

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

# 2019

**Open to Public Inspection**

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

**B** Check if applicable:

<input type="checkbox"/>	Address change
<input type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

**C** Name of organization: **HARLEM CHILDREN'S ZONE, INC.**  
 Doing Business As: \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: \_\_\_\_\_  
**35 EAST 125TH STREET**  
 City or town, state or province, country, and ZIP or foreign postal code: \_\_\_\_\_  
**NEW YORK, NY 10035**

**D** Employer identification number: **23-7112974**

**E** Telephone number: **(212) 360-3255**

**F** Name and address of principal officer: **KWAME OWUSU-KESSE**  
**35 EAST 125TH STREET, NEW YORK, NY 10035**

**G** Gross receipts \$ **135,243,693.**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. (see instructions)

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.HCZ.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other ▶ \_\_\_\_\_

**L** Year of formation: **1970** **M** State of legal domicile: **NY**

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>HCZ IS A PIONEERING, NON-PROFIT COMMUNITY BASED ORGANIZATION THAT WORKS TO ENHANCE THE QUALITY OF LIFE FOR CHILDREN AND FAMILIES IN SOME OF NYC'S MOST DEVASTATED NEIGHBORHOODS.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>19.</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>16.</b>
	<b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a)	<b>5</b>	<b>2,030.</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>0.</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	112,338,456.	132,870,565.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-26,583.	241,622.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	79,776.	2,131,506.
		112,391,649.	135,243,693.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	7,785,120.	8,241,608.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	63,565,843.	59,882,576.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	70,000.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>2,100,928.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	35,491,647.	37,231,740.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	106,912,610.	105,355,924.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	5,479,039.	29,887,769.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b> Total liabilities (Part X, line 26)	662,601,920.	743,515,066.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	97,797,051.	111,547,384.
	564,804,869.	631,967,682.	

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

Signature of officer: \_\_\_\_\_ Date: \_\_\_\_\_

Type or print name and title: \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name: **SCOTT THOMPSETT** Preparer's signature: *Scott Thompsett* Date: **04/13/2021** Check  if self-employed PTIN: **P00741490**

Firm's name ▶ **GRANT THORNTON LLP** Firm's EIN ▶ **36-6055558**

Firm's address ▶ **757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013** Phone no. **212-599-0100**

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019)

# Application for Automatic Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**  
► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.  HARLEM CHILDREN'S ZONE, INC.	Taxpayer identification number (TIN)  23-7112974
	Number, street, and room or suite no. If a P.O. box, see instructions. 35 EAST 125TH STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10035	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

SARA ALVARADO

• The books are in the care of ► 35 EAST 125TH STREET NEW YORK NY 10035

Telephone No. ► 212 360-3255 Fax No. ► 212 289-0661

- If the organization does not have an office or place of business in the United States, check this box . . . . .
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ . If this is for the whole group, check this box . . . . .  . If it is for part of the group, check this box . . . . .  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until 05/17, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20 \_\_\_\_ or
- tax year beginning 07/01, 2019, and ending 06/30, 2020.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III  Yes  No

**1** Briefly describe the organization's mission:

HARLEM CHILDREN'S ZONE (HCZ) BREAKS THE CYCLE OF INTERGENERATIONAL POVERTY WITH ON-THE-GROUND, ALL-AROUND PROGRAMMING THAT BUILDS UP OPPORTUNITIES FOR CHILDREN AND FAMILIES TO THRIVE IN SCHOOL, WORK, AND LIFE. CONTINUED IN SCHEDULE O.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 43,078,828. including grants of \$ 117,175. ) (Revenue \$ 0. )  
ATTACHMENT 1

**4b** (Code: ) (Expenses \$ 9,448,592. including grants of \$ 6,239,508. ) (Revenue \$ 0. )  
ATTACHMENT 2

**4c** (Code: ) (Expenses \$ 10,285,275. including grants of \$ 1,775,899. ) (Revenue \$ 0. )  
ATTACHMENT 3

**4d** Other program services (Describe on Schedule O.) ATTACHMENT 4  
(Expenses \$ 19,307,881. including grants of \$ 109,026. ) (Revenue \$ 0. )

**4e** Total program service expenses ▶ 82,120,576.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> . . . . .	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> . . . . .		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> . . . . .		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> . . . . .		X
<b>7</b> 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> . . . . .		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> . . . . .	X	
<b>b</b> 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? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .	X	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII.</i> . . . . .		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i> . . . . .		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?. . . . .		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .	X	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> . . . . .		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . . .		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions). . . . .		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows 22-38 cover various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Question text, and Yes/No columns. Rows 1a-1c cover Form 1096 reporting and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable trusts.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (19), 1b (16), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NY,
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANNE WILLIAMS-ISOM CHIEF EXECUTIVE OFFICER	40.00 4.00	X		X				561,869.	0.	144,118.
(2) CONRAD PINNOCK SENIOR ADVISOR	40.00 0.						X	588,087.	0.	50,820.
(3) MINDY MILLER VP OF DEVELOPMENT	40.00 0.			X				510,372.	0.	100,364.
(4) MARTIN LIPP DIRECTOR, COMMUNICATION	40.00 0.					X		494,073.	0.	19,188.
(5) KWAME OWUSU-KESSE COO (THRU 06/20) CEO NEXT YEAR	40.00 0.			X				400,029.	0.	111,602.
(6) JAMES D. HUTTER CHIEF FINANCIAL OFFICER	40.00 4.00			X				388,806.	0.	111,598.
(7) MARQUITTA SPELLER SR. MANAGING DIR.	40.00 0.						X	492,363.	0.	671.
(8) BETINA JEAN LOUIS DIRECTOR OF EVALUATION	40.00 0.					X		293,141.	0.	81,608.
(9) TRACEY JENKINS PROCUREMENT OFFICER	40.00 0.					X		267,928.	0.	57,810.
(10) JUSTIN MAKER SENIOR MANAGING DIRECTOR	40.00 0.					X		224,055.	0.	85,927.
(11) MICHELLE GERMAINE MD, STRATEGIC DEVELOP. INITIAT	40.00 0.					X		220,264.	0.	62,155.
(12) GEOFFREY CANADA PRESIDENT	40.00 4.00	X		X				195,829.	0.	31,293.
(13) JENNIFER KLEIN CHIEF DEVELOPMENT OFFICER	40.00 0.			X				130,206.	0.	26,322.
(14) STANLEY F. DRUCKENMILLER CHAIRMAN	1.00 4.00	X		X				0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) MITCH KURZ ----- TREASURER	1.00 4.00	X		X				0.	0.	0.
16) MATTHEW C. BLANK ----- SECRETARY	1.00 0.	X		X				0.	0.	0.
17) WALLIS ANNENBERG ----- BOARD MEMBER	1.00 0.	X						0.	0.	0.
18) KEITH MEISTER ----- VICE CHAIRMAN	1.00 4.00	X		X				0.	0.	0.
19) JOSEPH DIMENNA ----- BOARD MEMBER	1.00 0.	X						0.	0.	0.
20) MARK KINGDON ----- BOARD MEMBER	1.00 0.	X						0.	0.	0.
21) KENNETH G. LANGONE ----- BOARD MEMBER	1.00 4.00	X						0.	0.	0.
22) LAURA SAMBERG ----- BOARD MEMBER	1.00 0.	X						0.	0.	0.
23) CAROLINE TURNER ----- BOARD MEMBER	1.00 0.	X						0.	0.	0.
24) RICHARD WITTEN ----- BOARD MEMBER	1.00 0.	X						0.	0.	0.
25) BRIAN HIGGINS ----- BOARD MEMBER	1.00 0.	X						0.	0.	0.
<b>1b Sub-total</b> . . . . .								4,767,022.	0.	883,476.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> . . . . .								4,767,022.	0.	883,476.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 77

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 5		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 53

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
( 26 ) ZACHARY J. SCHREIBER ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
( 27 ) ERIC W. MANDELBLATT ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
( 28 ) PHILIPPE LAFFONT ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
( 29 ) ASHOK VARADHAN ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
( 30 ) DOUG BUCKMINSTER ----- BOARD MEMBER	1.00 ----- 0.	X						0.	0.	0.
<b>1b Sub-total</b> .....								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 77

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b>	Membership dues . . . . .	<b>1b</b>					
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>					
	<b>d</b>	Related organizations . . . . .	<b>1d</b>					
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>	9,721,306.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	123,149,259.				
	<b>g</b>	Noncash contributions included in lines 1a-1f. . . . .	<b>1g</b>	\$ 24,650.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .			132,870,565.			
	<b>Program Service Revenue</b>	<b>2a</b>	_____	Business Code				
<b>b</b>		_____						
<b>c</b>		_____						
<b>d</b>		_____						
<b>e</b>		_____						
<b>f</b>		All other program service revenue . . . . .						
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .			0.			
<b>Other Revenue</b>		<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . .			241,622.		241,622.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .			0.			
	<b>5</b>	Royalties . . . . .			0.			
	<b>6a</b>	Gross rents . . . . .	<b>6a</b>	(i) Real	(ii) Personal			
						1,985,243.		
	<b>b</b>	Less: rental expenses . . . . .	<b>6b</b>					
	<b>c</b>	Rental income or (loss) . . . . .	<b>6c</b>	1,985,243.				
	<b>d</b>	Net rental income or (loss) . . . . .				1,985,243.	1,985,243.	
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .	<b>7a</b>	(i) Securities	(ii) Other			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b>					
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>					
	<b>d</b>	Net gain or (loss) . . . . .				0.		
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b>			0.			
					0.			
					0.			
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>						
<b>c</b>	Net income or (loss) from fundraising events. . . . .				0.			
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>			0.			
					0.			
					0.			
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>						
<b>c</b>	Net income or (loss) from gaming activities. . . . .				0.			
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>			0.			
					0.			
					0.			
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>						
<b>c</b>	Net income or (loss) from sales of inventory. . . . .				0.			
<b>Miscellaneous Revenue</b>	<b>11a</b>	MISCELLANEOUS	Business Code					
			900099	146,263.			146,263.	
	<b>b</b>	_____						
	<b>c</b>	_____						
	<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .				146,263.			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .				135,243,693.		2,373,128.	

**Part IX Statement of Functional Expenses**

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

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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	4,657,143.	4,657,143.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	3,584,465.	3,584,465.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. 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 . . . . .	2,825,455.	2,479,009.	260,222.	86,224.
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 . . . . .	44,772,064.	39,282,278.	4,123,476.	1,366,310.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	1,321,055.	1,137,482.	130,500.	53,073.
9 Other employee benefits . . . . .	6,915,560.	5,983,593.	620,492.	311,475.
10 Payroll taxes . . . . .	4,048,442.	3,617,102.	312,082.	119,258.
11 Fees for services (nonemployees):				
a Management . . . . .	0.			
b Legal . . . . .	185,220.		185,220.	
c Accounting . . . . .	273,315.		273,315.	
d Lobbying . . . . .	0.			
e Professional fundraising services. See Part IV, line 17.	0.			
f Investment management fees . . . . .	11,205,679.		11,205,679.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	5,238,902.	5,026,547.	174,507.	37,848.
12 Advertising and promotion . . . . .	231,202.		231,202.	
13 Office expenses . . . . .	277,495.	248,955.	25,880.	2,660.
14 Information technology . . . . .	880,813.	653,068.	217,049.	10,696.
15 Royalties . . . . .	0.			
16 Occupancy . . . . .	8,281,773.	7,222,750.	1,058,256.	767.
17 Travel . . . . .	1,000,613.	945,884.	53,606.	1,123.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings . . . . .	0.			
20 Interest . . . . .	0.			
21 Payments to affiliates . . . . .	0.			
22 Depreciation, depletion, and amortization . . . . .	2,650,421.	1,756,226.	894,195.	
23 Insurance . . . . .	571,266.		571,266.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FOOD	1,407,810.	1,356,683.	43,525.	7,602.
b EQUIPMENT RENTAL & MAINT.	1,082,665.	923,844.	149,406.	9,415.
c TELEPHONE	753,081.	658,266.	91,992.	2,823.
d ADMISSIONS	608,142.	594,918.	12,894.	330.
e All other expenses _____	2,583,343.	1,992,363.	499,656.	91,324.
<b>25 Total functional expenses.</b> Add lines 1 through 24e	105,355,924.	82,120,576.	21,134,420.	2,100,928.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0.			

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing . . . . .	183,392.	<b>1</b>	220,545.
	<b>2</b> Savings and temporary cash investments . . . . .	21,832,815.	<b>2</b>	14,461,548.
	<b>3</b> Pledges and grants receivable, net . . . . .	37,684,155.	<b>3</b>	97,106,084.
	<b>4</b> Accounts receivable, net. . . . .	474,279.	<b>4</b>	2,587,632.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). . . . .	0.	<b>6</b>	0.
	<b>7</b> Notes and loans receivable, net . . . . .	0.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use . . . . .	0.	<b>8</b>	0.
	<b>9</b> Prepaid expenses and deferred charges . . . . .	1,002,727.	<b>9</b>	902,659.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 169,190,560.		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 46,899,616.	125,573,438.	<b>10c</b> 122,290,944.
	<b>11</b> Investments - publicly traded securities. . . . .	0.	<b>11</b>	0.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	475,122,352.	<b>12</b>	504,811,732.
	<b>13</b> Investments - program-related. See Part IV, line 11. . . . .	0.	<b>13</b>	0.
	<b>14</b> Intangible assets . . . . .	0.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	728,762.	<b>15</b>	1,133,922.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	662,601,920.	<b>16</b>	743,515,066.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	12,326,958.	<b>17</b>	12,749,541.
	<b>18</b> Grants payable . . . . .	64,119,267.	<b>18</b>	62,287,288.
	<b>19</b> Deferred revenue. . . . .	0.	<b>19</b>	0.
	<b>20</b> Tax-exempt bond liabilities. . . . .	0.	<b>20</b>	0.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D. . . . .	0.	<b>21</b>	0.
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0.	<b>22</b>	0.
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0.	<b>23</b>	0.
	<b>24</b> Unsecured notes and loans payable to unrelated third parties. . . . .	0.	<b>24</b>	0.
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	21,350,826.	<b>25</b>	36,510,555.
	<b>26 Total liabilities.</b> Add lines 17 through 25. . . . .	97,797,051.	<b>26</b>	111,547,384.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	515,017,744.	<b>27</b>	516,903,450.
	<b>28</b> Net assets with donor restrictions. . . . .	49,787,125.	<b>28</b>	115,064,232.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund. . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds. . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	564,804,869.	<b>32</b>	631,967,682.
<b>33</b> Total liabilities and net assets/fund balances. . . . .	662,601,920.	<b>33</b>	743,515,066.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	135,243,693.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	105,355,924.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	29,887,769.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	564,804,869.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	37,275,044.
<b>6</b>	Donated services and use of facilities	<b>6</b>	0.
<b>7</b>	Investment expenses	<b>7</b>	0.
<b>8</b>	Prior period adjustments	<b>8</b>	0.
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	631,967,682.

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . .

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>	X	
<b>3b</b>	X	

Form **990** (2019)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

**Public Charity Status and Public Support**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

HARLEM CHILDREN'S ZONE, INC.

Employer identification number

23-7112974

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

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

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

f Enter the number of supported organizations . . . . .

g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990 or 990-EZ) 2019

JSA  
9E1210 1.000

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	85,147,323.	120,267,600.	72,230,873.	112,338,456.	132,870,565.	522,854,817.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	85,147,323.	120,267,600.	72,230,873.	112,338,456.	132,870,565.	522,854,817.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						175,280,076.
<b>6 Public support.</b> Subtract line 5 from line 4						347,574,741.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>7</b> Amounts from line 4. . . . .	85,147,323.	120,267,600.	72,230,873.	112,338,456.	132,870,565.	522,854,817.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	1,751,871.	11,213.	23,921.	12,417.	2,226,865.	4,026,287.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0.	0.	0.	0.		0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH. 1</b> . . . . .	2,298,179.	997,033.	1,040,627.	429,909.	146,262.	4,912,010.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						531,793,114.

**12** Gross receipts from related activities, etc. (see instructions) . . . . . **12**

**13 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)). . . . .	<b>14</b>	65.36%
<b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 . . . . .	<b>15</b>	62.67%

**16a 33 1/3% support test - 2019.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization. . . . .

**b 33 1/3% support test - 2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

**17a 10%-facts-and-circumstances test - 2019.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .

**b 10%-facts-and-circumstances test - 2018.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here**. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . .

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
 (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.  
 If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b. . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

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

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

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

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11 a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11 b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	<b>11 c</b>	

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>		

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		

<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		

**7**  Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

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

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

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

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2015	2016	2017	2018	2019	TOTAL
MISCELLANEOUS INCOME	79,586.	182,302.	186,293.	180,719.	146,262.	775,162.
SPECIAL EVENTS GROSS INCOME	386,138.	135,837.	146,568.	137,888.		806,431.
RECOVERY OF PRIOR YEAR						
INVESTMENT WRITE-OFF	1,832,455.	678,894.	707,766.	111,302.		3,330,417.
<b>TOTALS</b>	<u>2,298,179.</u>	<u>997,033.</u>	<u>1,040,627.</u>	<u>429,909.</u>	<u>146,262.</u>	<u>4,912,010.</u>

**Schedule of Contributors**

**2019**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization HARLEM CHILDREN'S ZONE, INC.	Employer identification number 23-7112974
--	--

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)(3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **HARLEM CHILDREN'S ZONE, INC.**

Employer identification number  
23-7112974

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 83,822,235.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 6,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 4,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 15,100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 6,395,693.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 3,207,874.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)



Name of organization **HARLEM CHILDREN'S ZONE, INC.**

Employer identification number

23-7112974

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	STOCKS	\$ 6,395,693.	VAR
		\$	
		\$	
		\$	
		\$	
		\$	

Name of organization HARLEM CHILDREN'S ZONE, INC.

Employer identification number  
23-7112974

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_____	_____ _____ _____	_____ _____ _____	_____ _____ _____

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
_____ _____ _____	_____ _____ _____

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization

HARLEM CHILDREN'S ZONE, INC.

Employer identification number

23-7112974

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

Schedule D (Form 990) 2019

JSA 9E1268 1.000

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

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

**Part IV Escrow and Custodial Arrangements.**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII . . . . .

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	451,742,985.	466,183,291.	438,718,755.	404,031,411.	387,460,570.
<b>b</b> Contributions . . . . .	2,586,204.			4,471,008.	34,162,285.
<b>c</b> Net investment earnings, gains, and losses . . . . .	25,052,776.	866,151.	46,347,788.	30,382,231.	-17,478,276.
<b>d</b> Grants or scholarships . . . . .	120,135.	65,965.	325,315.	165,895.	113,168.
<b>e</b> Other expenditures for facilities and programs . . . . .		15,240,492.	18,557,937.		
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	479,261,830.	451,742,985.	466,183,291.	438,718,755.	404,031,411.

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 98.8200 %
- b** Permanent endowment ▶ 1.1800 %
- c** Term endowment ▶ \_\_\_\_\_ %

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

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

- (i)** Unrelated organizations . . . . .
- (ii)** Related organizations . . . . .

	Yes	No
<b>3a(i)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3a(ii)</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<input type="checkbox"/>	<input type="checkbox"/>

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		14,156,007.		14,156,007.
<b>b</b> Buildings . . . . .		133,017,792.	31,214,233.	101,803,559.
<b>c</b> Leasehold improvements . . . . .		14,270,137.	8,912,750.	5,357,387.
<b>d</b> Equipment . . . . .		5,269,256.	4,578,838.	690,418.
<b>e</b> Other . . . . .		2,477,368.	2,193,795.	283,573.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . .				122,290,944.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely held equity interests . . . . .		
(3) Other		
(A) ALTERNATIVE INVESTMENTS	451,482,602.	FMV
(B) LIMITED PARTNERSHIPS	38,329,130.	FMV
(C) ALT. INVESTMENT REDEMPTION	15,000,000.	FMV
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	504,811,732.	

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DEFERRED COMPENSATION PAYABLE	5,327,096.
(3) DUE TO RELATED PARTY	9,191,360.
(4) REFUNDABLE ADVANCE	21,992,099.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	36,510,555.

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

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

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

Table with 5 main rows and sub-rows (a-e). Row 1: Total revenue, gains, and other support per audited financial statements: 161,313,058. Row 2e: Add lines 2a through 2d: 37,275,044. Row 3: Subtract line 2e from line 1: 124,038,014. Row 4c: Add lines 4a and 4b: 11,205,679. Row 5: Total revenue. Add lines 3 and 4c: 135,243,693.

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

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

Table with 5 main rows and sub-rows (a-e). Row 1: Total expenses and losses per audited financial statements: 94,150,245. Row 2e: Add lines 2a through 2d: 94,150,245. Row 3: Subtract line 2e from line 1: 94,150,245. Row 4c: Add lines 4a and 4b: 11,205,679. Row 5: Total expenses. Add lines 3 and 4c: 105,355,924.

Part XIII Supplemental Information.

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

SEE PAGE 5

**Part XIII Supplemental Information** (continued)

## SCHEDULE D, PART V: ENDOWMENTS

HARLEM CHILDREN'S ZONE'S ENDOWMENTS ARE INTENDED TO SUPPORT THE ORGANIZATION'S SOCIAL, CULTURAL AND EDUCATIONAL PROGRAMS (AS DESCRIBED IN PART III OF THE FORM 990) AND TO FUND A TAX-DEFERRED EMPLOYEE SAVINGS PLAN. HCZ HAS ADOPTED INVESTMENT AND SPENDING POLICIES FOR ENDOWMENT ASSETS THAT ATTEMPT TO PROVIDE A PREDICTABLE STREAM OF FUNDING WHILE SEEKING TO MAINTAIN THE EARNINGS POWER OF THE ENDOWMENT ASSETS.

THE ORGANIZATION HAS MODIFIED ITS ENDOWMENT FOOTNOTE FROM ITS PRESENTATION IN PRIOR YEARS TO REFLECT A NET DRAWDOWN TO FUND OPERATIONS ON LINE 1(E). IN YEARS IN WHICH THE ORGANIZATION'S NET FUND TRANSFERS INTO THE ENDOWMENT EXCEED ITS ANNUAL DRAWDOWN, THOSE AMOUNTS HAVE BEEN INCLUDED WITH CONTRIBUTIONS ON LINE 1(B). AMOUNTS REPORTED ON LINE 1(B) AND LINE 1(E) REPRESENT EITHER THE NET ADDITION TO, OR DRAWDOWN FROM, THE ENDOWMENT IN EACH GIVEN YEAR.

## SCHEDULE D, PART X: FIN 48

HCZ FOLLOWS GUIDANCE THAT 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 GUIDANCE PROVIDES THAT THE TAX EFFECTS FROM AN UNCERTAIN TAX POSITION CAN ONLY BE RECOGNIZED IN THE CONSOLIDATED FINANCIAL STATEMENTS 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.

**Part XIII** Supplemental Information (continued)

HCZ IS EXEMPT FROM FEDERAL 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. HCZ HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED BUSINESS INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. HCZ HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. IN ADDITION, HCZ HAS NOT RECORDED A PROVISION FOR INCOME TAXES AS IT HAS NO MATERIAL TAX LIABILITY FROM UNRELATED BUSINESS INCOME ACTIVITIES.



**SCHEDULE F  
(Form 990)**

**Statement of Activities Outside the United States**

OMB No. 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

HARLEM CHILDREN'S ZONE, INC.

Employer identification number

23-7112974

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 **Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		451,482,602.
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
<b>3a</b> Subtotal					451,482,602.
<b>b</b> Total from continuation sheets to Part I					
<b>c Totals</b> (add lines 3a and 3b)					451,482,602.

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

Schedule F (Form 990) 2019

**Part II Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 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 . . . . . ▶ \_\_\_\_\_

3 Enter total number of other organizations or entities . . . . . ▶ \_\_\_\_\_

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . .  **Yes**  **No**
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . .  **Yes**  **No**
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* . . . . .  **Yes**  **No**
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* . . . . .  **Yes**  **No**
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . .  **Yes**  **No**
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* . . . . .  **Yes**  **No**

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

FORM 990, SCHEDULE F

HARLEM CHILDREN'S ZONE INVESTS DIRECTLY IN A VARIETY OF ALTERNATIVE INVESTMENTS. THESE ALTERNATIVE INVESTMENTS ARE EITHER DOMICILED IN THE UNITED STATES AS LIMITED PARTNERSHIPS OR IN FOREIGN JURISDICTIONS AS CORPORATIONS OR PARTNERSHIPS. BY VIRTUE OF ITS OWNERSHIP IN THESE INVESTMENTS, HARLEM CHILDREN'S ZONE MAY OWN AN INTEREST IN A FOREIGN CORPORATION, PASSIVE FOREIGN INVESTMENT COMPANY, OR FOREIGN PARTNERSHIP. TO THE EXTENT THAT HARLEM CHILDREN'S ZONE IS REQUIRED TO COMPLETE A FORM 926, 5471, 8621 OR 8865 BECAUSE ITS INVESTMENT EXCEEDS THE FILING THRESHOLD, THOSE FORMS HAVE BEEN ATTACHED TO THE ORGANIZATION'S FORM 990-T FILING.

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

HARLEM CHILDREN'S ZONE, INC.

Employer identification number

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 the selection criteria used to award the grants or assistance?  Yes  No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) HARLEM CHILDREN'S ZONE PROMISE ACADEMY I 245 WEST 129TH STREET NEW YORK, NY 10027	76-0756768	501(C)(3)	2,490,182.				EDUCATION
(2) HARLEM CHILDREN'S ZONE PROMISE ACADEMY II 35 EAST 125TH STREET NEW YORK, NY 10035	34-2049530	501(C)(3)	2,166,961.				EDUCATION
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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

3 Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2019)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 EDUCATIONAL STIPENDS	1,635.	1,555,003.			
2 HCZ HARDSHIP ASSISTANCE	341.	367,648.			
3 SCHOLARSHIPS	383.	1,246,359.			
4 EMERGENCY FUNDS	3,277.	415,455.			
5					
6					
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**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

SCHEDULE I, PART III

THE NEED IN CENTRAL HARLEM:

CHILDREN IN CENTRAL HARLEM TYPICALLY FACE MULTIPLE CHALLENGES TO THEIR SUCCESS: FAILING SCHOOLS, INADEQUATE HEALTH CARE, LACK OF SAFE PLACES TO SPEND OUT-OF-SCHOOL TIME, AND THE THREAT OF PHYSICAL VIOLENCE. NUMEROUS STUDIES HAVE DOCUMENTED THE OBSTACLES TO SUCCESS FOR LOW-INCOME STUDENTS, PARTICULARLY THOSE OF COLOR. A BLACK BOY BORN IN 2001 HAS A ONE IN THREE CHANCE OF GOING TO PRISON IN HIS LIFETIME. ONE STUDY FOUND THAT, BY THE AGE OF THREE, CHILDREN IN POOR FAMILIES WERE EXPOSED TO 30 MILLION FEWER WORDS THAN CHILDREN IN HIGH-INCOME HOMES.

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
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**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

TO ADDRESS THE MULTITUDE OF CHALLENGES OUR KIDS FACE, HARLEM CHILDREN'S ZONE HAS CREATED A FREE, HOLISTIC, BIRTH-THROUGH-COLLEGE PIPELINE OF SUPPORTS AND SERVICES TO ENSURE THAT CHILDREN REACH THEIR POTENTIAL AT EACH STAGE OF THEIR DEVELOPMENT.

IN ADDITION TO WORKING WITH THE CHILDREN THROUGHOUT THEIR FORMATIVE YEARS, WE WORK TO STRENGTHEN THE FAMILIES AND COMMUNITY AROUND THEM. WE WORK TO ADDRESS ALL THE BARRIERS TO OUR CHILDRENS' SUCCESS.



**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
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**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

IN ADDITION TO OUR PRIMARY FOCUS ON ACADEMICS, WE CONSIDER THE WHOLE CHILD, OFFERING EXPOSURE TO THE ARTS AND CULTURE, COMMUNITY SERVICE, REGULAR PHYSICAL EXERCISE, AND NUTRITION WORKSHOPS TO HELP DEVELOP LIFE-LONG HEALTHY HABITS. WE ALSO HELP DEVELOP THEIR NON-COGNITIVE SKILLS, SUCH AS PERSISTENCE AND RESILIENCE, AND ADDRESS ANY SOCIAL AND EMOTIONAL NEEDS. TO HELP ENSURE OUR HIGH-SCHOOL STUDENTS REMAIN ENGAGED IN OUR PROGRAMS, WE OFFER THEM THE OPPORTUNITY TO EARN STIPENDS. THE STIPENDS RELIEVE SOME OF THE FINANCIAL STRESS ON CHILDREN AND THEIR FAMILIES, SO CHILDREN DO NOT NEED TO CHOOSE BETWEEN ENRICHING ACTIVITIES AND TAKING ON A PART-TIME JOB. THE STIPENDS ARE DESIGNED TO BE A

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
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**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.

PRE-EMPLOYMENT MODEL SO THAT STUDENTS BEGIN TO LEARN THE WORKPLACE

STANDARD OF GETTING REWARDS FOR HARD WORK. THE STIPEND AMOUNTS ARE BASED ON PARTICIPATION AND DISTRIBUTED TWICE A MONTH.

THE SECOND PROGRAM ON SCHEDULE I IS A HARDSHIP ASSISTANCE/INCENTIVE PROGRAM THAT OFFERS DIFFERENT TYPES OF AID DEPENDING ON THE NEEDS OF THE INDIVIDUAL. THE CHILDREN AND FAMILIES WE SERVE ARE AMONG THE MOST DISENFRANCHISED AND HAVE FEW RESOURCES OF THEIR OWN. FOR THAT REASON, HCZ SETS ASIDE FUNDS FOR SPECIAL CLIENT SERVICES TO DEAL WITH FAMILIES' SHORT-TERM CRISES, AND FOR INCENTIVES TO ENCOURAGE PARTICIPANTS TO STAY

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
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5					
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7					

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

FOCUSED ON THEIR ACADEMIC SUCCESS AND WELL-BEING. IN ADDITION, THE PROGRAM IS DESIGNED TO REWARD AND HELP GRADUATING HIGH-SCHOOL SENIORS AS THEY MOVE ON TO COLLEGE. WE OFFER EACH SENIOR THE CHOICE OF A \$1,000 SCHOLARSHIP OR A LAPTOP COMPUTER, WHICH IS A NECESSITY FOR TODAY'S COLLEGE STUDENT. THE INCENTIVE PAYMENTS ARE ONLY MADE IN THE FORM OF A LAPTOP OR A DIRECT SCHOLARSHIP PAYMENT MADE TO THEIR COLLEGE ON THEIR BEHALF. HCZ ALSO OFFERS SCHOLARSHIPS THROUGH DONATED FUNDS TO REDUCE POTENTIAL DEBT FOR OUR COLLEGE STUDENTS. THESE FUNDS ARE CRITICALLY IMPORTANT FOR OUR STUDENTS, MANY OF WHOM HAVE FEW - IF ANY -FUNDS OF THEIR OWN TO PAY FOR THEIR COLLEGE EXPENSES.

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

HARLEM CHILDREN'S ZONE CONTINUES TO ACTIVELY MONITOR THE LOCAL AND GLOBAL HEALTH SITUATION AROUND COVID-19. TO ASSIST THOSE INDIVIDUALS MOST IMPACTED BY THE PANDEMIC, ECONOMICALLY AND SOCIALLY, HARLEM CHILDREN'S ZONE OFFERED EMERGENCY ASSISTANCE FOR ESSENTIAL NEEDS LIKE FOOD, INCOME SUPPORT, HOUSING, AND EMERGENCY SERVICES AS WELL AS RESOURCES TO HELP SUPPORT FAMILIES DURING THESE CHALLENGING TIMES.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization

HARLEM CHILDREN'S ZONE, INC.

Employer identification number

23-7112974

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input type="checkbox"/> Compensation committee                     | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
  - b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
  - c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
  - b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>	X	
<b>4b</b>	X	
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>	X	
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation					
1	GEOFFREY CANADA PRESIDENT	(i)	120,829.	75,000.	0.	4,671.	26,622.	227,122.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
2	MINDY MILLER VP OF DEVELOPMENT	(i)	219,242.	291,130.	0.	85,276.	15,088.	610,736.	166,130.
		(ii)	0.	0.	0.	0.	0.	0.	0.
3	ANNE WILLIAMS-ISOM CHIEF EXECUTIVE OFFICER	(i)	288,633.	273,236.	0.	135,276.	8,842.	705,987.	93,236.
		(ii)	0.	0.	0.	0.	0.	0.	0.
4	BETINA JEAN LOUIS DIRECTOR OF EVALUATION	(i)	195,984.	97,157.	0.	60,531.	21,077.	374,749.	62,157.
		(ii)	0.	0.	0.	0.	0.	0.	0.
5	CONRAD PINNOCK SENIOR ADVISOR	(i)	109,878.	401,286.	76,923.	45,000.	5,820.	638,907.	326,286.
		(ii)	0.	0.	0.	0.	0.	0.	0.
6	KWAME OWUSU-KESSE COO (THRU 06/20) CEO NEXT YEAR	(i)	304,447.	95,582.	0.	85,276.	26,326.	511,631.	45,582.
		(ii)	0.	0.	0.	0.	0.	0.	0.
7	JAMES D. HUTTER CHIEF FINANCIAL OFFICER	(i)	338,806.	50,000.	0.	85,276.	26,322.	500,404.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
8	TRACEY JENKINS PROCUREMENT OFFICER	(i)	191,130.	76,798.	0.	45,443.	12,367.	325,738.	51,798.
		(ii)	0.	0.	0.	0.	0.	0.	0.
9	MARQUITTA SPELLER SR. MANAGING DIR.	(i)	18,659.	317,762.	155,942.	0.	671.	493,034.	317,762.
		(ii)	0.	0.	0.	0.	0.	0.	0.
10	JUSTIN MAKER SENIOR MANAGING DIRECTOR	(i)	189,055.	35,000.	0.	59,605.	26,322.	309,982.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
11	MARTIN LIPP DIRECTOR, COMMUNICATION	(i)	160,742.	333,331.	0.	6,821.	12,367.	513,261.	246,174.
		(ii)	0.	0.	0.	0.	0.	0.	0.
12	JENNIFER KLEIN CHIEF DEVELOPMENT OFFICER	(i)	105,206.	25,000.	0.	0.	26,322.	156,528.	0.
		(ii)	0.	0.	0.	0.	0.	0.	0.
13	MICHELLE GERMAINE MD, STRATEGIC DEVELOP. INITIAT	(i)	165,401.	54,863.	0.	51,946.	10,209.	282,419.	24,863.
		(ii)	0.	0.	0.	0.	0.	0.	0.
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

**Part III Supplemental Information**

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

FORM 990, SCHEDULE J, LINE 4(A)

TWO INDIVIDUALS REPORTED IN THE SCHEDULE J OF THE FORM 990 RECEIVED

SEVERANCE PAYMENTS IN CALENDAR YEAR 2019:

1. SENIOR MANAGER DIRECTOR, MARQUITTA SPELLER.
2. SENIOR ADVISOR, CONRAD PINNOCK.

THESE SEVERANCE AMOUNTS ARE REPORTED IN SCHEDULE J, PART II, COLUMN

(B)(III).

FORM 990, SCHEDULE J, LINE 4(B)

HARLEM CHILDREN'S ZONE HAS A SECTION 457(F) PLAN FOR CERTAIN ELIGIBLE EMPLOYEES. THIS GROWTH FUND PLAN ("THE PLAN") IS A TAX-DEFERRED EMPLOYEE SAVINGS PLAN THAT AIMS TO SERVE AS A RETENTION TOOL FOR DIRECTORS, OFFICERS, 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'S ACCOUNT ACCUMULATES ASSOCIATED EARNINGS OR LOSSES ON THE INVESTMENT OF THE CONTRIBUTED AMOUNT IN THE NO MARGIN SENIOR GROWTH FUND,

**Part III Supplemental Information**

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

WHICH IS MANAGED BY DUQUESNE FAMILY OFFICE, AT NO COST TO HARLEM CHILDREN'S ZONE OR THE EMPLOYEE. THE AMOUNTS CONTRIBUTED BY HARLEM CHILDREN'S ZONE, ALONG WITH THE ASSOCIATED EARNINGS OR LOSSES, VEST AFTER FIVE YEARS FROM THE DATE OF THE INITIAL CONTRIBUTION AND WILL BE PAID TO ELIGIBLE EMPLOYEES WHEN VESTED.

TERMINATED EMPLOYEES BECOME VESTED IMMEDIATELY AT THE DATE OF THEIR TERMINATION. EMPLOYEES WHO MEET THE AGE AND SERVICE PROVISIONS OF THE PLAN (AGE VESTING) ARE VESTED IMMEDIATELY UPON MEETING THOSE PROVISIONS. HOWEVER, IF A PARTICIPATING EMPLOYEE LEAVES VOLUNTARILY, INCLUDING RETIREMENT IF THEY HAVE NOT REACHED THE AGE VESTING PROVISIONS, THEN THEIR CUMULATIVE UNVESTED CONTRIBUTION MADE BY HCZ AND ASSOCIATED EARNINGS OR LOSSES ARE FORFEITED.

FOR CALENDAR YEAR 2019, EMPLOYEES RECEIVED A PAYOUT OF DEFERRED COMPENSATION FROM THE PLAN AND THOSE AMOUNTS HAVE BEEN RECORDED IN SCHEDULE J, PART II, COLUMN (B)(II) AND, BECAUSE THAT PAYOUT REPRESENTS COMPENSATION THAT WAS REPORTED ON PREVIOUS FORMS 990 AS DEFERRED



**Part III Supplemental Information**

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

COMPENSATION IN SCHEDULE J, PART II, COLUMN (C), IT IS RECORDED IN  
SCHEDULE J, PART II, COLUMN (F).

GEOFFREY CANADA AND MINDY MILLER, OFFICERS OF HCZ, MET THE AGE AND  
SERVICE PROVISIONS OF THE 457 (F) PLAN (AGE VESTING) FOR CALENDAR YEAR  
2019 THAT RESULTED IN IMMEDIATE VESTING OF HCZ'S GROWTH FUND  
CONTRIBUTION. THIS AMOUNT IS INCLUDED IN FORM 990, SCHEDULE J, COLUMN B  
(II).

THE FOLLOWING INDIVIDUALS REPORTED AS HIGHLY COMPENSATED EMPLOYEES ON THE  
ORGANIZATION'S FORM 990 RECEIVED A PAYOUT OF THEIR ACCUMULATED EARNINGS  
IN THE HARLEM CHILDREN'S ZONE GROWTH FUND PLAN IN CALENDAR YEAR 2019:  
MARQUITTA SPELLER - SENIOR MANAGER DIRECTOR, CONRAD PINNOCK - SENIOR  
ADVISOR, AND MARTIN LIPP - DIRECTOR, COMMUNICATION.

THIS GROWTH FUND PAYOUT IS DISCLOSED IN FORM 990, SCHEDULE J, PART II,  
COLUMN (B)(II).

**Part III Supplemental Information**

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

SCHEDULE J, LINE 7

HARLEM CHILDREN'S ZONE PROVIDES ANNUAL PERFORMANCE BONUSES TO ITS EMPLOYEES. THE BONUSES ARE DETERMINED AND APPROVED BY THE CEO, ANNE WILLIAMS-ISOM. BONUSES ARE APPROVED IN JUNE AND PAID OUT IN JULY (WHICH IS THE FOLLOWING FISCAL YEAR); HOWEVER, FOR 990 REPORTING PURPOSES, THE BONUS IS BOTH APPROVED AND PAID IN THE SAME CALENDAR YEAR (BUT DIFFERENT FISCAL YEARS); ACCORDINGLY, THE BONUSES ARE REPORTED AS CURRENT COMPENSATION IN COLUMN (B)(II).

**SCHEDULE L**  
**(Form 990 or 990-EZ)**

**Transactions With Interested Persons**

OMB No. 1545-0047

**2019**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization  
**HARLEM CHILDREN'S ZONE, INC.**

Employer identification number  
**23-7112974**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) 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.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization, . . . . . ▶ \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons.**  
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

1	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
				(1)									
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
<b>Total</b> . . . . .							\$						

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

1	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part IV 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 organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) ZACHARY SCHREIBER	BOARD OF TRUSTEE	61,475,220.	SEE PART V		X
(2) ZACHARY SCHREIBER	BOARD OF TRUSTEE	1,338,735.	SEE PART V		X
(3) STANLEY DRUCKENMILLER	CHAIRMAN OF BOARD	38,284,477.	SEE PART V		X
(4) ERIC MANDELBLATT	BOARD OF TRUSTEE	44,656,705.	SEE PART V		X
(5) ERIC MANDELBLATT	BOARD OF TRUSTEE	2,107,196.	SEE PART V		X
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

SCHEDULE L, PART IV

ZACHARY SCHREIBER, BOARD OF TRUSTEES MEMBER, MANAGES A LIMITED PARTNERSHIP INVESTMENT FUND IN WHICH HARLEM CHILDREN'S ZONE INVESTS. THE VALUE OF THE ORGANIZATION'S INVESTMENT IN THIS LIMITED PARTNERSHIP INVESTMENT AS OF JULY 30, 2020 IS APPROXIMATELY \$61.5 MILLION. NEITHER MR. SCHREIBER NOR THE FUND CHARGE HARLEM CHILDREN'S ZONE ANY MANAGEMENT, ADVISORY OR SUPERVISORY FEES FOR MANAGING THE ORGANIZATION'S PORTFOLIO. NEVERTHELESS, THE VALUE OF THESE CONTRIBUTED SERVICES IS \$1,338,735.

STANLEY DRUCKENMILLER, CHAIRMAN OF THE BOARD, RUNS AN ALTERNATIVE INVESTMENT FUND IN WHICH HARLEM CHILDREN'S ZONE INVESTS. THE VALUE OF THE ORGANIZATION'S INVESTMENT IN THIS FUND AS OF JUNE 30, 2020 IS \$38.3 MILLION. NEITHER MR. DRUCKENMILLER NOR THE FUND CHARGE HARLEM CHILDREN'S ZONE ANY MANAGEMENT, ADVISORY OR SUPERVISORY FEES FOR MANAGING THE ORGANIZATION'S PORTFOLIO.

ERIC MANDELBLATT, BOARD OF TRUSTEES MEMBER, RUNS AN ALTERNATIVE INVESTMENT FUND IN WHICH HARLEM CHILDREN'S ZONE INVESTS. THE VALUE OF THE ORGANIZATION'S INVESTMENT IN THIS FUND AS OF JUNE 30, 2020 IS \$44.6

**Part IV 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 organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

MILLION. HARLEM CHILDREN'S ZONE PAID MANAGEMENT AND PERFORMANCE FEES

TOTALING \$2,107,196.

**SCHEDULE O  
(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

HARLEM CHILDREN'S ZONE, INC.

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Employer identification number

23-7112974

EXPLANATORY NOTE CONCERNING THE COVID-19 PANDEMIC

IN MARCH 2020, THE WORLD HEALTH ORGANIZATION OFFICIALLY DECLARED COVID-19, A DISEASE CAUSED BY THE NOVEL CORONAVIRUS, A PANDEMIC. THIS CAUSED MANY LOCAL AND NATIONAL GOVERNMENTS, INCLUDING NEW YORK STATE, TO IMPOSE RESTRICTIONS ON BUSINESS OPERATIONS, TRAVEL AND PUBLIC GATHERINGS. THE OUTBREAK HAS ADVERSELY IMPACTED THE LEVEL OF ECONOMIC ACTIVITY AROUND THE WORLD AND DISRUPTED NORMAL BUSINESS ACTIVITY IN EVERY SECTOR OF THE ECONOMY.

AS A RESULT OF THE PANDEMIC, IN MID-MARCH 2020 THE ORGANIZATION MOVED TO VIRTUAL PROGRAM SERVICES FOR THE REMAINDER OF THE FISCAL YEAR. THE ORGANIZATION ALSO POSTPONED ITS ANNUAL FUNDRAISING EVENT, WHICH WAS SCHEDULED FOR APRIL 2020, TO SEPTEMBER 2020 AND HELD IT VIRTUALLY (REFER TO NOTE 5 FOR FURTHER DETAILS). IN ORDER TO MITIGATE THE IMPACT OF THE VIRUS, FOR FISCAL YEAR 2021, THE ORGANIZATION HAS PRIMARILY OPERATED ITS PROGRAMS REMOTELY. THE FULL IMPACT OF THE COVID-19 OUTBREAK CONTINUES TO EVOLVE AS OF THE DATE OF THIS REPORT. EXTERNAL FACTORS, INCLUDING THE DURATION AND INTENSITY OF THE PANDEMIC, THE SHAPE OF THE ECONOMIC RECOVERY AND ITS IMPACT ON POTENTIAL GOVERNMENT FUNDING, AS WELL AS TIMING AND WIDESPREAD ADOPTION OF VACCINES, COULD HAVE AN IMPACT ON THE ORGANIZATION'S FUTURE OPERATING AND PROGRAMMATIC RESULTS.

FORM 990, PART III, LINE 1

ORGANIZATION'S MISSION (CONTINUED)

Name of the organization HARLEM CHILDREN'S ZONE, INC.	Employer identification number 23-7112974
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FROM EARLY CHILDHOOD, EDUCATION, AND CAREER PROGRAMS TO COMMUNITY OUTREACH AND WELLNESS INITIATIVES, HCZ OPENS PATHWAYS TO MOBILITY AND PROSPERITY. HCZ'S UNIQUE APPROACH IS TO PROVIDE SUPPORTS FOR EACH STAGE OF A CHILD'S DEVELOPMENT AND ADDRESS ANY BARRIERS TO THEIR ACADEMIC SUCCESS. OUR EARLY-CHILDHOOD PROGRAMS HELP BUILD A STRONG FOUNDATION FOR LATER LEARNING.

OUR TWO K THROUGH 12 CHARTER SCHOOLS ARE STAFFED WITH DEDICATED, QUALITY TEACHERS AND SPECIALISTS TO ENSURE OUR STUDENTS STAY ON TRACK FOR COLLEGE SUCCESS. WE ALSO OFFER AFTER-SCHOOL PROGRAMS FOR ELEMENTARY, MIDDLE, AND HIGH SCHOOL STUDENTS WHO LIVE IN THE ZONE AND ATTEND TRADITIONAL PUBLIC SCHOOLS - WORKING CLOSELY WITH THEM, THEIR TEACHERS, AND PARENTS TO MAKE SURE THEY GRADUATE ON TIME AND ARE READY FOR COLLEGE.

WHETHER STUDENTS ATTEND LOCAL COLLEGES OR GO OUT-OF-TOWN, OUR CENTER FOR HIGHER EDUCATION AND CAREER SUPPORT (CHECS) HELPS THEM WITH EVERYTHING FROM TIME MANAGEMENT TO TUTORING TO SECURING PAID INTERNSHIPS, WHICH ARE SO IMPORTANT TO EARNING EXTRA INCOME AND GAINING INVALUABLE WORK EXPERIENCE. WE HAVE THE SAME EXPECTATIONS OF SUCCESS FOR THE CHILDREN WE SERVE FROM TRADITIONAL PUBLIC SCHOOLS AS WE DO FROM OUR CHARTER SCHOOLS. THOUGH OUR PROGRAMS WORK WITH THOUSANDS OF CHILDREN, WE MAKE SURE EACH CHILD GETS HIS OR HER SPECIFIC NEEDS MET AND IS FOCUSED ON GRADUATING FROM COLLEGE. CHILDREN FROM SIXTH GRADE AND UP ARE ASSIGNED AN ADVOCATE WHO CREATES AN ONGOING ASSESSMENT OF WHAT SERVICES ARE NECESSARY AND MAKES SURE THE STUDENT GETS THEM, WHETHER IT IS RELATED TO HEALTH CARE, A

Name of the organization HARLEM CHILDREN'S ZONE, INC.	Employer identification number 23-7112974
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CHAOTIC HOME LIFE, OR AN ACADEMIC STUMBLING BLOCK.

IN ADDITION TO OUR DIRECT WORK WITH CHILDREN, WE HAVE PROGRAMS AIMED AT STRENGTHENING FAMILIES AND THE VERY FABRIC OF THE COMMUNITY - TRANSFORMING THE NEIGHBORHOOD FROM ONE MIRED IN POVERTY TO ONE OF ECONOMIC STABILITY AND A POSITIVE CULTURE. SINCE WE ARE CONCERNED WITH THE ENTIRE CHILD, WE ALSO HAVE DEVELOPED PROGRAMS TO IMPROVE THE HEALTH OF OUR CHILDREN. BECAUSE OBESITY THREATENS THE HEALTH OF SO MANY OF OUR CHILDREN AND ADULTS, WE CREATED AN ORGANIZATION-WIDE PROGRAM CALLED HEALTHY HARLEM. WE CREATED A DATABASE OF THE HEIGHT, WEIGHT AND BODY MASS INDEX OF ALL PARTICIPANTS TO TRACK THEIR PROGRESS. THE PROGRAM OFFERS ONE HOUR A DAY OF EXERCISE AND ONE NUTRITION EDUCATION CLASS EACH WEEK TO THOUSANDS OF OUR STUDENTS. CHILDREN WITH THE MOST SEVERE OBESITY PROBLEMS RECEIVE MORE INDIVIDUALIZED ATTENTION. HEALTHY HARLEM ALSO WORKS WITH PARENTS, OFFERING EXERCISE CLASSES, HEALTHY COOKING CLASSES AND A SUBSIDIZED FARMERS MARKET.

WE HAVE BECOME A NATIONAL MODEL FOR FIGHTING POVERTY AND EDUCATING AT-RISK YOUTH. HUNDREDS OF DELEGATIONS FROM AROUND THE WORLD HAVE VISITED US OR TAKEN WORKSHOPS TO LEARN ABOUT WHAT WE DO. PRESIDENT BARACK OBAMA CREATED THE PROMISE NEIGHBORHOODS PROGRAM TO USE FEDERAL MATCHING GRANTS TO REPLICATE OUR COMPREHENSIVE MODEL IN OTHER POOR COMMUNITIES ACROSS THE COUNTRY AND WE HAVE PROVIDED ADVICE TO THESE COMMUNITIES.

FORM 990, PART IV LINE 4 - LOBBYING DISCLOSURE HARLEM CHILDREN'S ZONE



Name of the organization HARLEM CHILDREN'S ZONE, INC.	Employer identification number 23-7112974
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DOES NOT UNDERTAKE ANY LOBBYING ACTIVITIES. HCZ PRESIDENT GEOFFREY CANADA IS A VERY PROMINENT INDIVIDUAL IN THE COMMUNITY AND HE MAY UNDERTAKE ADVOCACY EFFORTS THAT HAVE ANCILLARY BENEFITS TO 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; HARLEM CHILDREN'S ZONE DOES NOT SUBSIDIZE THOSE EFFORTS.

FORM 990, PART VI: POLICIES

LINE 11 - PROCESS USED TO REVIEW FORM 990 THE FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCE DEPARTMENT. A COPY OF THE DRAFT FORM 990 WAS CIRCULATED TO THE AUDIT COMMITTEE FOR DISCUSSION AND COMMENT. EACH AUDIT COMMITTEE MEMBER WAS PROVIDED AMPLE OPPORTUNITY TO COMMENT ON THE INFORMATION CONTAINED IN THE 990 PRIOR TO ITS FILING WITH THE INTERNAL REVENUE SERVICE. THE AUDIT COMMITTEE WILL SUMMARIZE ITS FINDING ON THE FORM 990 TO THE FULL BOARD OF DIRECTORS.

LINE 12 - ENFORCEMENT AND MONITORING OF CONFLICT OF INTEREST POLICY 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 WITH HARLEM

Name of the organization HARLEM CHILDREN'S ZONE, INC.	Employer identification number 23-7112974
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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 - PROCESS FOR DETERMINING COMPENSATION 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 IS REASONABLE GIVEN THE MARKET IN WHICH THE ORGANIZATION OPERATES. HARLEM CHILDREN ZONE RECENTLY COMMISSIONED A COMPENSATION SURVEY IN MARCH OF 2020 TO ENSURE THAT THE WAGES IT PAYS ITS EXECUTIVES IS COMMENSURATE WITH THE MARKET IN WHICH IT OPERATES.

FORM 990, PART VI: DISCLOSURES

LINE 19 - AVAILABILITY OF DOCUMENTS TO THE PUBLIC THE ORGANIZATION 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 POSTS ITS AUDITED FINANCIAL STATEMENTS AND FORM 990 ON ITS WEBSITE, BUT ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST AND PROVIDED AT MANAGEMENT'S DISCRETION.

FORM 990, PART VIII, LINE 7

THE HARLEM CHILDREN'S ZONE INVESTS IN NON-EXCHANGE TRADED ALTERNATIVE INVESTMENTS (AS IDENTIFIED IN SCHEDULE D, PART VII). SINCE THESE INVESTMENTS ARE NOT TRADED ON TRADITIONAL INVESTMENT MARKETS, THE

Name of the organization HARLEM CHILDREN'S ZONE, INC.	Employer identification number 23-7112974
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ORGANIZATION RELIES ON ITS INVESTMENT BROKERS TO IDENTIFY ITS GAINS AND LOSSES DURING THE FISCAL YEAR. HISTORICALLY, THE ORGANIZATION'S INVESTMENT BROKERS HAVE REPORTED ALL GAINS AS UNREALIZED GAINS ON INVESTMENTS AND NOT SEGREGATED ANY REALIZED GAINS. ACCORDINGLY, HARLEM CHILDREN'S ZONE IS UNABLE TO IDENTIFY REALIZED GAINS FOR REPORTING ON FORM 990, PART VIII, LINE 7.

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ATTACHMENT 1

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FORM 990, PART III - PROGRAM SERVICE, LINE 4A

HARLEM CHILDREN'S ZONE OFFERS A COMPREHENSIVE NETWORK OF EDUCATION, SOCIAL-SERVICE AND COMMUNITY-BUILDING PROGRAMS ACROSS A 97-BLOCK AREA OF CENTRAL HARLEM. HARLEM CHILDREN'S ZONE SUPPORTS CHILDREN FROM BIRTH THROUGH COLLEGE AS WELL AS WORKING WITH THE ADULTS AROUND THEM. THE ORGANIZATION SERVES 22,500 CHILDREN AND FAMILIES.

AFTERSCHOOL PROGRAMS

WE PROVIDE SUPPORT FOR STUDENTS IN THE TRADITIONAL PUBLIC ELEMENTARY SCHOOLS WITHIN HARLEM CHILDREN'S ZONE AFTER SCHOOL PROGRAMS. WE WORK WITH MIDDLE-SCHOOL AND HIGH-SCHOOL STUDENTS THROUGH SEVERAL AFTER-SCHOOL PROGRAMS, ENSURING THAT THEY ARE PREPARED FOR COLLEGE.

HCZ'S COLLEGE PREPARATORY PROGRAM PROVIDES COMPREHENSIVE ACADEMIC ENRICHMENT YEAR-ROUND TO STUDENTS ACROSS ALL OF OUR HIGH-SCHOOL SITES. SERVICES INCLUDE ONE-ON-ONE TUTORING, STANDARDIZED TEST PREPARATION, AND ASSISTANCE WITH COLLEGE ESSAYS AND FINANCIAL AID

Name of the organization HARLEM CHILDREN'S ZONE, INC.	Employer identification number 23-7112974
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ATTACHMENT 1 (CONT'D)

APPLICATIONS. STUDENTS ALSO TAKE TRIPS TO VISIT COLLEGE CAMPUSES AND PARTICIPATE IN A HOST OF EXTRACURRICULAR ACTIVITIES, INCLUDING ROBOTICS, CHESS, FASHION DESIGN, MUSIC AND VIDEO PRODUCTION, CREATIVE WRITING, AMONG OTHER PROGRAMMING. IN BUILDING ON OUR STUDENTS' PASSIONS, THESE ACTIVITIES ALSO HELP THEM GAIN CONFIDENCE, DISCOVER THE REWARDS OF COMMITMENT, AND GAIN EXPOSURE TO POTENTIAL CAREER PATHS.

AT THE HEART OF OUR COLLEGE PREP PROGRAMMING IS OUR UNIQUE ACADEMIC CASE MANAGEMENT (ACM) APPROACH. THROUGH ACM, ALL MIDDLE-SCHOOL, HIGH-SCHOOL, AND COLLEGE STUDENTS ARE ASSIGNED A STUDENT ADVOCATE. WHEREAS GUIDANCE COUNSELORS IN NEW YORK CITY PUBLIC SCHOOLS HAVE AN AVERAGE CASELOAD OF 400 STUDENTS, STUDENT ADVOCATES ADVISE AN AVERAGE OF 25 STUDENTS, WORKING CLOSELY WITH EACH AND EVERY ONE TO CREATE INDIVIDUALIZED ACTION PLANS WITH CONCRETE, TARGETED STRATEGIES TO HELP ADVANCE BOTH ACADEMIC AND PERSONAL DEVELOPMENT.

LIKE EVERYTHING WE DO AT HCZ, HELPING OUR STUDENTS' ACHIEVE COLLEGE READINESS IS A TEAM EFFORT. IN ORDER TO BETTER FOSTER AND TRACK THEIR PROGRESS, STUDENT ADVOCATES COLLABORATE WITH PARENTS, TEACHERS, TUTORS, SOCIAL WORKERS, AND OTHER STAKEHOLDERS. IT IS ALSO A MULTI-PRONGED EFFORT. COLLEGE READINESS CALLS FOR A ROBUST KNOWLEDGE BASE IN CORE SUBJECT AREAS, CERTAINLY. YET IT ALSO CALLS FOR STRONG STUDY HABITS AND ACADEMIC BEHAVIORS, AS WELL AS

Name of the organization HARLEM CHILDREN'S ZONE, INC.	Employer identification number 23-7112974
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ATTACHMENT 1 (CONT'D)

NON-COGNITIVE SKILLS, SUCH AS CURIOSITY, GRIT, PERSISTENCE, AND RESOURCEFULNESS. ACROSS SITES AND GRADES, WE HELP STUDENTS DEVELOP BOTH THE CHARACTER TRAITS AND THE SOFT SKILLS THEY NEED TO FACE THE MANY CHALLENGES THAT COLLEGE BRINGS AND ACHIEVE THEIR LONG-TERM ACADEMIC, PROFESSIONAL, AND PERSONAL GOALS.

ULTIMATELY, OUR COLLEGE PREP PROGRAM CONSISTS OF FAR MORE THAN CAMPUS VISITS AND CASE MANAGEMENT. THROUGHOUT OUR PIPELINE, HCZ'S DEDICATED STAFF CONSISTENTLY AIM TO CULTIVATE A COLLEGE-GOING CULTURE IN WHICH EACH AND EVERY CHILD IS EMPOWERED TO AIM HIGH AND IS EQUIPPED WITH THE RESILIENCE AND TOOLS TO FOLLOW THROUGH.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4B

## EARLY CHILDHOOD

SCIENTIFIC RESEARCH HAS SHOWN CONCLUSIVELY THAT THE VERY FIRST YEARS OF A CHILD'S LIFE ARE OF ENORMOUS IMPORTANCE TO BRAIN DEVELOPMENT AND CHANCES FOR ACADEMIC SUCCESS. THAT IS WHY AT HCZ EARLY CHILDHOOD EDUCATION IS THE CRITICAL STARTING LINE FOR OUR CHILDREN IN THEIR JOURNEY TO COLLEGE GRADUATION. OUR EARLY CHILDHOOD PROGRAMS OFFER A HOLISTIC COMBINATION OF EDUCATIONAL SUPPORT AND SERVICES THAT COACH PARENTS TO FACILITATE THEIR CHILD'S HEALTHY DEVELOPMENT, ENCOURAGE STRONG PARENT-CHILD BONDS, PROMOTE LITERACY-RICH INTERACTIONS, AND PREPARE CHILDREN TO ENTER KINDERGARTEN FULLY READY FOR SCHOOL.

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ATTACHMENT 2 (CONT'D)

THE ORGANIZATION HAS BEEN SUCCESSFUL IN TEACHING NEW PARENTS HOW TO ENGAGE WITH THEIR CHILDREN TO OPTIMIZE BRAIN DEVELOPMENT, WHICH SETS THE STAGE FOR LATER ACADEMIC SUCCESS. THE BABY COLLEGE PARENTING WORKSHOPS HAVE GRADUATED MORE THAN 7,000 PARENTS AND CAREGIVERS SINCE IT BEGAN IN 2000.

THE BABY COLLEGE GIVES EXPECTANT PARENTS AND PARENTS OF CHILDREN AGES 0-3 A STRONG UNDERSTANDING OF CHILD DEVELOPMENT AND THE SKILLS TO RAISE HAPPY, HEALTHY BABIES THROUGH WORKSHOPS AND HOME VISITS.

THE BABY COLLEGE GRADS PROGRAM DEEPENS PARENTS' UNDERSTANDING OF CHILD DEVELOPMENT AND THEIR RELATIONSHIPS WITH THEIR CHILDREN, ALSO THROUGH WORKSHOPS AND HOME VISITS. THE G.R.A.D.S. (GUARDIANS RESPONDING AND DEVELOPING STRATEGIES) EARLY HEAD START PROGRAM IS A FULL-YEAR HOME VISITING PROGRAM SERVING CHILDREN AND FAMILIES FROM PREGNANCY TO AGE 3. G.R.A.D.S. FOCUSES ON STRENGTHENING PARENT-CHILD RELATIONSHIPS, EARLY LITERACY AND SCHOOL READINESS SKILLS, AND DEEPENING UNDERSTANDINGS OF EARLY CHILDHOOD DEVELOPMENT. THIS IS ACCOMPLISHED THROUGH WEEKLY HOME VISITS AND ON-SITE BI-WEEKLY PLAYGROUPS, ALSO CALLED SOCIALIZATIONS. MEETINGS ARE CONVIVIAL, PROVIDING PARENTS WITH HIGH-QUALITY TOOLS TO NURTURE THEIR CHILD'S GROWTH THROUGH EVERYDAY ACTIVITIES, FAMILY RELATIONSHIPS, AND COMMUNITY SUPPORT. MEETINGS ARE CONDUCTED IN ENGLISH, SPANISH AND FRENCH. OUTSIDE OF VISITS, WE OFFER PARENT

Name of the organization HARLEM CHILDREN'S ZONE, INC.	Employer identification number 23-7112974
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ATTACHMENT 2 (CONT'D)

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WORKSHOPS AND SUPPORT GROUPS TO FURTHER EMPOWER PARENTS AS THEIR CHILD'S FIRST TEACHERS. ALL OFFERINGS ARE LED BY PARENT COACHES AND FAMILY AIDES TRAINED IN THE SOCIAL WORK, EARLY CHILDHOOD EDUCATION, OR HEALTHCARE FIELDS. THE CONTINUOUS NATURE OF SERVICES PROVIDED TO FAMILIES FROM ONE YEAR TO THE NEXT ASSURES THAT WE ADDRESS CHILDREN AND FAMILY NEEDS AT A MOST SIGNIFICANT PERIOD OF DEVELOPMENT IN CHILDREN'S LIVES.

HCZ CREATED THE THREE-YEAR-OLD JOURNEY PROGRAM TO CONTINUE THE PARENTING-SKILLS DEVELOPMENT THROUGH PARENT WORKSHOPS AND GROUP ACTIVITIES FOR CHILDREN. THE THREE YEAR OLD JOURNEY (TYOJ) PROGRAM IS DEDICATED TO THE WINNERS OF THE PROMISE ACADEMY LOTTERY. THERE, FAMILIES HAVE THE OPPORTUNITY TO CONTINUE THEIR LEARNING OF EARLY CHILDHOOD DEVELOPMENT AND THE IMPORTANCE OF ENHANCING THEIR PARENTING SKILLS AT THIS STAGE OF THEIR CHILDREN'S LIVES. WHILE PARENTS RECEIVE WORKSHOPS RELATED TO DISCIPLINE, BRAIN DEVELOPMENT AND THE IMPORTANCE OF LANGUAGE TO NAME A FEW, THEIR CHILDREN ENGAGE IN DIFFERENTIATED ACTIVITIES WITHIN ACTUAL CLASSROOM SETTINGS AT PROMISE ACADEMY, WHERE THEY WILL EVENTUALLY BEGIN THEIR EDUCATIONAL PATH BEGINNING IN KINDERGARTEN. THERE, STUDENTS LEARN LITERACY, MATH AND SOCIAL SKILLS. PARENT WORKSHOPS ARE OFFERED IN ENGLISH, SPANISH AND FRENCH TO ADDRESS THE VARIOUS LANGUAGE NEEDS OF OUR COMMUNITY.

THE FINAL STEP IN OUR EARLY-CHILDHOOD PIPELINE, HARLEM GEMS OFFERS A HIGH-QUALITY, YEAR-ROUND, FULL-DAY PRE-KINDERGARTEN PROGRAM THAT

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ATTACHMENT 2 (CONT'D)

ENSURES THAT EVERY STUDENT ENTERS KINDERGARTEN SCHOOL-READY.

IN THE HARLEM GEMS PRE-KINDERGARTEN PROGRAMS, THREE- AND FOUR-YEAR-OLDS ATTEND AN ALL-DAY, YEAR-ROUND PROGRAM. SPANISH AND FRENCH ARE TAUGHT TO BUILD A CULTURALLY SENSITIVE COMMUNITY REFLECTIVE OF OUR POPULATION. IN 2019, 99% OF THE CHILDREN WHO COMPLETED THE HARLEM GEMS PRE-SCHOOL PROGRAM HAVE BEEN ASSESSED AS "SCHOOL READY," AS DETERMINED BY THE NATIONALLY RECOGNIZED BRACKEN SCALE ASSESSMENT.

ATTACHMENT 3

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

COLLEGE AND CAREER

WE BOAST A 97% COLLEGE ACCEPTANCE RATE AND, TO MAKE SURE THEY ARE SUCCESSFUL, OUR CENTER FOR HIGHER EDUCATION AND CAREER SUPPORT (CHECS) OFFERS A VARIETY OF SUPPORTS: TUTORING, SCHOLARSHIPS, FINANCIAL AID COUNSELING, AND TIME MANAGEMENT CLASSES, AS WELL AS RESUME-WRITING AND INTERVIEW WORKSHOPS. EACH STUDENT IS ASSIGNED AN ADVISOR WHO STAYS IN REGULAR CONTACT AND VISITS THE SCHOOL TO MAKE SURE THE STUDENT IS GETTING THE SUPPORTS THEY NEED AND IS STAYING ON TRACK FOR GRADUATION. WE ALSO HELP STUDENTS WITH GETTING WORKPLACE EXPERIENCE THROUGH PAID INTERNSHIPS IN FOR-PROFIT COMPANIES, HEALTH-CARE INSTITUTIONS, GOVERNMENT AGENCIES AND NON-PROFITS AS WELL AS EMPLOYING THEM TO HELP WITH PROGRAMS AT HCZ.



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ATTACHMENT 3 (CONT'D)

PART III, LINE 4D

OTHER PROGRAMS

PREVENTIVE SERVICES HCZ'S FOSTER-CARE PREVENTIVE PROGRAMS WORK TO STRENGTHEN FAMILIES IN CRISIS SO THAT THE FAMILIES CAN STAY WHOLE AND NOT HAVE CHILDREN PLACED INTO FOSTER CARE.

COMMUNITY CENTERS: HCZ HAS ESTABLISHED PIONEERING COMMUNITY CENTERS FOR CHILDREN AND ADULTS DURING EVENING, WEEKEND AND SUMMER HOURS. FOR STUDENTS, THE CENTERS PROVIDE CRITICAL ACADEMIC SUPPLEMENTS AND PERSONALIZED TUTORING, AS WELL AS A SAFE, ENRICHING PLACE FOR CHILDREN TO SPEND THEIR OUT-OF-SCHOOL HOURS. FOR ADULTS, THE CENTERS OFFER RECREATIONAL AND SPORTS PROGRAMS. OVERALL, THE CENTERS ARE NEEDED RESOURCES IN NEIGHBORHOODS THAT ARE BEREFT OF PLACES FOR CHILDREN AND ADULTS TO GATHER, HAVE FUN, LEARN NEW SKILLS AND IMPROVE THEIR FITNESS.

INCLUDED WITHIN OTHER PROGRAM SERVICES IS THE WILLIAM JULIUS WILSON INSTITUTE WHICH WORKS WITH ON-THE-GROUND-COLLABORATORS AND NATIONAL PARTNERS TO DELIVER COMPREHENSIVE STRATEGIES, SUPPORT SERVICES, AND TOOLS THAT SYSTEMATICALLY ROOT OUT POVERTY AND CLOSE OPPORTUNITY GAPS IN NEIGHBORHOODS ACROSS AMERICA.

ATTACHMENT 4

Name of the organization HARLEM CHILDREN'S ZONE, INC.	Employer identification number 23-7112974
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ATTACHMENT 4 (CONT'D)

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

<u>DESCRIPTION</u>	<u>GRANTS</u>	<u>EXPENSES</u>	<u>REVENUE</u>
PREVENTIVE SERVICES	56,169.	7,922,700.	0.
OTHER PROGRAM SERVICES	52,857.	11,385,181.	0.
TOTALS	109,026.	19,307,881.	0.

ATTACHMENT 5

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
F-INT LLC 45 BROADWAY 4TH FLOOR NEW YORK, NY 10006	CONSTRUCTION SVCS.	1,530,860.
XEROX CORPORATION 201 MERITT PKWY #7 NORWALK, CT 06851	LEASE OF COPIER MACH	867,549.
THE ULTIMATE SOFTWARE GROUP, INC. 2000 ULTIMATE WAY WESTON, FL 33326	HR SOFTWARE SERVICES	717,885.
SYSCO FOOD SERVICES METRO NY 20 THEODORE CONRAD DR JERSEY CITY, NJ 07305	FOOD DELIVERY	652,829.
SCHOOL PROFESSIONALS 622 3RD AVE FL 39 NEW YORK, NY 10170	SUBSTITUE TEACHERS	584,085.

**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

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

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization

HARLEM CHILDREN'S ZONE, INC.

Employer identification number

23-7112974

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) RHEEDLEN 125TH STREET, LLC 35 EAST 125TH STREET NEW YORK, NY 10035	HOLD PROPERTY	NY	0.	0.	HCZ
(2) HCZ PROMISE LLC 27-2392634 35 EAST 125TH STREET NEW YORK, NY 10035	HOLD PROPERTY	NY	0.	0.	HCZ
(3) 168 TITICUS RD. LLC 168 TITICUS ROAD NORTH SALEM, NY 10560	HOLD PROPERTY	NY	0.	0.	HCZ
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) HCZ PROMISE ACADEMY CHARTER SCHOOL 76-0756768 245 W 129TH STREET NEW YORK, NY 10027	EDUCATION	NY	501(C)(3)	2	HCZ	X	
(2) HCZ PROMISE ACADEMY CHARTER SCHOOL II 34-2049530 35 EAST 125TH STREET NEW YORK, NY 10035	EDUCATION	NY	501(C)(3)	2	HCZ	X	
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .	X	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		X
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	X	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	X	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	X	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	X	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	X	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	X	

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

**Part VII Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

## SCHEDULE R, RELATED PARTY TRANSACTIONS

PURSUANT TO THE TERMS OF COMMITMENT LETTERS BETWEEN HCZ AND THE PROMISE ACADEMY CHARTER SCHOOLS, ("PACS"), HCZ, AS THE PACS'S INSTITUTIONAL PARTNER, COMMITTED TO PROVIDE THE PACS CERTAIN SERVICES AT NO COST. PACS ARE TWO HIGH-QUALITY CHARTER SCHOOLS AFFILIATED WITH THE ORGANIZATION. THESE SERVICES INCLUDE FINANCIAL MANAGEMENT, SOCIAL, TECHNOLOGY, FUNDRAISING, PUBLIC RELATIONS, AND TEACHING ASSISTANCE SERVICES.

BOTH CHARTER SCHOOLS HAVE RENEWED THEIR COMMITMENT LETTERS WITH HARLEM CHILDREN'S ZONE FOR A FOUR-YEAR PERIOD THAT RUNS THROUGH JUNE 30, 2024. HCZ'S CONTRIBUTED SPACE AND SERVICES PROVIDED TO THE PACS FOR THE YEAR ENDED JUNE 30, 2020 AMOUNTED TO \$2,791,983. HARLEM CHILDREN'S ZONE INCLUDES WITHIN ITS SECTION 457(F) AND TEACHERS SUPPLEMENTAL BONUS PLAN, CERTAIN EMPLOYEES OF BOTH CHARTER SCHOOLS AND, FOR THE YEAR ENDED JUNE 30, 2020, PROVIDED THE CHARTER SCHOOLS A SUBSIDY OF \$1,888,103 TO COVER THIS COST.