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 black lung benefit trust or private foundation)

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

OMB No 1545-0047

2009

Open to Public Inspection

4 FO	r the 2	zoog calendar ye		-01-2009 and ending 06-30-2010	,	D Employer id	entification number						
_	•	oplicable Please	C Name of organization THE HARLEM CHILDREN'S ZO	NE		• •							
_	iress cha	label or	Doing Business As			23-71129 E Telephone n							
_	me char	type. See				(212) 360-	3255						
_	ial retur	Instruc-	Number and street (or P O b 35 East 125th Street	ox if mail is not delivered to street addre	ss) Room/suite	G Gross receipts							
_	minated					<u> </u>							
_	ended r		City or town, state or country New York, NY 10035	, and ZIP + 4									
App	olication	pending											
			me and address of principa FREY CANADA	officer	H(a) Is the affilia	s a group retur	n for □ Yes 🔽 No						
		35 EA	ST 125TH STREET		апша	tes	j Yes jo No						
		NEW	ORK, NY 10035			l affiliates inclu	·						
Tax	x-exem	pt status 🔽 5010	c) (3) 4 (insert no)	(a)(1) or 527			t (see instructions)						
				(4)(4)	H(c) G100	ip exemption n	umber F						
	_		ation Trust Association C	Other F	L Year of fo	rmation 1970	M State of legal domicile NY						
Pa	rt I	Summary Briefly describe t	he organization's mission of	most significant activities									
	I	Briefly describe the organization's mission or most significant activities HARLEM CHILDREN'S ZONE, INC IS A PIONEERING, NON-PROFIT COMMUNITY- BASED ORGANIZATION THAT WOR											
ر د		TO ENHANCE THE QUALITY OF LIFE FOR CHILDREN AND FAMILIES IN NYC'S MOST DEVASTATED NEIGHBORHOODS											
zovellialite													
Ē													
5	2	Check this box 🕨	f the organization discor	ntinued its operations or disposed	of more than	25% of its net	assets						
ð.	3	Number of voting	members of the governing	3	18								
SAINKIINAH	4	Number of indepe	ndent voting members of th)	. 4	17							
Ĕ	5	Total number of e	mployees (Part V, line 2a)		5	2,369							
3	6	Total number of v	olunteers (estimate if nece	ssary)		•	50						
		_		Part VIII, column (C), line 12 .		7	'a0						
	b	Net unrelated bus	siness taxable income from	Form 990-T, line 34			b 0						
	_			Prio	r Year	Current Year							
<u>a</u>	8)		75,427,826	68,937,438						
Revenue	9 10		e revenue (Part VIII, line 20		7,434,377	1,149,862							
ž	11			lines 3, 4, and 7d) 5, 6d, 8c, 9c, 10c, and 11e)		7,434,377	-4,110,449 49,512						
	12			st equal Part VIII, column (A), line	<u> </u>	740,407	49,312						
						83,608,610	66,026,363						
	13	Grants and sımı	lar amounts paid (Part IX, c	olumn (A), lines 1-3)		0 3,148,149							
	14	•	•	lumn (A), line 4)		0	0						
82	15	Salaries, other of 10)	compensation, employee be	nefits (Part IX, column (A), lines 5	;-	- 42,526,586 49,887,14							
Expenses	16a	•	draising fees (Part IX, colu	mn (A), line 11e)		85,000 1,0							
*	ь	Total fundraısına ex	penses (Part IX, column (D), line	25) -1,612,355									
ш	17			11a-11d, 11f-24f)		15,560,103 15,479,7							
	18	Total expenses	Add lines 13-17 (must eq	ual Part IX, column (A), line 25)		58,171,689 68,516,0							
	19	Revenue less ex	penses Subtract line 18 fr	om line 12		25,436,921 -2,489							
5 % 5 %						g of Current	End of Year						
9 de 9	20	Total access (D	art V line 16\			ear 196,034,837							
7 m			art X, line 16)			2,249,545	192,896,560						
55	171		(, a, c, , , , , , , , , , , , , , , , ,			· · ·							
Fund	21		nd balances. Subtract line 3	21 from line 20		[93,785.292]	1/9.8// 56/						
	22	Net assets or fu		21 from line 20	:	193,785,292	179,822,567						
		Net assets or fu Signature B Under penalties of p	lock ergury, I declare that I have exar	nined this return, including accompanying	schedules and st	tatements, and to	the best of my knowledge						
Fund Balances	22	Net assets or fu Signature B Under penalties of p	lock ergury, I declare that I have exar		schedules and st	tatements, and to	the best of my knowledge						
Par	22 rt II	Net assets or fu Signature B Under penalties of p	lock ergury, I declare that I have exar	nined this return, including accompanying	schedules and sid on all informati	tatements, and to on of which prepa	the best of my knowledge						
	22 rt II	Net assets or fu Signature B Under penalties of pand belief, it is true,	lock perjury, I declare that I have exar correct, and complete Declaration	nined this return, including accompanying	schedules and st	tatements, and to on of which prepa	the best of my knowledge						
Par	22 rt II	Net assets or fu Signature B Under penalties of pand belief, it is true,	lock Derjury, I declare that I have exart correct, and complete Declaration cer	nined this return, including accompanying	schedules and sid on all information	tatements, and to on of which prepa	the best of my knowledge						
Par	22 rt II	Net assets or fu Signature B Under penalties of pand belief, it is true, ****** Signature of office	lock perjury, I declare that I have exart correct, and complete Declaration cer a president/CEO	nined this return, including accompanying	schedules and sid on all information	tatements, and to on of which prepa	the best of my knowledge						
Par	22 rt II	Net assets or fu Signature B Under penalties of pand belief, it is true, ****** Signature of office Geoffrey Canada	lock perjury, I declare that I have exart correct, and complete Declaration cer a president/CEO	nined this return, including accompanying on of preparer (other than officer) is base	schedules and sid on all information all information and all information are all and all all all all all all all all all al	tatements, and to on of which prepa	the best of my knowledge rer has any knowledge						
Par	22 rt II	Net assets or fu Signature B Under penalties of pand belief, it is true, ****** Signature of office Geoffrey Canada Type or print nai	lock perjury, I declare that I have exart correct, and complete Declaration cer a president/CEO	nined this return, including accompanying on of preparer (other than officer) is base Date	schedules and side on all information and side of the second seco	tatements, and to on of which prepa 05-04	the best of my knowledge rer has any knowledge						
Par Sign Here	22 rt II	Net assets or fu Signature B Under penalties of pand belief, it is true, ****** Signature of office Geoffrey Canada Type or print nail Preparer's signature Firm's name (or you	lock perjury, I declare that I have exart correct, and complete Declaration personal president/CEO me and title	nined this return, including accompanying on of preparer (other than officer) is base Date	schedules and sid on all information and side on all information and side of the self-	on of which prepa 05-04 Preparer's ident (see instruction	the best of my knowledge rer has any knowledge						
Par Sign Here	t III	Net assets or fu Signature B Under penalties of pand belief, it is true, ****** Signature of office Geoffrey Canada Type or print nair Preparer's signature	perjury, I declare that I have example to correct, and complete Declaration of the president/CEO me and title	nined this return, including accompanying on of preparer (other than officer) is base Date	schedules and sid on all information and side on all information and side of the self-	tatements, and to on of which prepa	the best of my knowledge rer has any knowledge						
Par Sign Here	t III	Net assets or fu Signature B Under penalties of pand belief, it is true, ****** Signature of office Geoffrey Canada Type or print nair Preparer's signature Firm's name (or you if self-employed),	perjury, I declare that I have example to correct, and complete Declaration of the president/CEO me and title	Date	schedules and sid on all information and side on all information and side of the self-	on of which prepa 05-04 Preparer's ident (see instruction	the best of my knowledge rer has any knowledge						

Form 990 (2009)

Part III Statement of Program Service Accomplishments

- Briefly describe the organization's mission
- HARLEM CHILDREN'S ZONE, INC ("HCZ"), FOUNDED IN 1970, IS A PIONEERING, NON-PROFIT COMMUNITY-BASED ORGANIZATION THAT WORKS TO ENHANCE THE QUALITY OF LIFE FOR CHILDREN AND FAMILIES IN SOME OF NEW YORK CITY'S MOST DEVASTATED NEIGHBORHOODS FORMERLY KNOWN AS RHEEDLEN CENTERS FOR CHILDREN AND FAMILIES, HCZ'S 20 CENTERS SERVE CHILDREN AND ADULTS, INCLUDING AT-RISK CHILDREN THE EMPHASIS OF HCZ'S WORK IS NOT JUST ON EDUCATION, SOCIAL SERVICE, AND RECREATION, BUT ALSO ON REBUILDING THE VERY FABRIC OF COMMUNITY LIFE

2	Did the organization the prior Form 990 o			rvices during the year v	which were not listed on	es No
	If "Yes," describe the	ese new services on Sc	hedule O			
3		cease conducting, or n		it changes in how it con		'es ✓ No
	If "Yes," describe the	ese changes on Schedu	ıle O			
4	Section 501(c)(3) a	nd 501(c)(4) organizat	ions and section		argest program services by expe e required to report the amount ervice reported	
4a	(Code) (Expenses \$	47,019,370	ıncludıng grants of \$	1,545,700) (Revenue \$	0)
	college and go on to the possible, and to create the 1990s, then followin year 2010 is over \$48 r absolutely free of charg	e job market The two funda a critical mass of adults arou ng a 10-year business plan, nillion, costing an average o	amental principles ind them who und it expanded to 24 f \$5,000 per child ne Project is a va	of The Zone Project are to helerstand what it takes to hele blocks, then 60 blocks, then Like all HCZ programs, thostly ambitious program. The	ling a community so that its children ca nelp kids in a sustained way, starting as p children succeed The HCZ Project be n ultimately 97 blocks The budget for t se of the HCZ Project are provided to cl organization has provided a copy of its	early in their lives as gan as a one-block pilot in he HCZ Project for fiscal hildren and families
4b	(Code) (Expenses \$	7,700,799	including grants of \$	415,803) (Revenue \$	0)
	and adults The Beacon surrounding community serves 748 children and HCZ's relationship with The second initiative is assigned a staff person student's public school t	s have the same holistic app HCZ's Countee Cullen Bead 460 adults To deepen our our middle school parents, e part of an agency-wide effo that monitors their school p leacher and ensures that the	oroach to the Hark con on 144th Stree relationship with o ingaging them in the rt, the Academic of rogress as well as ry get appropriate	em Children's Zone Project in et serves 850 children and 5: our children and families, the their children's academic live: Case Management approach, their development, providin afterschool tutoring The Ha	ommunity centers that provide safe, en in their "whatever it takes" approach to 19 adults a year The Booker T Washin Beacons have launched two major init is and partnering with them as their child working with children from fifth grade grassistance where needed The case in riem Children's Zone Community Cente It also added two satellite programs a	meeting the needs of the gton Beacon on 108th stree atwes The first deepens dren approach college age and up Each child is nanager works with a r, based in our 125th Stree
	(0.1) /=	5 400 440		0) (0	
4 c	(Code) (Expenses \$		including grants of \$	0) (Revenue \$	0)
	whole The programs w assistance The Prevent children initiative from t	ork with families that have live programs have begun to the city's administration for c	been referred to t take on new res :hildren's services	he HCZ from the city, as well ponsibilities and change the	programs that intervene with families i il as helping people who walk into the o way HCZ works as a result of the new is family conferences every six months casework	offices that need immediate improved outcomes for
	Other program serv	vicas (Dascriba in Sch	adula O) Saa s	also Additional Data fo	r Description	
	(Expenses \$		luding grants o		0)(Revenue\$	0)
4e	Total program serv	· · ·	62,816,57	<u> </u>	- / ()	- /
46	rotai piogrami serv	にこ こえりとけらとうデ⊅	02,010,5/	→		

	•		
Part IV	Checklist	of Required	Schedules

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		N o
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Νο
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νo
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Νο
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III</i>	16		Νο
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Νo
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νο
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Part I	31		No
32	Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	
		F	orm 99 0	(2009)

art V	Statements	Regarding	Other I	RS Filinas	and Tax	Compliance
	ota to illoilto	itegai ailig	Othion I		and lax	Compilation

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		103	110
	1,193			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	•		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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		Νο
Ь	If "Yes," enter the name of the foreign country ►			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
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	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νο
	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
ħ	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9	Sponsoring organizations maintaining donor advised funds.	8		
_	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	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)			
12>	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			
	vear			

35 EAST 125TH STREET NEW YORK, NY 10035 (212) 360-3255

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

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent 1b 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any			
	other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νο
6	Does the organization have members or stockholders?	6		Νo
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νo
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed ► NY			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply on website. Another's website.			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of th TRACY COSTELLO	e orga	nızatıor	h ▶ -
	INACI COSILLLO			

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

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. Use Schedule J-2 if additional space is needed

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title A verage hours per week A	Check this box if the organization did not compensate any current or former officer, director, trustee or key employee										
week or director o		A verage hours	Average Position (check all				I		Reportable compensation	(E) Reportable compensation	Estimated amount of other
See add'l data			Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organızatıon (W-	organizations (W- 2/1099-	from the organization and related
	See add'l data										
											-
	,										

2 Total number of independent contractors (including but not limited to those listed above) who received more than

NEW YORK, NY 10027

\$100,000 in compensation from the organization >3

	Form 990 (2009) Part VIII Statement of Revenue								
Part v	/!!!	Statement o	of Revenue		(A)	(B)	(C)	(D)	
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
nts nts	1a	Federated camp							
Contributions, gifts, grants and other similar amounts	ь		es 1b						
ts, an	С	_	ents 1c	7,476,567					
العال	d	Related organiz Government grants	ations 1d	9,787,205					
ons sin	e	_	ons, gifts, grants, and 1f	51,673,666				 	
et.	「	sımılar amounts no	t included above						
trik Tot	g		butions included in						
ang ang	h		s 1a-1f	▶	68,937,438				
				Business Code					
nua	2a	CHANGE THE ODDS	S CONFERENCE	900,099	1,149,862	1,149,862			
Rev	ь								
15e	С								
Seri	d								
an E	e	A.II I							
Program Service Revenue	f	All other progra	im service revenue						
<u> </u>	g		s 2a-2f		1,149,862				
	3		ome (including dividender ar amounts)		94,642			94,642	
	4		tment of tax-exempt bond		0				
	5	Royalties			0				
			(ı) Real	(11) Personal					
	6a b	Gross Rents Less rental							
		expenses Rental income							
	С	or (loss)	(1)						
	d	Net rental incor	me or (loss) (i) Securities	(II) O ther					
	7a	Gross amount from sales of	6,105,234	(ii) o tiioi					
		assets other than inventory							
	b	Less cost or other basis and	10,310,325						
		sales expenses	-4,205,091						
	c d	Gain or (loss)	s)		-4,205,091			-4,205,091	
	8a	Gross income fi	rom fundraising		<u> </u>				
o		events (not incl \$ 7,476,							
Other Revenue		of contributions	reported on line 1c)						
Re		See Part IV, lin	e 18 a	162,120					
Ē.	ь	Less direct exp	penses b	318,061					
₹	с	Net income or (loss) from fundraising	events 🕦	-155,941			-155,941	
	9a	Gross income fi See Part IV, lin	rom gaming activities						
		,	а						
	ь		penses b		0				
	с 10а	Gross sales of i	loss) from gaming activ	vities	0				
		returns and allo							
	b		oods sold b						
	С	Net income or (loss) from sales of inve	entory F Business Code	0				
	11a	REIMBURSED		900,099	205,453			205,453	
		PROCEEDS							
	Ь								
	c d	All other revenu	ue						
	e	Total. Add lines			205 452				
	12		See Instructions	*	205,453				
					66,026,363	1,149,862	0	-4,060,937	

	990 (2009)				Page 10
Part	t IX Statement of Functional Expenses				
Δ	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
	ot include amounts reported on lines 6b,	(A)	(B)	(C) Management and	(D) Fundraising
7b, 8i	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	general expenses	expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	3,148,149	3,148,149		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	1,358,290	1,119,356	196,277	42,657
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	38,188,831	36,144,905	844,619	1,199,307
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	779,519	705,037	27,988	46,494
9	Other employee benefits	5,808,816	5,547,656	161,826	99,334
10	Payroll taxes	3,751,693	3,566,334	98,367	86,992
11	Fees for services (non-employees)				<u> </u>
а	Management	0			
ь	Legal	2,425		2,425	
с	Accounting	108,809		108,809	
d	Lobbying	0			
e	Professional fundraising See Part IV, line 17	1,032			1,032
f	Investment management fees	0			<u>·</u>
g	Other	2,079,182	1,612,615	455,651	10,916
12	Advertising and promotion	0			· · · · · ·
13	Office expenses	545,076	440,840	102,921	1,315
14	Information technology	287,935	164,137	121,317	2,481
15	Royalties	0	·		<u> </u>
16	Occupancy	4,021,061	3,227,903	793,158	
17	Travel	607,085	536,504	· · · · · · · · · · · · · · · · · · ·	25,566
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	,	,	,
19	Conferences, conventions, and meetings	44,436	44,436		_
20	Interest	0	,		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	1,507,630	1,419,852	41,608	46,170
23	Insurance	175,444	165,229	<u> </u>	5,373
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)	,	,		· · ·
а	FOOD	2,068,511	2,062,943	4,327	1,241
ь	EQUIPMENT RENTAL & MAINTENANCE	968,399	693,364	275,035	
с	EDUCATION SUPPLIES	576,557	576,557		
d	TELEPHONE	463,757	340,965	114,244	8,548
е	ADMISSIONS	353,887	353,887		
f	All other expenses	1,669,535	945,905	688,701	34,929
25	Total functional expenses. Add lines 1 through 24f	68,516,059	62,816,574	4,087,130	1,612,355
26	Joint costs. Check here ► ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Pa	rt X	Balance Sheet					
					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			2,090,419	1	2,120,394
	2	Savings and temporary cash investments		14,391,737	2	11,448,010	
	3	Pledges and grants receivable, net	7,085,654	3	2,936,888		
	4	Accounts receivable, net			0	4	205,453
	5	Receivables from current and former officers, directors, trustees highest compensated employees. Complete Part II of					
		Schedule L			5		
	6	Receivables from other disqualified persons (as defined under spersons described in section $4958(c)(3)(B)$ Complete Part II of	n 4958(f)(1)) and				
		Schedule L				6	
ssets	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges			600,289	9	781,713
	10a	Land, buildings, and equipment cost or other basis <i>Complete</i> Part VI of Schedule D	10a	52,067,424			
	ь	Less accumulated depreciation	10b	8,983,915	43,434,692	10c	43,083,509
	11	Investments—publicly traded securities			11		
	12	Investments—other securities See Part IV, line 11	128,082,505	12	131,922,081		
	13	Investments—program-related See Part IV, line 11		13			
	14	Intangible assets		14			
	15	Other assets See Part IV, line 11	349,541	15	398,512		
	16	Total assets. Add lines 1 through 15 (must equal line 34) .			196,034,837	16	192,896,560
	17	Accounts payable and accrued expenses .	2,249,545	17	4,005,969		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
Şəļ	21	Escrow or custodial account liability Complete Part IV of Schedul	eD.			21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
ĮŢ		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties		•		23	
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities Complete Part X of Schedule D			0	25	9,068,024
	26	Total liabilities. Add lines 17 through 25			2,249,545	26	13,073,993
Si		Organizations that follow SFAS 117, check here $\blacktriangleright \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	olet e l	ines 27			
JC e	l	through 29, and lines 33 and 34.			400 405 000		470 007 507
<u> </u>	27	Unrestricted net assets		188,135,292		178,297,567	
ă	28	Temporarily restricted net assets		5,650,000		1,525,000	
Fund Balance	29	Permanently restricted net assets		_		29	
Fu		Organizations that do not follow SFAS 117, check here ► ar	ıd con	ıplet e			
ē	30	lines 30 through 34.				30	
Assets	30 31	Capital stock or trust principal, or current funds				31	
35	31	Retained earnings, endowment, accumulated income, or other fu				32	
	33	Total net assets or fund balances	iiius		193,785,292	33	179,822,567
Net							
ı	34	Total liabilities and net assets/fund balances	196,034,837	34	192,896,560		

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
C	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both Separate basis Consolidated basis Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Form **990** (2009)

OMB No 1545-0047

Inspection

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization THE HARLEM CHILDREN'S ZONE

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Public Charity Status and Public Support

Attach to Form 990 or Form 990-EZ. See separate instructions.

Employer identification number

								23-71129			
Part I			olic Charity Stat						structions		
he organi:			foundation because					x)			
1 _	A church	, conventio	on of churches, or ass	sociation of	churches s	ection 170(b))(1)(A)(i).				
2	A school	described	ın section 170(b)(1)	(A)(ii). (Att	ach Schedu	ıle E)					
з Г	A hospita	alora coop	erative hospital serv	vice organiza	atıon descri	bed in sectio i	n 170(b)(1)	(A)(iii).			
4 F			organization operate y, and state	ed in conjunc	tion with a	hospital desc	ribed in sec	tion 170(b)(1	L)(A)(iii). Ento	∍rthe	
5			rated for the benefit		or universit	y owned or o	perated by a	governmenta	al unit describ	— ed ın	
. _				•			170/b)/1)(A)()			
6 7			ocal government or o	=						الطنيما	_
7 ~	describe	d ın	t normally receives a \)(vi) (Complete Pa		i part of its	support from	a governme	ntal unit or ire	om the genera	i public	•
8			described in section		.)(vi) (Con	nplete Part II)				
9 10 11 6 7	receipts its support acquired An organ An organ one or me the box t a By check other that section 5 If the org check this Since Au following (i) a pers	from activity of the from groby the organization organization organization organization organization of the from the fro	t normally receives ties related to its exc ss investment income anization after June 3 anized and operated anized and operated supported organizations the type of supported or Type II x, I certify that the open managers and other ecceived a written defectly or indirectly consoverning body of the	empt function of and unrelated	ns—subject ated busine be section 5 to test for p for the bene bed in section Type III is not contror more pub from the IR: ted any gift	to certain exist to certain exist to certain exists to continue to continue to continue to continue to contribution of contribution of contribution of contribution of contribution of contribution contribution of contributi	cceptions, a come (less somplete Part See section orm the functor section 5 is 11e throughly integrated or indirectly ed organizat	nd (2) no more section 511 to till) 509(a)(4). tions of, or to 509(a)(2) Segin 11h dry by one or multions described in the fill or Type II of the	e than 331/3% ax) from busing carry out the e section 509 or Type II ore disqualified in section 5	of of purpos (a)(3). II - Otl d pers (09(a)(0) organiz	ses of .Check her ons 1) or
			r of a person describ			itioni			11g(i)		├──
	• •	•	ed entity of a person	. ,		hove?			11g(ii)		├──
h			g information about t						[11 9 (111)	<u>'1</u>	<u> </u>
(i) Name of supported organization or IRC section (see						A m	(vii) A mount of support?				
			instructions))	Yes	No	Yes	No	Yes	No	1	
otal											

Support Schedule for Organizations Described in IRC 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.) Part II

_	(Complete only if y	ou checkeu the	box on line 3,	7, or o or rait.	L.)		
	ection A. Public Support		1	T	Т		
Сак	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do no	t 37,341,10	68,723,45	61,473,685	75,427,826	68,937,43	8 311,903,508
	include any "unusual						
2	grants ") 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	37,341,10	04 68,723,45	61,473,685	75,427,826	68,937,43	8 311,903,508
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						83,827,311
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public Support. Subtract line 5						
	from line 4						228,076,197
S	ection B. Total Support						
Cale	endar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
_	beginning in)	37,341,104	340,899	61,473,685	75,427,826	68,937,438	
7	A mounts from line 4 Gross income from interest,	37,341,104	340,099	01,473,063	73,427,620	00,937,430	311,903,306
8	dividends, payments received						
	on securities loans, rents,	166,096	340,899	467,909	179,705	94,642	1,249,251
	royalties and income from						
	sımılar sources						
9	Net income from unrelated						
	business activities, whether or	0	О	О	О	(0
	not the business is regularly						
	carried on Other income (Explain in Part						
10	IV) Do not include gain or loss	40.004	100.110	450 200	105 550	205 45	644 700
	from the sale of capital	18,334	132,110	150,280	135,553	205,453	641,730
	assets						
11	Total support (Add lines 7						313,794,489
	through 10)						<u> </u>
12	Gross receipts from related activit	,	·			12	1,149,862
13	First Five Years If the Form 990 is	for the organizat	tion's first, second	l, third, fourth, or i	fifth tax year as a	501(c)(3) orga	
	check this box and stop here						►
S	ection C. Computation of Pu	blic Support	Percentage				
14	Public Support Percentage for 200			11 column (f))		14	72 683 %
15	Public Support Percentage for 200	8 Schedule A.P	art II. line 14			15	79 050 %
	33 1/3% support test—2009. If the			v on line 12 and	lino 14 io 22 1/20/-		
LUG	and stop here. The organization qu				illie 14 13 33 1/370	or more, chec	▶ ▼
b	33 1/3% support test-2008. If th	•			5a, and line 15 is 3	3 1/3% or mor	•
	box and stop here. The organization						▶ ┌
17a	10%-facts-and-circumstances test		-				
	is 10% or more, and if the organiz			· ·		•	
	in Part IV how the organization me	ers the "racts an	ia circumstances"	test The organiz	ation qualifies as	a publicly supp	orted ▶□
b	organization 10%-facts-and-circumstances test	— 2008. If the or	ganization did not	check a hox on lu	ne 13.16a.16b.o	r 17a and line	F 1
-	15 is 10% or more, and if the orga						
	Explain in Part IV how the organiz						
	supported organization						▶ ┌
18	Private Foundation If the organiza	tion did not chec	k a box on line 13	, 16a, 16b, 17a o	r 17b, check this	box and see	<u>. – </u>
	ınstructıons						▶ □

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

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support	T			1	T	I
cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
_	purpose Gross receipts from activities that						
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
6	Total. Add lines 1 through 5 Amounts included on lines 1, 2,						
/a	and 3 received from disqualified				1		
	persons						
b	A mounts included on lines 2 and 3						
	received from other than disqualified persons that exceed						
	the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	rom line 6) ction B. Total Support						
	ndar year (or fiscal year beginning						
cuic	in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar						
	sources						
ь	Unrelated business taxable						
	income (less section 511 taxes) from businesses acquired after						
	June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated						
	business activities not included						
	in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include						
	gain or loss from the sale of						
	capital assets (Explain in Part						
13	IV) Total support (Add lines 9, 10c,						
13	11 and 12)						
14	First Five Years If the Form 990 is for	or the organizat	ion's first, second	l, thırd, fourth, or	fifth tax year as a	a 501(c)(3) orgar	
	check this box and stop here						► □
Se	ction C. Computation of Publ	ic Support P	ercentage				
15	Public Support Percentage for 2009			13 column (f))		15	
16	Public support percentage from 200	-		.,,		16	
	Table support personage nom 200	o o o modulo m, n	arc 111, mrs 15			10	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ae			
17	Investment income percentage for 2				n (f))	17	
18	Investment income percentage from	•		•		18	
	33 1/3% support tests—2009. If the		•		d line 15 is more		line 17 is not
1.7a	more than 33 1/3%, check this box a					u.ii 23 1/3/0 dill	. IIIC 17 13 110t
	organization	•厂		•			
ь	33 1/3% support tests—2008. If the	organization di	d not check a box	on line 14 or line	e 19a, and line 16	5 is more than 33	1/3% and line

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Explanat ion

DESCRIPTION 2005 2006 2007 2008 2009 TOTAL OTHER INCOME 18,334 132,110 150,280 135,553 TOTALS 18,334 132,110 150,280 135,553

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493133024671

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** THE HARLEM CHILDREN'S ZONE 23-7112974

	organization answered "Yes" to Form 99		advised funds		(b) Funds and o	ther accou	nts
	Total number at end of year						
	Aggregate contributions to (during year)						
	Aggregate grants from (during year)						
	Aggregate value at end of year						
	Did the organization inform all donors and donor advis funds are the organization's property, subject to the o	_			ısed	☐ Yes	ΓN
	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the bend conferring impermissible private benefit					☐ Yes	ΓN
1	Conservation Easements. Complete	ıf the organızatıc	n answered	"Yes" to Forr	n 990, Part I\	/, lıne 7.	
	Purpose(s) of conservation easements held by the or Preservation of land for public use (e g , recreation Protection of natural habitat Preservation of open space Complete lines 2a-2d if the organization held a quali	on or pleasure)	Preservat Preservat	tion of an histor tion of a certifie	d historic struc		a
	easement on the last day of the tax year						
	Total number of conservation easements			<u> </u>	Held at the	End of the	Year
	Total acreage restricted by conservation easements			2a 2b			
	Number of conservation easements on a certified his	toric structure incl	uded in (a)	2b 2c			
	Number of conservation easements included in (c) ac		• •	2d			
	Number of conservation easements included in (c) ac	quileu aitei 0/1//					
	Number of conservation easements modified, transfe the taxable year 🛌				l ne organization	during	
	the taxable year ►	rred, released, ext	inguished, or t	erminated by th	l ne organization	during	
		rred, released, ext ition easement is li	inguished, or t ocated ►	erminated by ti			_ N
	the taxable year - Number of states where property subject to conserva Does the organization have a written policy regarding	rred, released, ext ition easement is li	inguished, or t ocated ► toring, inspect	erminated by the	f violations, and	┌ Yes	, .
	the taxable year - Number of states where property subject to conserva Does the organization have a written policy regarding enforcement of the conservation easements it holds?	rred, released, ext ition easement is li the periodic monif	inguished, or tocated Ferror toring, inspecting conservation	erminated by the	f violations, and uring the year l	┌ Yes	, .
	the taxable year - Number of states where property subject to conserva Does the organization have a written policy regarding enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, insp	rred, released, ext ation easement is la the periodic monit ecting and enforcing ng, and enforcing c	inguished, or tocated cotated cotated	erminated by the control of the cont	f violations, and uring the year l	┌ Yes	
	the taxable year - Number of states where property subject to conserva Does the organization have a written policy regarding enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, insp A mount of expenses incurred in monitoring, inspectin Does each conservation easement reported on line 2	rred, released, extraction easement is leading the periodic monification and enforcing or (d) above satisfy the periodic easement in the footnote to the satisfy the satisfy the footnote to the satisfy the footnote to the satisfy the s	ocated • toring, inspect ng conservation onservation ea he requiremen	erminated by the	f violations, and uring the year Ing the year Ing the year Ing the statement, and	├ Yes - - - - Yes	
	Number of states where property subject to conserva Does the organization have a written policy regarding enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, insp A mount of expenses incurred in monitoring, inspecting Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the servation in the conservation of the conservation of the conservation reports of the conservation of the conserv	rred, released, extinuous easement is light the periodic monitoring and enforcing configuration and enforcing configuration easements are the footnote to the	ocated - toring, inspect ng conservation onservation ea he requiremen ents in its reviorganization's	erminated by the control of the cont	f violations, and uring the year I g the year I \$ _ nse statement, a ments that desc	Yes Yes and	
t	Number of states where property subject to conserva Does the organization have a written policy regarding enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting Amount of expenses incurred in monitoring, inspecting Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports containing sheet, and include, if applicable, the text of the organization's accounting for conservation easem Organizations Maintaining Collectio	rred, released, extraction easement is leading the periodic monitoring, and enforcing confidence of the footnote to the ents. In the periodic monitoring and enforcing and enforcing and enforcing and enforcing and enforce to the footnote to the ents. In the periodic extraction is a confidence of the footnote to the ents. In the periodic extraction is a confidence of the footnote to the footnote to the footnote to the footnote of the footnot	ocated - toring, inspect onservation onservation ea he requiremen ents in its rev organization's orical Treas 0, Part IV, II in its revenue n, education o	erminated by the control of the cont	f violations, and uring the year I g the year I \$\frac{1}{2}\$ see statement, and the statement of the statem	Yes Yes and cribes Assets.	N
t	Number of states where property subject to conserva Does the organization have a written policy regarding enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, insp A mount of expenses incurred in monitoring, inspecting Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports contained as sheet, and include, if applicable, the text of the organization's accounting for conservation easem Organizations Maintaining Collection Complete if the organization answered " If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held	rred, released, extraction easement is leading the periodic monification and enforcing control of the following and enforcing control of the following and enforcing control of the following control of the following control of public exhibition and its control of the following control of the foll	inguished, or to ocated - toring, inspect ing conservation onservation each he requirement ents in its revorganization's orical Treas 0, Part IV, II in its revenue n, education of that describes is revenue sta	erminated by the control of the search in function of the search in fu	f violations, and uring the year Ing the yea	Yes and cribes Assets. works of blic services	┌ N
t	Number of states where property subject to conserva Does the organization have a written policy regarding enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting the seach conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports consume to the organization of second include, if applicable, the text of the organization's accounting for conservation easement. Organizations Maintaining Collection Complete if the organization answered. If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin. If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for part XIV, the text of the footnote to its fin.	rred, released, extraction easement is leading the periodic monification and enforcing control of the following and enforcing control of the following and enforcing control of the following control of the following control of public exhibition and its control of the following control of the foll	inguished, or to ocated - toring, inspect ing conservation onservation each he requirement ents in its revorganization's orical Treas 0, Part IV, II in its revenue n, education of that describes is revenue sta	erminated by the control of the search in function of the search in fu	f violations, and uring the year parts the year statement, and the second parts that descriptions of public ance sheet workerance of public public statements.	Yes and cribes Assets. works of blic services	□ N
t	Number of states where property subject to conserva Does the organization have a written policy regarding enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, insp A mount of expenses incurred in monitoring, inspecting Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports contained as sheet, and include, if applicable, the text of the organization's accounting for conservation easem Organizations Maintaining Collection Complete if the organization answered " If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin if the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	rred, released, extraction easement is leading the periodic monification and enforcing control of the following and enforcing control of the following and enforcing control of the following control of the following control of public exhibition and its control of the following control of the foll	inguished, or to ocated - toring, inspect ing conservation onservation each he requirement ents in its revorganization's orical Treas 0, Part IV, II in its revenue n, education of that describes is revenue sta	erminated by the control of the search in function of the search in fu	f violations, and uring the year and general statement, and the second statement, and the second statements that described ance sheet work ance sheet work erance of public statements.	Yes TYes and cribes Assets. works of blic service ks of art, service,	□ N
t	Number of states where property subject to conserva Does the organization have a written policy regarding enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting Amount of expenses incurred in monitoring, inspecting Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports contained as sheet, and include, if applicable, the text of the organization's accounting for conservation easem III Organizations Maintaining Collection Complete if the organization answered " If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1	rred, released, extraction easement is leading the periodic monitoring and enforcing configuration and enforcing configuration easements are of Art, History es to Form 99 116, not to report for public exhibition ancial statements 116, to report in its public exhibition, enforced treasures, or exhibition and exhibition, enforced treasures, or exhibition and exhibition, enforced treasures, or exhibition and exhibition a	toring, inspecting conservation eacher requirement in its revorganization's or part IV, linits revenue n, education of that describes is revenue staducation, or resource other similar.	erminated by the control of the sements during the control of the	f violations, and uring the year g the year se statement, and ments that described her Similar balance sheet urtherance of public serance of public	Yes TYes and cribes Assets. works of blic service ks of art, service,	г г
t	Number of states where property subject to conserva Does the organization have a written policy regarding enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, insp A mount of expenses incurred in monitoring, inspectin Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of the organization's accounting for conservation easem Organizations Maintaining Collectio Complete if the organization answered " If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin. If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures in the content of th	rred, released, extraction easement is leading the periodic monitoring and enforcing configuration and enforcing configuration easements are of Art, History es to Form 99 116, not to report for public exhibition ancial statements 116, to report in its public exhibition, enforced treasures, or exhibition and exhibition, enforced treasures, or exhibition and exhibition, enforced treasures, or exhibition and exhibition a	toring, inspecting conservation eacher requirement in its revorganization's or part IV, linits revenue n, education of that describes is revenue staducation, or resource other similar.	erminated by the control of the sements during the control of the	f violations, and uring the year g the year se statement, and ments that described her Similar balance sheet intherance of public erance of public se \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Yes TYes and cribes Assets. works of blic service ks of art, service,	e,

Cat No 52283D

Schedule D (Form 990) 2009

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

ar	Titl Organizations Maintaining Co	ollections of Art	, His	toric	cal Tre	asu	ires, or (<u> </u>	<u>er Similar</u>	ASS	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	y of th	e foll	owing tha	at ar	e a signific	ant ı	ıse of its co	llectio	n	
а	Public exhibition		d	Γ	Loan or	exc	hange prog	rams	3			
b	Scholarly research		e	Γ	Other							
С	Preservation for future generations											
ļ	Provide a description of the organization's c Part XIV	ollections and expla	ın how	they	further t	the o	organizatio	n's e	xempt purp	ose in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than								nılar	Г	Yes	┌ No
Pa i	t IV Escrow and Custodial Arrang						n answere	ed "\	es" to For	m 99	0,	
	Part IV, line 9, or reported an ar		•									
.a	Is the organization an agent, trustee, custod included on Form 990, Part X?	dian or other interme	diary	for co	ontributio	ons	or other as:	sets	not	Г	Yes	∏ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ıng ta	ble		r		<u> </u>			
										A mo	unt	
с	Beginning balance						ŀ	1c				
d	Additions during the year						-	1d				
e	Distributions during the year							1e				
f	Ending balance						Į	1f				
a	Did the organization include an amount on F	orm 990, Part X, line	e 21?							Г	Yes	│ No
	If "Yes," explain the arrangement in Part XIV				1 1157 11							
'a	rt V Endowment Funds. Complete	If the organization (a)Current Year		were Prior					rt IV, line I)Three Years		e)Four Ye	are Back
a	Beginning of year balance	124,566,150	(1)		,517,597	(0)	IWO TEATS DA	× (c	Tyrinee rears	Dack (=)1 Out 10	ars back
- b	Contributions	11,471,516		19	,310,236							
c	Investment earnings or losses	87,669		7	,254,672							
d	Grants or scholarships											
e	Other expenditures for facilities	4,203,254		3	,516,355							
	and programs											
f	Administrative expenses											
g	End of year balance	131,922,081		124	,566,150							
	Provide the estimated percentage of the year		as									
а	Board designated or quasi-endowment 🕨	100.000 %										
Ь	Permanent endowment 🕨											
c	Term endowment 🕨											
а	Are there endowment funds not in the posse organization by	ssion of the organiza	ation t	hat a	re held a	nd a	admınıstere	d for	the		Yes	No
	(i) unrelated organizations									3a(i)	165	No.
	(ii) related organizations									3a(ii)		Νο
ь	If "Yes" to 3a(II), are the related organization	ns listed as required	d on S	ched	ule R? .					3b		
	Describe in Part XIV the intended uses of th	ne organization's end	lowme	nt fu	nds				'			
a	t VI Investments—Land, Building	s, and Equipme	nt. S	ee Fo	orm 990), Pa	art X, lıne	10.				
	Description of investment				Cost or oth (investme		(b) Cost or o		(c) Accumu depreciat		(d) Boo	k value
а	Land											
b	Buildings						41,57	9,457	5,30	06,794	36	,272,663
c	Leasehold improvements						7,29	4,941	1,11	1,531	(,183,410
d	Equipment						3,19	3,026	2,56	55,590		627,436
e	Other							0				C

43,083,509

Part VII Investments—Other Securities. See	Form 990, Part X, line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		Costs on a stylen market value
Closely-held equity interests		
O ther		
LIMITED PARTNERSHIP INV	131,922,081	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	131,922,081	
Part VIII Investments—Program Related. See		
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
	1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, lin	ne 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 1	ne 15. tion 5.)	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	ne 15. tion 5.)	
Part IX Other Assets. See Form 990, Part X, Im (a) Description (b) Should equal Form 990, Part X, col.(B) line 1	ne 15. tion 5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DEFERRED COMPENSATION PAYABLE	5.) , line 25. (b) A mount 0	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DEFERRED COMPENSATION PAYABLE	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability	5.) , line 25. (b) A mount 0	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DEFERRED COMPENSATION PAYABLE	5.) , line 25. (b) A mount 0	
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DEFERRED COMPENSATION PAYABLE	5.) , line 25. (b) A mount 0	
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Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes DEFERRED COMPENSATION PAYABLE	5.) , line 25. (b) A mount 0	

	Reconcination of Change in Net Assets from Form 990 to Financial Statemen	ILS	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	66,026,363
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	68,516,059
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-2,489,696
4	Net unrealized gains (losses) on investments	4	89,506
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-7,765,685
9	Total adjustments (net) Add lines 4 - 8	9	-7,676,179
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-10,165,875
1	XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p		<u> </u>
1	Total revenue, gains, and other support per audited financial statements	1	68,698,295
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	2,671,932
3	Subtract line 2e from line 1	3	66,026,363
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	66,026,363
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	
1	Total expenses and losses per audited financial statements		71,098,485
_		1	, 1,050,105
		1	
2 a	A mounts included on line 1 but not on Form 990, Part IX, line 25	1	
∠ a b	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	1	7 1,030,103
a b	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	1	
a	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	1	, 1,050,105
a b c	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	1 2e	
a b c d	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities		2,582,426
a b c d e	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2e	
a b c d e	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2e	2,582,426
a b c d e 3	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2e	2,582,426
a b c d e 3 4	A mounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities	2e	2,582,426

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Ident if ier	Return Reference	Explanation
Schedule D, part V		The Harlem Children's Zone's endowment is intended to support the organization's social, cultural and educational programs (as described in Part III of the Form 990 and to fund executive profit-sharing plans HCZ had adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding while seeking to maintain the purchasing power of the endowment assets
Fin48		HCZ adopted ASC 740-10 as of July 1, 2009 ASC 740-10 clarifies the accounting for uncertainty in tax positions taken or expected to be taken in a tax return, including issues relating to financial statement recognition and measurement. This section provides that the tax effects from an uncertain tax position can be recognized in the financial statements only if the position is "more-likely-than-not" to be sustained if the position were to be challenged by a taxing authority. The assessment of the tax position is based solely on the technical merits of the position, without regard to the likelihood that the tax position may be challenged. HCZ is exempt from income tax under IRC section 501(c)(3), though it is subject to tax on income unrelated to its exempt purpose, unless that income is otherwise excluded by the Code. The tax years ending 2006, 2007 and 2008 are still open to audit for both federal and state purposes. The adoption of ASC 740-10 did not have a material impact on HCZ's consolidated financial statements.
Schedule D, Part XI Reconciliation		The Harlem Children's Zone current year financial statements corrected various understatements in its prior year financial statements related to its deferred compensation payable and other accounts payable. The net effect of these changes is \$7,765,685

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OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Totals .

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

2009

Open to Public **Inspection**

Internal Revenue Service

	ne of the organization	70 N.E			Employer	identification number
IHE	E HARLEM CHILDREN'S	ZONE			23-7112	974
P		rmation on Ac		ide the United States	. Complete if the or	ganızatıon answered
1				records to substantiate i	the amount of the gr	ants or
				assistance, and the se		
	the grants or assista	nce?				Г Yes Г No
2	For grant makers. Desc United States	rıbe ın Part IV the	organization's pr	rocedures for monitoring th	ne use of grant funds ou	tside the
3	Activites per Region (l	Jse Schedule F-1	(Form 990) ıf adı	ditional space is needed)		
	(a) Region	(b) Number of offices in the	(c) Number of employees or	(d) Activities conducted in region (by type) (i.e., fundraising, program services,	(e) If activity listed in is a program service	for region
		region	agents in region	1	describe specific type service(s) in region	
	ntral America and the			Investments	()	

(a) Name of organization and EIII (if applicable) Section (a) Section (b) Section (c) Sec	F	Part IV, line 1	15, for any	sistance to Orgar y recipient who recent m 990) if additional	eived more than \$5	es Outside the Un ,000. Check this box	i ited States. Comp of no one recipient	plete if the organiza received more tha	tion answered "Yes n \$5,000	'to Form 990, ► 厂
	(a) Nan	ne of s ation an	section id EIN (if	(c) Region			cash	of non-cash	of non-cash	(i) Method of valuation (book, FMV, appraisal, other)
2. Enter total number of recognitions lated above that are recognized as showing by the foreign country, recognized as										
2. Enter total number of recognizations listed above that are recognized as showing by the foreign country, recognized as										
2. They total number of recognish are an inches on being that are recognised as should be found as according to the										
Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	2 Enter tax-ex	total number cempt by the	r of recipie IRS, or fo	ent organizations listor which the grante	ted above that are e or counsel has pr	recognized as charit ovided a section 50:	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ▶	
3 Enter total number of other organizations or entities	3 Enter	total number	r of other	organizations or en	tities					

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of cash grant dısbursement of non-cash valuation assistance recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Identifier	ReturnReference	in Part I, line 2, and any additional information. Explanation
	+	

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DLN: 93493133024671

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

licensing

SCHEDULE G

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

THE HARLEM CHILDREN'S ZONE			Employer idei	ntification number			
						23-7112974	
	tivities. Complet rs are not require			tion answered "Yes s part.	s" to Form	990, Part IV	', line 17.
1 Indicate whether the orga	nızatıon raısed funds	through a	ny of the	following activities (Check all th	at apply	
a Mail solicitations		_		Solicitation of r			
b Internet and e-mail so	olicitations			☐ Solicitation of g	_	-	
c Phone solicitations			g	_		-	
d	s						
Did the organization have or key employees listed inIf "Yes," list the ten highe to be compensated at least	n Form 990, Part VII st paid individuals o	:) or entity r entities (ın conne (fundraıs e	ection with profession ers) pursuant to agree	al fundraisi ments und	ng activities? er which the fui	
(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) fundrais custo contr contribu Yes	er have dy or ol of	(iv) Gross receipts from activity	(or re fundra	nount paid to etained by) iser listed in col (i)	(vi) A mount paid to (or retained by) organization
otal			.				
				l			I

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or

Pa	rt II	Fundraising Events. Commore than \$15,000 on Form					report	ted
			(a) Event #1	(b) Event #2	(c) O ther Events	(d) Tot (Add col		
			(event type)	(event type)	(total number)			
Revenue	1	Gross receipts	7,638,687	7			7,63	8,687
Reve	2	Less Charitable contributions	7,476,567	7			7,47	6,567
	3	Gross income (line 1 minus line 2)	162,120				16	2,120
	4	Cash prizes						
မှာ	5	Non-cash prizes						
Expenses	6	Rent/facility costs	192,746	5			19	2,746
	7	Food and beverages						
Direct	8	Entertainment						
۵	9	Other direct expenses .	125,315	5		 	12	5,315
	10	Direct expense summary Add lir					318	8,061
	11	Net income summary Combine li	<u> </u>		.	<u> </u>		5,941
Par	t III	Gaming. Complete if the o \$15,000 on Form 990-EZ, li	rganization answered ne 6a.	"Yes" to Form 990, Pa	irt IV, line 19, or repo	orted more	e thar	າ
Reveime			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Tot (Add col col		
~	1	Gross revenue				+		
<u> </u>	2	Cash prizes						
Expenses	3	Non-cash prizes						
	4	Rent/facility costs						
Direct	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	☐ Yes%	┌ Yes			
		Donald and a second and beautiful and a second a second and a second a			_			
	7	Direct expense summary Add line	s 2 through 5 in column i	(a)				
	8	Net gaming income summary Com	nbine lines 1, column d, a	nd line 7	<u> </u>		Yes	No
9	Ent	er the state(s) in which the organiz	ation operates gaming ac	tivities			165	140
а		the organization licensed to operate	gaming activities in eac	h of these states?		· 9a		
Ь	If"I	No," Explain						
10a b		re any of the organization's gaming Yes," Explain	licenses revoked, suspei	nded or terminated during	the tax year?	10a		
11		es the organization operate gaming				11		<u> </u>
12		the organization a grantor, beneficia ned to administer charitable gaming				. 12		
					Schedule G (Form		-EZ) 20	09

		Yes	No
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name 🟲		
	Address -		
15a	Does the organization have a contract with a third party from whom the organization receives gaming		
	revenue?	,	
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the	+	
	amount of gaming revenue retained by the third party 🟲 \$		
c	If "Yes," enter name and address		
	Name 🟲		
	Address •		
16			
16	Gaming manager information		
	Name 🟲		
	Name F		
	Gaming manager compensation 🕨 \$		
	Description of services provided •		
	Director/officer Employee Independent contractor		
	I Director/officer I Employee I Independent contractor		
.7	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	<u> </u>	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent		
	in the organization's own exempt activities during the tax year ▶ \$	1	

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Schedule I

Department of the Treasury

DLN: 93493133024671

OMB No 1545-0047

(Form 990) **Grants and Other Assistance to Organizations, Governments and Individuals in the United States**

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

Open to Public Inspect ion

Internal Revenue Service Name of the organization Employer identification number THE HARLEM CHILDREN'S ZONE 23-7112974 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (c) IRC Code section (a) Name and address of **(b)** EIN (d) A mount of cash (e) A mount of non-(f) Method of valuation (g) Description of (h) Purpose of grant ıf applıcable (book, FMV, appraisal, non-cash assistance organization grant cash orassistance or government assistance other) Enter total number of section 501(c)(3) and government organizations

Ident if ier

Return Reference

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Educational Stipends	1300	1,961,503			
HCZ Incentive Program	1000	1,186,646			
See Additional Data Table					
		•		•	•

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Explanation

	•
Schedule I, part III	The Need in Central Harlem The odds are stacked against our children and families. Children in poverty do not have the opportunity to develop to their full potential. Inequality disadvantages them in every aspect of their lives, they are less healthy, less educated, and more likely to enter into prison than more affluent children. The cumulative impact of a community in crisis can have resounding affects on a child, putting them at a severe disadvantage on their pathways to productive adult lives. Poor children, particularly those of color, do significantly worse academically than their middle class counterparts. The Economic Policy Institute reported a substantial difference by race and ethnicity in children's academic test scores, with the disparity already showing up in kindergarten. Students who do poorly in school often end up drifting into anti-social behavior. A Black boy born in 2001 has a 1 in 3 chance of going to prison in his lifetime, and a Latino boy a 1 in 6 chance. In Central Harlem, our youth must overcome significant barriers along their pathway to adulthood. At the Harlem Children's Zone, we have set up a seamless system of support from the time a child is born to the time that child finishes college, implementing best practices at every stage. This seamless system of support includes a pipeline of program services providing academic tutoring, health and nutrition lessons, fitness programs, such as karate and dance, and media and technology programs to help students increase their knowledge and computer proficiency to perform well in school. To ensure consistent participation, we offer modest educational stipends to encourage regular and consistent attendance to ensure students, ages 10 to 18, receive the maximum impact of our programs. HCZ acknowledges that our students must give up part-time jobs to participate in our programs. The stipends help to off-set some of the financial loss our students might experience by foregoing part-time jobs and prevent them from having to make a choice betwee
-	

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DLN: 93493133024671

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees ► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

THE HARLEM CHILDREN'S ZONE 23-7112974 Questions Regarding Compensation Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No." complete Part III to explain **1**b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? **4**a Νo Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b Yes Participate in, or receive payment from, an equity-based compensation arrangement? 4c Νo If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a Νo 5b Any related organization? Νo If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Νo Any related organization? 6Ь Νo If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Yes Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8 Νo If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	,	(B) Breakdown of	f W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	
	(i) Base compensation (ii) Bonus & (iii) Other reportable compensation compensation compensation benefits		benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ			
Geoffrey Canada	(I) (II)	204,160 0	213,624 0	0 0	9,800	23,288	450,872	213,624
Mındy Mıller	(I) (II)	207,849 0	50,000 0	0	134,800	18,069	410,718	50,000
George Khaldun	(1) (11)	139,993 0	102,550	0	114,800	21,882	379,225	102,550
Tracey Costello	(1) (11)	126,666 0	94,483 0	I .	96,558	20,758	338,465	94,48
Betina Jean Louis	(ı) (ıı)	105,217 0	61,075 0	I .	58,670		232,677	61,07
Katherine Shoemaker	(1) (11)	67,889 0	76,415 0	0 0	56,068	21,892	2 22,264	76,41!
Conrad Pinnock	(1) (11)	132,303 0	30,000	I .	81,003	7,725	251,031	30,000
Gerald Lewis	(1) (11)	90,049 0	53,007 0	0	48,067	7,231	. 198,354 0	53,007
Laura V ural	(ı) (ıı)	90,925	51,075 0	1	32,522	21,892	196,414	51,07
			 '	<u> </u>				
	'		' '					
			 			<u> </u>	<u> </u>	
			<u> </u>					

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Return Reference	Explanation
Schedule J, LIne 4(b)		Harlem Children's Zone has a Section 457(f) plan that all members of senior management participate in This Growth Fund Plan is a tax-deferred employee savings plan for directors, principals and senior staff. Harlem Children's Zone makes an annual deposit into the plan that is valued at 150% of the individual employee's bonus for the current year. The employee accumulates income on the investments in the No Margin Senior Growth Fund (which is managed by Duquesne Management), after five years, the employee starts to receive payouts. For calendar year 2009, employees received a payout and those amounts have been recorded in Schedule J, column (b)(iii) and in column (f)
Schedule J, Line 7		Harlem Children's Zone provides annual performance bonuses to its employees. The bonuses are determined and approved by the President and CEO, Geoffrey Canada. Bonuses are approved in June and paid out in July (which is the following fiscal year). For 990 reporting purposes, these bonuses are reported as deferred compensation in the year that they are approved and current compensation once they hit the employees. W-2 in the following year.

Schedule J (Form 990) 2009

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DLN: 93493133024671

OMB No 1545-0047

Open to Public Inspection

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b. ▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization

Employer identification number THE HARLEM CHILDREN'S ZONE 23-7112974 Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (c) Corrected? (a) Name of disqualified person

	. ,	(b) B codification of transaction	Yes	No
2	Enter the amount of tax imposed on the organization man section 4958			
3	Enter the amount of tax, if any, on line 2, above, reimburs	ed by the organization		
				•

Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) (b) Loan to (e) In Approved (g)Written (a) Name of interested person and or from the (c)Original default? by board or agreement? (d)Balance due organızatıon? purpose principal amount committee? Yes Τо From No Yes Yes No

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c)A mount of grant or type of assistance

Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	organiz	aring of ration's nues?
	organization			Yes	No
Stanley Druckenmiller	Chairman of the board	2,582,426	See schedule O		Νο

Software ID: **Software Version:**

As Filed Data -

EIN: 23-7112974

Name: THE HARLEM CHILDREN'S ZONE

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SCHEDULE 0 (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990

OMB No 1545-0047

DLN: 93493133024671

 $\label{lem:complete} \textbf{Complete to provide information for responses to specific questions on } \\$ Form 990 or to provide any additional information.

Inspection

Name of the organization THE HARLEM CHILDREN'S ZONE ► Attach to Form 990. **Employer identification number**

23-7112974

ldentifier	Return Reference	Explanation
OTHER PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4D	HEAD START PROGRAM - AN EARLY CHILDHOOD EDUCATION PROGRAM THAT SERVES 57 THREE-TO-FIVE-YEAR-OLD CHILDREN, AND PREPARES THEM TO ENTER KINDERGARTEN READY TO LEARN

ldentifier	Return Reference	Explanation
Policies	FORM 990, PART VI, QUESTION 11	Line 11 - The Form 990 was prepared by a nationally renow ned accounting firm in conjunction with the organization's financial department. A copy of the draft Form 990 was circulated to the finance committee for discussion and comment. Each finance committee Member was provided ample opportunity to comment on the information contained in the 990 prior to its filling with the Internal Revenue Service. The finance committee will summarize its finding on the Form 990 to the full board of directors. Line 12 - All employees are expected to use honesty, good judgement and high ethical standards in all professional dealings. All employees must avoid any actions that could create a conflict of interest or the appearance of such a conflict or reflect unfavorably on them or on harlem children's zone. An employee must disclose if she/he or an immediate family member has any potential conflict of interest such as a relationship to a third party vendor who seeks or has a business relationship to harlem children's zone. An employee's violation of this policy, especially a failure to represent accurately his or her connection or action on behalf of harlem children's zone and a third party will constitute grounds for disciplinary action, up to and including termination of employment. Line 15 - The organization undertakes a thorough process to ensure that the executive compensation it pays to its top management official and all of its officers and key employees of organization is reasonable given the market in which the organization operates in relevant part, the Board of Directors has established a Compensation Committee of independent persons that have no personal interest in the proposed compensation agreement. The Compensation committee contracts with a compensation consultant to complete a market assessment and competitive position analysis for the College's top executives. The compensation consultant utilizes compensation in board minutes.

Identifier	Return Reference	Explanation
Disclosure	FORM 990, PART VI	Line 19 - The taxpayer makes its Form 990 available to the public by retaining a copy at its place of business. The Form 990 is likewise published on the internet at www guidestar org. The organization's financial statements, governing documents and conflict of interest policy are not ordinarily made available to the public, but, if requested, will be provided at management's discretion

ldentifier	Return Reference	Explanation
Form 990, Part III, line 2		HCZ conducted a conference held in New York City in November of 2009. This conference, called Changing the Odds. Learning from the Harlem Children Zone Model, which was prompted by the Obama Administration's commitment to support effective strategies to improve life outcomes for children in high poverty areas, provided guidance to educators through the nation to create national Promise Neighborhoods. The conference addressed issues that are critical for those developing a local initiative strategic planning, creating collaborations, evaluating programs, fundraising, engaging the community, and developing a pipeline of best practice programs. Revenues generated from the conference are exempt function income as it supports HCZ's primary exempt mission. Expenses related to this program are aggregated in Part III, Line 4a and are not reported as a separate program.

ldentifier	Return Reference	Explanation
Form 990, PArt IV, line 4		The Harlem Children's Zone does not undertake any lobbying activities. President and CEO, Geoffrey Canada is a very prominent individual in the community and he may undertake advocacy efforts that have ancillary benefits to the Harlem Children's Zone. Mr. Canada's advocacy efforts, to the extent there are any, are undertaken at his own behest and are funded from his own personal finances, the Harlem Children's Zone does not subsidize those efforts.

ldentifier	Return Reference	Explanation
Schedule L, Part IV		Stanley Druckenmiller, Chairman of the Board, runs a hedge fund, the No-Margin Fund, in which the Harlem Children Zone invests. Neither Mr. Druckenmiller nor the Fund charge the Harlem Children's Zone any management, advisory or supervisory fees for managing the organization's portfolio. Nevertheless, the value of these contributed services is approximately \$2,582,426 Additionally, in the interests of full disclosure, the Harlem Children's Zone is disclosing that several board members manage or run private foundations that do make grants to the Harlem Children's Zone. For the year ending June 30, 2010, the organization received the following grants. \$500,000 - from the Annenberg Foundation (Board member - Wallis Annenberg) \$7,250,000 - the Oak Foundation (Board Member - Caroline Turner)

ldentifier	Return Reference	Explanation
Schedule R, Related Party Transactions		Pursuant to the terms of a commitment letter between Harlem Children's Zone (HCZ) and the Charter Schools, HCZ committed to provide the Schools, during the initial five year term of their charters, certain services at no costs. These services include financial management, social, library, technology, fundraising, public relations and teaching assistance services, in addition, HCZ is committed to providing the Schools with the use of space at its premises located at 35 East 125th Street, New York, New York

DLN: 93493133024671

OMB No 1545-0047

SCHEDULE R Related Organizations and Unrelated Partnerships (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection **Employer identification number**

THE HARLEM CHILDREN'S ZONE				23-7112974	
Part I Identification of Disregarded Entities (Complete	e if the organization a	answered "Yes" on	Form 990, Part I		
(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Rheedlen 125th Street LLC 35 EAST 125TH STREET New York, NY 10035	Hold property	NY	0	43,084,509 N	Α
Part II Identification of Related Tax-Exempt Organiza or more related tax-exempt organizations during the	tions (Complete if the tax year.)	he organization an	swered "Yes" on	Form 990, Part IV,	line 34 because it had one
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
HCZ PROMISE ACADEMY CHARTER SCHOOL					
35 EAST 125TH STREET NEW YORK, NY 10035 76-0756768	EDUCATION	NY	501(C)(3)	2	N/A
HCZ PROMISE ACADEMY II CHARTER SCHOOL 35 EAST 125TH STREET NEW YORK, NY 10035 34-2049530	EDUCATION	NY	501(C)(3)	2	N/A

					s a Partnership (0 d as a partnership o			wered "	Yes" o	on For	m 990, I	Part IV, line	34	
(a) Name, address, a related organi		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end asset	-of-year	(h Disprop allocat	rtionate	Code amount ır Sched	(i) V—UBI In box 20 of ule K-1 In 1065)	(j Gener mana partr	al or ging
									Yes	No			Yes	No
					s a Corporation o s treated as a corpo				nswer	ed "Y	es" on Fo	orm 990, P	art IV,	
Name, address	(a) s, and EIN o	f related organization	(b) Primary activity		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of tota Income		of total Sha		(h) Percentag ownership		

(6)

chedule R (Form 990) 2009		F	age 3
Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34	, 35, or 36.)		
Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	s No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		N
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	5
c Gift, grant, or capital contribution from other organization(s)	1c		N
d Loans or loan guarantees to or for other organization(s)	1d		N
e Loans or loan guarantees by other organization(s)	1e		N
f Sale of assets to other organization(s)	1f		N
g Purchase of assets from other organization(s)	1 g	1	N
h Exchange of assets	1h	1	N
i Lease of facilities, equipment, or other assets to other organization(s)	1i		N
j Lease of facilities, equipment, or other assets from other organization(s)	1 j		N
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		N
l Performance of services or membership or fundraising solicitations by other organization(s)	11		N
m Sharing of facilities, equipment, mailing lists, or other assets	1m	1	N
n Sharing of paid employees	1 n	Yes	5
• Reimbursement paid to other organization for expenses	10		N
p Reimbursement paid by other organization for expenses	<u>1p</u>		N
			\bot
q Other transfer of cash or property to other organization(s)	1 q	+	N
r Other transfer of cash or property from other organization(s)	1r		Ne

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relations	hips and transaction thres	sholds	
(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	
(1) HCZ promise academy Charter School I	В	350,000	
(2) HCZ promise academy Charter School II	M, N	1,114,847	
(3) HCZ promise academy Charter School I	M, N	4,171,642	
(4)			
(5)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(c) gal domicile ate or foreign country) (d) Are al partne section 501(c)(organizat		(e) Share of end-of-year assets		ortionate nons?	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	(h) eral or naging rtner?	
			Yes	No		Yes	No		Yes	No	
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Additional Data

Software ID:

Software Version:

EIN: 23-7112974

Name: THE HARLEM CHILDREN'S ZONE

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other progran	n services				
(Code) (Expenses \$	1,692,956	including grants of \$	0) (Revenue \$	0)
Head start prograr	n				

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours	(C) Position (check all that apply)						(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee			Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
Geoffrey Canada President/CEO	40 0	Х		х				417,784	0	33,088	
Stanley F Druckenmiller Chairman	1 0	×		х				0	0	0	
Mitch Kurz Treasurer	1 0	х		х				0	0	0	
Matthew C Blank Secretary	1 0	х		х				0	0	0	
Wallis Anenberg board member	1 0	Х						0	0	0	
Gary Cohn board member	1 0	Х						0	0	0	
Zoe Cruz board member	1 0	×						0	0	0	
Joseph DiMenna board member	1 0	Х						0	0	0	
Joe Gregory board member	1 0	Х						0	0	0	
mark Kıngdon board member	1 0	х						0	0	0	
Kenneth G Langone board member	1 0	Х						0	0	0	
Sue Lehmann board member	1 0	Х						0	0	0	
Marshall Lux board member	1 0	Х						0	0	0	
Richard perry board member	1 0	х						0	0	0	
Laura samberg board member	1 0	Х						0	0	0	
Stephen Squerı board member	1 0	Х						0	0	0	
Jeffrey Swartz board member	1 0	Х						0	0	0	
Caroline Turner board member	1 0	Х						0	0	0	
Mındy Mıller VP of development	40 0			Х				257,849	0	152,869	
George Khaldun CAO	40 0			Х				242,543	0	136,682	
Anne Williams-Isom COO (Started 12/09/2009)	40 0			Х				6,154	0	3,614	
Tracey Costello CFO	40 0			х				221,149	0	117,316	
Betina Jean Louis director of evaluation	40 0					х		166,292	0	66,385	
Katherine Shoemaker Policy director	40 0					х		144,304	0	77,960	
Conrad Pinnock HR director	40 0					х		162,303	0	88,728	

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

	•									
(A) Name and Title	(B) Average hours per week	Individual trus		on (checat apply) Officer Institutional Trus		Highest co	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Gerald Lewis Program director	40 0		lstee			X		143,056	0	55,29
Laura V ural program director	40 0					х		142,000	0	54,41

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
FOOD	2,068,511	2,062,943	4,327	1,241
EQUIPMENT RENTAL & MAINTENANCE	968,399	693,364	275,035	
EDUCATION SUPPLIES	576,557	576,557		
TELEPHONE	463,757	340,965	114,244	8,548
ADMISSIONS	353,887	353,887		