • • • • • • • • • • • • • •	11	İ
o Sharing of paid employees with related organization(s)			14 14 14 14 15 15 15 15 15 15 15 15 15 15 15 15 15	10	
p Reimbursement paid to related organization(s) for expenses	* * * * * * * * *	***************************************	***************************************	5	
Reimbursement paid by related organization(s) for expenses				101	
				2"	
r Other transfer of cash or property to related organization(s)				+	L
Other transfer of cash or property from related organization(s)				10	
If the property can of the above is "Voc." see the instructions for informati	familiation boards to militarila	and tropographic		2	
	cluding covered relations	ips and transaction the	isroids.		10.0
(a)	(g)	(0)	(p)		1
Name of related organization	type (a-s)	Amount Involved	Method of determining amount involved	NOUNE INVOIV	De,
(1)OTHER BUILDINGS	þ	(624,705)	PAYMENT MADE AND	ID REC	RECEIVED
(2)					
					1
(4)					
(5)					
(a)					
EEA			Schedule	Schedule R (Form 990) 2023	990) 2023

BANANA KELLY COMMUNITY IMPROVEMENT ASSOCIATION, INC

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13-2934000

Schedule R (Form 990) 2023

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

agin der?	윋													Schedule R (Form 990) 2023
(j) General or managing partner?	Yes													Schedule
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	_													
(h) Disproportionate allocations?	S.													
Disprop	Yes													
(g) Share of end-of-year assets														
(f) Share of total income														
) lartners ion c)(3)	8													
(e) Are all partners section 501(c)(3) organizations?	Yes													
(d) Predominant income (related, unrelated, excluded from tax under	sections 512-514)													
(c) Legal domicile (state or foreign country)														
(b) Primary activity														
(a) Name, address, and EIN of entity		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(6)	(10)	(11)	(12)	EEA

Form 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

Attachment Sequence No. 179

Identifying number Business or activity to which this form relates Name(s) shown on return 13-2934000 BANANA KELLY COMMUNITY IMPROVEME FORM 990 - 1 Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) 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) 3 4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 10 10 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 13 Carryover of disallowed deduction to 2024. 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 13,059 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2023 1,986 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 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (e) Convention (f) Method (q) Depreciation deduction (a) Classification of property placed in (husiness/investment use only-see instructions) service 19a 3-year property þ 5-year property 7-year property C d 10-year property 15-year property 20-year property S/L 25 yrs. g 25-year property h Residential rental 20,000 27.5 yrs. MM S/L 273 08-2023 27.5 yrs. MM S/L property MM S/L 39 yrs. Nonresidential real MM S/L Section C - Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L 12 yrs. b 12-year MM S/L c 30-year 30 yrs. 40 yrs. MM d 40-year Part IV Summary (See instructions.) 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 22 here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 15,318 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

(Rev. January 2024)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return. Go to www.irs.gov/Form8868 for the latest information. OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868. visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions. All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or print BANANA KELLY COMMUNITY IMPROVEMENT ASSOCIATION, INC 13-2934000 Number, street, and room or suite no. If a P.O. box, see instructions. File by the 863 PROSPECT AVE due date for filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See Bronx NY 10459 instructions Enter the Return Code for the return that this application is for (file a separate application for each return) Return Return **Application Is For Application Is For** Code Code 09 Form 4720 (other than individual) Form 990 or Form 990-EZ 01 Form 4720 (individual) 03 Form 5227 04 Form 6069 11 Form 990-PF Form 8870 12 Form 990-T (sec. 401(a) or 408(a) trust) 05 06 Form 5330 (individual) 13 Form 990-T (trust other than above) Form 5330 (other than individual) 14 07 Form 990-T (corporation) Form 1041-A 08 · After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of HOPE BURGESS, 863 PROSPECT AVE Bronx NY 10459 Telephone No. 718-328-1064 Fax No. • If the organization does not have an office or place of business in the United States, check this box . If this is If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) a list with the names and TINs of all members the extension is for. 1 I request an automatic 6-month extension of time until ______ 11-15 ___, 20 24 __, to file the exempt organization return for the organization named above. The extension is for the organization's return for: x calendar year 20 23 or _____, 20 ____, and ending ____, 20 ____, 20 ____. tax year beginning _____ ☐ Initial return ☐ Final return 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a | \$ b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 3b \$ estimated tax payments made. Include any prior year overpayment allowed as a credit.

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.

FOR YOUR RECORDS ONLY Federal Supporting Statements	2023 PG01
Name(s) as shown on return	Tax ID Number
BANANA KELLY COMMUNITY IMPROVEMENT ASSOCIATION, INC	13-2934000

Form 990 - Schedule D - Part VI - Line 1e Statement #D1e Investments - Other

Description	Cost/basis	Cost/basis		Book
of Investment	(Investment)	(Other)	Depr	Value
HVAC	18,500	0	1,654	16,846
SOFTWARE	65,292	0	27,750	37,542
Total	83,792		29,404	54,388

990	Overflow Statement (This page is not filed with the return. It is for your records only.)	2023 Page 1
Name(s) as shown on return		FEIN
BANANA KELLY	COMMUNITY IMPROVEMENT ASSOCIATION, INC	13-2934000

Description		Amount
CORPORATE CONTRIBUTIONS	\$	158,557
INDIVIDUAL CONTRIBUTIONS		8,841
	Total: \$	167,398

Form 990	Schedule /	Schedule A, Line 5 - Excess 2% Limitation Contributors	ess 2% Limi	tation Contri	butors		
WOINSHOOT	(This page	This page is not filed with the retum. It is for your records only.)	e retum. It is for your	records only.)		2023	
Name(s) as shown on return		6.				Tax ID Number	
BANANA KELLY COMMUNITY IMPROVEMENT ASSOCIATION, IN	INT ASSOCIATION	N, INC				13-2934000	
2% of the amount on Schedule A, Part II, line 11, column (f)	(j) uu					*********	234,063
	(a)	(q)	(c)	(p)	(e)	(£)	(6)
Name	2019	2020	2021	2022	2023	Total	Excess contributions
							(col. (f) minus
							the 2% limitation)
THE M&T CHARITABLE FOUNDATION					10,000	10,000	
NEW YORK COMMUNITY BANK					10,000	10,000	
UNITED WAY					50,000	50,000	
ENTERPRISE					100,000	100,000	