

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HARLEM CHILDREN'S ZONE, INC.		D Employer identification number 23-7112974
	Doing business as		E Telephone number (212) 360-3255
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	35 EAST 125TH STREET		G Gross receipts \$ 232,717,937.
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10035		
F Name and address of principal officer: KWAME OWUSU-KESSE SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE ENHANCE THE LIFE FOR CHILDREN AND FAMILIES IN SOME OF NYC'S MOST DEVASTATED NEIGHBORHOODS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	1500
	6 Total number of volunteers (estimate if necessary)	6	0
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	132,870,565.	170,129,289.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	241,622.	-330,082.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,131,506.	1,600,658.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	135,243,693.	171,399,865.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	8,241,608.	29,367,928.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	59,882,576.	53,524,540.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,766,920.	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	37,231,740.	69,593,064.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	105,355,924.	152,485,532.
19 Revenue less expenses. Subtract line 18 from line 12	29,887,769.	18,914,333.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	743,515,066.	970,988,312.
	22 Net assets or fund balances. Subtract line 21 from line 20	111,547,384.	92,975,538.
		631,967,682.	878,012,774.

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		
	CONNOR FOURNIER, CHIEF FINANCIAL OFFICER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name SCOTT THOMPSETT	Preparer's signature <i>Scott Thompsett</i>	Date 5.10.2022	Check if self-employed <input type="checkbox"/>	PTIN P00741490
	Firm's name ▶ GRANT THORNTON LLP	Firm's EIN ▶ 36-6055558	Phone no. (212) 599-0100		
Firm's address ▶ 757 THIRD AVENUE, 3RD FLOOR NEW YORK, NY 10017-2013					

May the IRS discuss this return with the preparer shown above? See instructions Yes No

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to 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.

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.

Type or print	Name of exempt organization or other filer, see instructions. HARLEM CHILDREN'S ZONE, INC.	Taxpayer identification number (TIN) 23-7112974
File by the due date for filing your return. See instructions.	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) 0 | 1

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 **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

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

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	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.

COPY

Part III Statement of Program Service Accomplishments

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

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 [X] 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 [X] 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 \$ 36,158,640. including grants of \$ 417,101.) (Revenue \$ 0.) SEE SCHEDULE O

4b (Code:) (Expenses \$ 12,755,815. including grants of \$ 388,093.) (Revenue \$ 0.) SEE SCHEDULE O

4c (Code:) (Expenses \$ 7,214,881. including grants of \$ 22,210,393.) (Revenue \$ 0.) SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) (Expenses \$ 39,738,213. including grants of \$ 6,352,341.) (Revenue \$ 0.)

4e Total program service expenses 95,867,549.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 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
4 Section 501(c)(3) organizations. 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
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 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
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 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
9 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
10 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	
11 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.		
a 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 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	
c 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
d 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
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a 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 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	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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	
15 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
16 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
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 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	
19 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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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 ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

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 ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 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 checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, business income, foreign accounts, prohibited transactions, and charitable contributions.

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 Enter the number of voting members... 18; 1b Enter the number of voting members included on line 1a... 16; 2 Did any officer, director, trustee, or key employee have a family relationship...; 3 Did the organization delegate control over management duties...; 4 Did the organization make any significant changes to its governing documents...; 5 Did the organization become aware during the year of a significant diversion of the organization's assets...; 6 Did the organization have members or stockholders...; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body...; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body...; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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 Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official; b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

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.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
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
LINDA IBUZOR - 212-360-3255
35 EAST 125TH STREET, NEW YORK, NY 10035

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 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 (THRU 06/20) PRESIDENT & CEO	0.00 0.00						X	1,238,925.	0.	129,821.
(2) BETINA JEAN LOUIS (THRU 06/20) DIRECTOR OF EVALUATION	40.00 0.00					X		554,619.	0.	65,385.
(3) KWAME OWUSU-KESSE (AS OF 07/20) PRESIDENT & CEO	40.00 2.00			X				444,098.	0.	106,784.
(4) MICHELLE GERMAINE (THRU 10/20) MD, STRATEGIC DEVELOP. INI	40.00 0.00					X		454,699.	0.	50,050.
(5) JAMES D. HUTTER (THRU 02/21) CHIEF FINANCIAL OFFICER	40.00 2.00			X				368,013.	0.	123,645.
(6) MONALISA TOLBERT (THRU 08/20) DIRECTOR	40.00 0.00					X		395,336.	0.	60,707.
(7) GEOFFREY CANADA PRESIDENT	40.00 4.00	X		X				415,761.	0.	31,532.
(8) BESSIE WILKERSON (THRU 08/20) MANAGING DIR. OF EDU. RESEARCH	40.00 0.00					X		322,922.	0.	56,063.
(9) KAREN SODOMICK CHIEF COMMUNICATIONS OFFICER	40.00 0.00					X		324,565.	0.	2,785.
(10) JENNIFER KLEIN CHIEF DEVELOPMENT OFFICER	40.00 0.00			X				280,070.	0.	33,776.
(11) NANA A. ANNAN CHIEF OPERATING OFFICER	40.00 2.00			X				181,371.	0.	41,442.
(12) STANLEY F. DRUCKENMILLER CHAIRMAN	1.00 4.00	X		X				0.	0.	0.
(13) MITCH KURZ TREASURER	1.00 4.00	X		X				0.	0.	0.
(14) MATTHEW C. BLANK SECRETARY	1.00 0.00	X		X				0.	0.	0.
(15) WALLIS ANNENBERG BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(16) KEITH MEISTER VICE CHAIRMAN	1.00 4.00	X		X				0.	0.	0.
(17) JOSEPH DIMENNA BOARD MEMBER	1.00 0.00	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 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			
(18) MARK KINGDON BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(19) KENNETH G. LANGONE BOARD MEMBER	1.00 4.00	X						0.	0.	0.
(20) LAURA SAMBERG BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(21) CAROLINE TURNER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(22) RICHARD WITTEN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(23) BRIAN HIGGINS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(24) ZACHARY J. SCHREIBER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(25) ERIC W. MANDELBLATT BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(26) PHILIPPE LAFFONT BOARD MEMBER	1.00 0.00	X						0.	0.	0.
1b Subtotal								4,980,379.	0.	701,990.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,980,379.	0.	701,990.

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 **65**

	Yes	No
3 Did the organization list any former officer, director, 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
THE ULTIMATE SOFTWARE GROUP 200 PARK AVENUE, NEW YORK, NY 10003	HR SOFTWARE SERVICES	546,219.
PC CONNECTION 730 MILFORD ROAD, MERRIMACK, NH 03054	PC HARDWARE, SOFTWARE & IT SVCS	364,560.
MOBILE HEALTH MEDICAL SERVICES PC 229 W 36TH ST #10, NEW YORK, NY 10018	MEDICAL SERVICES	346,163.
MATHEMATICA POLICY RESEARCH, INC, 955 MASSACHUSETTS AVE, STE 801, CAMBRIDGE, MA	PROVIDE RESEARCH AND DATA	331,488.
SYSCO FOOD SERVICES METRO NY, 20 THEODORE CONRAD DRIVE, JERSEY CITY, NJ 07305	FOOD DELIVERY SERVICE	301,447.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **40**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	53,341,280.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	4,359,602.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	112,428,407.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 18,239,491.			
	h	Total. Add lines 1a-1f		170,129,289.			
	Program Service Revenue	2 a	_____	Business Code			
b		_____					
c		_____					
d		_____					
e		_____					
f		All other program service revenue					
g		Total. Add lines 2a-2f					
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)				
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real	2,044,800.			
			(ii) Personal				
	b	Less: rental expenses ...	6b	0.			
	c	Rental income or (loss)	6c	2,044,800.			
	d	Net rental income or (loss)		2,044,800.			2,044,800.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	60,422,919.			
			(ii) Other				
	b	Less: cost or other basis and sales expenses	7b	60,753,001.			
	c	Gain or (loss)	7c	-330,082.			
d	Net gain or (loss)		-330,082.			-330,082.	
8 a	Gross income from fundraising events (not including \$ 53,341,280. of contributions reported on line 1c). See Part IV, line 18		0.				
b	Less: direct expenses	8b	565,071.				
c	Net income or (loss) from fundraising events		-565,071.			-565,071.	
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	REFUNDS/REIMBURSEMENTS	900099	120,929.		120,929.	
	b	_____					
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d		120,929.			
	12	Total revenue. See instructions		171,399,865.	0.	0.	1,270,576.

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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 ...	22,915,981.	22,915,981.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	6,451,947.	6,451,947.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,354,013.	2,065,373.	216,803.	71,837.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,018,688.	893,780.	93,820.	31,088.
7 Other salaries and wages	37,830,585.	32,209,986.	4,461,728.	1,158,871.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,194,453.	1,879,583.	274,705.	40,165.
9 Other employee benefits	6,639,565.	5,717,293.	698,897.	223,375.
10 Payroll taxes	3,487,236.	3,023,107.	364,182.	99,947.
11 Fees for services (nonemployees):				
a Management				
b Legal	48,377.		48,377.	
c Accounting	254,669.		254,669.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	44,154,876.		44,154,876.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	6,400,791.	5,008,247.	1,380,419.	12,125.
12 Advertising and promotion	265,584.		265,584.	
13 Office expenses	328,729.	315,728.	11,705.	1,296.
14 Information technology	3,328,870.	3,119,956.	183,185.	25,729.
15 Royalties				
16 Occupancy	6,377,282.	5,747,527.	629,755.	
17 Travel	80,655.	79,564.	725.	366.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,558,401.	2,027,145.	531,256.	
23 Insurance	801,083.		801,083.	
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	912,046.	909,592.	936.	1,518.
b UTILITIES	666,096.	587,062.	76,059.	2,975.
c EQUIPMENT RENT & MAINT.	477,566.	429,089.	43,667.	4,810.
d ADMISSIONS	106,501.	104,853.	1,648.	
e All other expenses	2,831,538.	2,381,736.	356,984.	92,818.
25 Total functional expenses. Add lines 1 through 24e	152,485,532.	95,867,549.	54,851,063.	1,766,920.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	220,545.	1	218,805.
	2 Savings and temporary cash investments	14,461,548.	2	31,750,724.
	3 Pledges and grants receivable, net	97,106,084.	3	81,292,076.
	4 Accounts receivable, net	2,587,632.	4	422,449.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	902,659.	9	1,279,676.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 171,136,938.		
	b Less: accumulated depreciation	10b 51,286,247.	122,290,944.	10c 119,850,691.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	504,811,732.	12	735,029,418.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,133,922.	15	1,144,473.
16 Total assets. Add lines 1 through 15 (must equal line 33)	743,515,066.	16	970,988,312.	
Liabilities	17 Accounts payable and accrued expenses	12,749,541.	17	13,609,058.
	18 Grants payable	62,287,288.	18	60,455,309.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	36,510,555.	25	18,911,171.
	26 Total liabilities. Add lines 17 through 25	111,547,384.	26	92,975,538.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	516,903,450.	27	771,989,483.
	28 Net assets with donor restrictions	115,064,232.	28	106,023,291.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	631,967,682.	32	878,012,774.
33 Total liabilities and net assets/fund balances	743,515,066.	33	970,988,312.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	171,399,865.
2	Total expenses (must equal Part IX, column (A), line 25)	2	152,485,532.
3	Revenue less expenses. Subtract line 2 from line 1	3	18,914,333.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	631,967,682.
5	Net unrealized gains (losses) on investments	5	227,130,759.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	878,012,774.

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
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form **990** (2020)

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	120,267,600.	72,230,873.	112,338,456.	132,870,565.	170,129,289.	607,836,783.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	120,267,600.	72,230,873.	112,338,456.	132,870,565.	170,129,289.	607,836,783.
5 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)						218,654,758.
6 Public support. Subtract line 5 from line 4.						389,182,025.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	120,267,600.	72,230,873.	112,338,456.	132,870,565.	170,129,289.	607,836,783.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	11,213.	23,921.	12,417.	2,226,865.	2,044,800.	4,319,216.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	0.	0.	
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	997,033.	1,040,627.	429,909.	146,262.	120,929.	2,734,760.
11 Total support. Add lines 7 through 10						614,890,759.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	63.29 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	65.36 %
16a 33 1/3% support test - 2020. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2019. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2020. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2019. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. 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 line 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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
2 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>		

Section C. Type II Supporting Organizations

	Yes	No
1 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>		

Section D. All Type III Supporting Organizations

	Yes	No
1 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?		
2 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>		
3 By reason of the relationship described in line 2, above, 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>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a 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 Did the activities described in line 2a, above, 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>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a 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>If "Yes" or "No" provide details in Part VI.</i>		
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>		

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	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)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> 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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS INCOME

2016 AMOUNT: \$ 182,302.

2017 AMOUNT: \$ 186,293.

2018 AMOUNT: \$ 180,719.

2019 AMOUNT: \$ 146,262.

2020 AMOUNT: \$ 120,929.

SPECIAL EVENTS GROSS INCOME

2016 AMOUNT: \$ 135,837.

2017 AMOUNT: \$ 146,568.

2018 AMOUNT: \$ 137,888.

2019 AMOUNT: \$ 0.

2020 AMOUNT: \$ 0.

RECOVERY OF PRIOR YEAR INVESTMENT WRITE-OFF

2016 AMOUNT: \$ 678,894.

2017 AMOUNT: \$ 707,766.

2018 AMOUNT: \$ 111,302.

2019 AMOUNT: \$ 0.

2020 AMOUNT: \$ 0.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2020

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions 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	<hr/> <hr/> <hr/>	\$ 25,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 5,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 5,050,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 26,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 13,808,570.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

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
7	<hr/> <hr/> <hr/>	\$ 5,045,180.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ 5,150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ 4,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input 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
6	STOCK _____ _____ _____	\$ 13,808,570.	06/30/21
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization HARLEM CHILDREN'S ZONE, INC.	Employer identification number 23-7112974
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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 info. once.) ▶ \$ _____
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	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

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.

	(a) Donor advised funds	(b) Funds and other accounts
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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.

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.

b 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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2020

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 |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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
1a Beginning of year balance	479,261,830.	451,742,985.	466,183,291.	438,718,755.	404,031,411.
b Contributions	6,205,140.	2,586,204.	0.	0.	4,471,008.
c Net investment earnings, gains, and losses	237,121,857.	25,052,776.	866,151.	46,347,788.	30,382,231.
d Grants or scholarships	0.	120,135.	65,965.	325,315.	165,895.
e Other expenditures for facilities and programs	0.	0.	15,240,492.	18,557,937.	0.
f Administrative expenses					
g End of year balance	722,588,827.	479,261,830.	451,742,985.	466,183,291.	438,718,755.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 98.2800 %
 - b Permanent endowment 1.7210 %
 - 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:
- | | Yes | No |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 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
1a Land		14,156,007.		14,156,007.
b Buildings		133,160,141.	34,573,969.	98,586,172.
c Leasehold improvements		16,095,785.	9,673,332.	6,422,453.
d Equipment		5,397,074.	4,806,463.	590,611.
e Other		2,327,931.	2,232,483.	95,448.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				119,850,691.

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	656,712,678.	END-OF-YEAR MARKET VALUE
(B) LIMITED PARTNERSHIPS	60,937,287.	END-OF-YEAR MARKET VALUE
(C) ALT. INVESTMENT REDEMPTION	17,379,453.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	735,029,418.	

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)		
Total. (Col. (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)	
Total. (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	4,655,434.
(3) DUE TO RELATED PARTY	11,525,737.
(4) REFUNDABLE ADVANCE	2,730,000.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	18,911,171.

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.

1	Total revenue, gains, and other support per audited financial statements		1	356,419,356.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a 227,130,759.		
b	Donated services and use of facilities	2b 2,043,608.		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	229,174,367.
3	Subtract line 2e from line 1		3	127,244,989.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 44,154,876.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	44,154,876.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	171,399,865.

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.

1	Total expenses and losses per audited financial statements		1	110,374,264.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a 2,043,608.		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	2,043,608.
3	Subtract line 2e from line 1		3	108,330,656.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 44,154,876.		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	44,154,876.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	152,485,532.

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.

PART X, LINE 2:

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.

HCZ IS EXEMPT FROM FEDERAL INCOME TAX UNDER IRC SECTION 501(C)(3), THOUGH

Part XIII Supplemental Information (continued)

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 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.

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.

Multiple horizontal lines for supplemental information input.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		AWARD DINNER (event type)	(event type)	(total number)	
Revenue	1	Gross receipts	53,341,280.		53,341,280.
	2	Less: Contributions	53,341,280.		53,341,280.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	202,342.		202,342.
	8	Entertainment			
	9	Other direct expenses	362,729.		362,729.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			565,071.
11	Net income summary. Subtract line 10 from line 3, column (d)			-565,071.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART II:

AS A RESULT OF THE COVID-19 PANDEMIC, THE HARLEM CHILDREN'S ZONE ANNUAL AWARDS CELEBRATION WAS HELD VIRTUALLY AS A PRERECORDED EVENT AND STREAMED ONLINE FOR DONORS (AND THE GENERAL PUBLIC) ON APRIL 15TH, 2021. ALL REVENUES RAISED FROM THE GALA REPRESENT CONTRIBUTION DOLLARS AS THE VIRTUAL ATTENDEES RECEIVED NO TANGIBLE BENEFITS FROM THE EVENT. EXPENSES INCURRED FROM THE EVENT REPRESENT ADMINISTRATIVE AND PRODUCTION COSTS FOR THE PRERECORDED CONTENT.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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 for the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

1 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**

2 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
HARLEM CHILDREN'S ZONE PROMISE ACADEMY I - 245 WEST 129TH STREET - NEW YORK, NY 10027	76-0756768	501(C)(3)	2,207,430.	0.			EDUCATION
HARLEM CHILDREN'S ZONE PROMISE ACADEMY II - 35 EAST 125TH STREET - NEW YORK, NY 10035	34-2049530	501(C)(3)	1,767,269.	0.			EDUCATION
STRIVE TOGETHER, INC. 125 EAST NINTH STREET CINCINNATI, OH 45202	81-3380647	501(C)(3)	386,666.	0.			COVID-19 EMERGENCY RESPONSE AND RECOVERY
POLICY LINK 1438 WEBSTER STREET, SUITE 303 OAKLAND, CA 94612	94-3297479	501(C)(3)	386,666.	0.			COVID-19 EMERGENCY RESPONSE AND RECOVERY
OAKLAND PROMISE 300 FRANK H. OGAWA PLAZA, SUITE 430 OAKLAND, CA 94612	54-2103707	501(C)(3)	2,668,812.	68,027.	FMV	COMPUTERS/LAPTOPS	COVID-19 EMERGENCY RESPONSE AND RECOVERY
UNITED WAY FOR SOUTHEASTERN MICHIGAN - 3011 WEST GRAND BLVD - DETROIT, MI 48202	20-3099071	501(C)(3)	2,673,333.	332,792.	FMV	COMPUTERS/LAPTOPS	COVID-19 EMERGENCY RESPONSE AND RECOVERY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 25.

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

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Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
BUILDING RESPONSIBLE INTELLIGENT CREATIVE KIDS- BRICK - 534 CLINTON AVE - NEWARK, NJ 07108	27-0820249	501(C)(3)	2,673,333.	66,806.	FMV	COMPUTERS/LAPTO PS	COVID-19 EMERGENCY RESPONSE AND RECOVERY
THRIVE CHICAGO NFP 211 WEST WACKER STREET, SUITE 1000 CHICAGO, IL 60606	47-2478889	501(C)(3)	2,673,333.	66,571.	FMV	COMPUTERS/LAPTO PS	COVID-19 EMERGENCY RESPONSE AND RECOVERY
PURPOSE BUILT COMMUNITIES FOUNDATION, INC. - 2380 HOSEA L. WILLIAMS SE, STE 4 - ATLANTA, GA 30317	45-4056587	501(C)(3)	2,673,333.	341,897.	FMV	COMPUTERS/LAPTO PS	COVID-19 EMERGENCY RESPONSE AND RECOVERY
NORTHSIDE ACHIEVEMENT ZONE 2123 WEST BROADWAY, STE 100 MINNEAPOLIS, MN 55411	30-0238807	501(C)(3)	2,673,333.	67,683.	FMV	COMPUTERS/LAPTO PS	COVID-19 EMERGENCY RESPONSE AND RECOVERY
NAACP EMPOWERMENT PROGRAMS, INC. 4805 MOUNT HOPE DRIVE BALTIMORE, MD 21215	13-1084135	501(C)(3)	386,666.	0.			COVID-19 EMERGENCY RESPONSE AND RECOVERY
CAMBA, INC. 1720 CHURCH AVE BROOKLYN, NY 11226	11-2480339	501(C)(3)	50,000.	66,689.	FMV	COMPUTERS/LAPTO PS	CAMBA EMERGENCY RELIEF FUND SUPPORT
FUND FOR THE CITY OF NEW YORK, INC. - 121 AVENUE OF THE AMERICAS, 6TH FL - NEW YORK, NY 10013	13-2612524	501(C)(3)	50,000.	67,991.	FMV	COMPUTERS/LAPTO PS	EMERGENCY RELIEF SUPPORT
BOYS CLUB OF NEW YORK CHURCH STREET STATION, P.O. BOX 330 NEW YORK, NY 10008-3302	13-5591750	501(C)(3)	50,000.	100,032.	FMV	COMPUTERS/LAPTO PS	BOYS CLUB OF NEW YORK EMERGENCY RELIEF SUPPORT
PHIPPS NEIGHBORHOODS 902 BROADWAY NEW YORK, NY 10010	13-2707665	501(C)(3)	50,000.	133,377.	FMV	COMPUTERS/LAPTO PS	PHIPPS NEIGHBORHOODS EMERGENCY RELIEF SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
CONEY ISLAND PREP 315 AVENUE U BROOKLYN, NY 11223	94-3453217	501(C)(3)	25,000.	0.			CONEY ISLAND PREP EMERGENCY RELIEF SUPPORT
LIVING REDEMPTION- SOUL SAVING CHURCH - 302 WEST 124TH STREET - NEW YORK, NY 10027	83-4024277	501(C)(3)	13,000.	0.			EMERGENCY RELIEF SUPPORT
IRIS HOUSE WEST SIDE 2348 ADAM CLAYTON POWELL BLVD. NEW YORK, NY 10030	13-3699201	501(C)(3)	7,000.	0.			EMERGENCY RELIEF SUPPORT
COMMUNITY IMPACT 616 WEST 114TH STREET NEW YORK, NY 10025	13-3386904	501(C)(3)	9,000.	0.			EMERGENCY RELIEF SUPPORT
AFRICAN SERVICES COMMITTEE 429 WEST 127TH STREET, 2ND FL NEW YORK, NY 10027	13-3749744	501(C)(3)	10,000.	0.			EMERGENCY RELIEF SUPPORT
FRIENDLY HANDS MINISTRY, INC. 229 EAST 118TH STREET NEW YORK, NY 10035	13-4126976	501(C)(3)	10,000.	0.			EMERGENCY RELIEF SUPPORT
LITTLE SISTERS OF THE ASSUMPTION FAMILY HEALTH SERVICE - 333 EAST 115TH STREET - NEW YORK, NY 10029	13-2867881	501(C)(3)	8,000.	0.			EMERGENCY RELIEF SUPPORT
CHILDREN'S VILLAGE - DREW HAMILTON COMMUNITY CENTER - 220 WEST 143RD STREET - NEW YORK, NY 10027	13-1739945	501(C)(3)	7,000.	0.			EMERGENCY RELIEF SUPPORT
ST. JOSEPH OF THE HOLY FAMILY 405 WEST 125TH STREET NEW YORK, NY 10027	13-1641067	501(C)(3)	5,000.	0.			EMERGENCY RELIEF SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(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 non-cash assistance	(h) Purpose of grant or assistance
FRESH AIR FUND 633 3RD AVE 14TH FL NEW YORK, NY 10017	13-1656653	501(C)(3)	0.	166,721.	FMV	COMPUTERS/LAPTOPS	EDUCATION/SUPPORT PROGRAM

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 noncash assistance
EDUCATIONAL STIPENDS	2088	2,045,492.	0.		
HCZ HARDSHIP ASSISTANCE	111	1,214,351.	0.		
SCHOLARSHIPS	120	734,907.	0.		
EMERGENCY FUNDS	3797	2,426,415.	0.		

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

Part IV Supplemental Information

EXPOSED TO 30 MILLION FEWER WORDS THAN CHILDREN IN HIGH-INCOME HOMES.

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.

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 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

Part IV Supplemental Information

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
 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 \$XXX
 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.

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)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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
1b		
2		
4a	X	
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7	X	
8		X
9		

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

Schedule J (Form 990) 2020

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) ANNE WILLIAMS-ISOM (THRU 06/20) PRESIDENT & CEO	(i)	314,446.	924,479.	0.	125,000.	4,821.	1,368,746.	924,479.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BETINA JEAN LOUIS (THRU 06/20) DIRECTOR OF EVALUATION	(i)	387,950.	50,746.	115,923.	52,500.	12,885.	620,004.	50,746.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KWAME OWUSU-KESSE (AS OF 07/20) PRESIDENT & CEO	(i)	393,352.	50,746.	0.	75,000.	31,784.	550,882.	50,746.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHELLE GERMAINE (THRU 10/20) MD, STRATEGIC DEVELOP. INI	(i)	410,341.	44,358.	0.	45,000.	5,050.	504,749.	24,358.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JAMES D. HUTTER (THRU 02/21) CHIEF FINANCIAL OFFICER	(i)	368,013.	0.	0.	75,000.	48,645.	491,658.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MONALISA TOLBERT (THRU 08/20) DIRECTOR	(i)	328,132.	33,358.	33,846.	30,000.	30,707.	456,043.	24,358.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GEOFFREY CANADA PRESIDENT	(i)	340,761.	75,000.	0.	0.	31,532.	447,293.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) BESSIE WILKERSON (THRU 08/20) MANAGING DIR. OF EDU. RESEARCH	(i)	278,564.	44,358.	0.	37,500.	18,563.	378,985.	24,358.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KAREN SODOMICK CHIEF COMMUNICATIONS OFFICER	(i)	324,565.	0.	0.	0.	2,785.	327,350.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JENNIFER KLEIN CHIEF DEVELOPMENT OFFICER	(i)	280,070.	0.	0.	0.	33,776.	313,846.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) NANA A. ANNAN CHIEF OPERATING OFFICER	(i)	181,371.	0.	0.	0.	41,442.	222,813.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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)

TOP 5 HIGHEST PAID EMPLOYEES, BETINA JEAN LOUIS AND MONALISA TOLBERT,

RECEIVED SEVERANCE PAYMENTS OF \$115,923 AND \$33,846 RESPECTIVELY IN

CALENDAR YEAR 2020; THESE 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, 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

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.

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 H CZ AND

ASSOCIATED EARNINGS OR LOSSES ARE FORFEITED.

FOR CALENDAR YEAR 2020, 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

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

SCHEDULE J, PART II, COLUMN (F).

PRESIDENT AND CEO, ANNE WILLIAMS-ISOM RETIRED IN JUNE OF 2020 AND WAS

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.

REPLACED BY THE NEW PRESIDENT, KWAME OWUSU-KESSE. MS. WILLIAMS-ISOM

RECEIVED A PAYOUT OF HER ACCUMULATED EARNINGS IN THE HARLEM CHILDREN'S

ZONE GROWTH FUND PLAN IN CALENDAR YEAR 2020. THIS GROWTH FUND PAYOUT IS

DISCLOSED IN FORM 990, SCHEDULE J, PART II, COLUMN (B)(II) AND IN

COLUMN (F).

GEOFFREY CANADA, OFFICER OF HCZ, MET THE AGE AND SERVICE PROVISIONS OF

THE 457 (F) PLAN (AGE VESTING) FOR CALENDAR YEAR 2020 THAT RESULTED IN

IMMEDIATE VESTING OF HCZ'S GROWTH FUND CONTRIBUTION. THIS AMOUNT IS

INCLUDED IN FORM 990, SCHEDULE J, COLUMN B (II).

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).

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
ZACHARY SCHREIBER	BOARD OF TRUSTEE	66,979,664.	SEE PART V		X
ZACHARY SCHREIBER	BOARD OF TRUSTEE	1,284,549.	SEE PART V		X
STANLEY DRUNKENMILLER	CHAIRMAN OF BOARD	60,874,257.	SEE PART V		X
ERIC MANDELBLATT	BOARD OF TRUSTEE	51,695,707.	SEE PART V		X
ERIC MANDELBLATT	BOARD OF TRUSTEE	3,337,136.	SEE PART V		X

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, 2021 IS APPROXIMATELY \$66.9 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 \$1,284,549.

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, 2021 IS \$60.8

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, 2021 IS \$51.7

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

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

TOTALING \$3,337,136.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		25,000.	FMV
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	15	16,195,883.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (COMPUTERS/EQU)	X	1	2,018,608.	FMV
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

TO THE EXENT THAT HARLEM CHILDREN'S ZONE RECEIVES DONATIONS OF
SECURITIES, H CZ 'S THIRD-PARTY BROKER DISPOSES OF THOSE SECURITIES; ALL
PROCEEDS THEREFROM ARE USED TO SUPPORT THE ORGANIZATION'S CHARITABLE
MISSION.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

HARLEM CHILDREN'S ZONE, INC.

Employer identification number

23-7112974

GENERAL STATEMENT ABOUT 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, HCZ MOVED TO VIRTUAL
PROGRAM SERVICES FOR THE REMAINDER OF THE FISCAL YEAR. DURING FISCAL
YEAR 2021, HCZ CONTINUED TO PRIMARILY OPERATE ITS PROGRAMS REMOTELY
HOWEVER ALSO ADDED SOME IN-PERSON PROGRAMMING, WITH VARIOUS SAFETY
PROTOCOLS IN PLACE, IN AN EFFORT TO MITIGATE LEARNING LOSS AND TO
ENCOURAGE SOCIAL EMOTIONAL LEARNING. THE ANNUAL FUNDRAISING EVENT WAS
HELD VIRTUALLY IN APRIL 2021. 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 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)

FROM EARLY CHILDHOOD, EDUCATION, AND CAREER PROGRAMS TO COMMUNITY
OUTREACH AND WELLNESS INITIATIVES, HCZ OPENS PATHWAYS TO MOBILITY AND

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

Schedule O (Form 990 or 990-EZ) 2020

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

IN ADDITION TO OUR DIRECT WORK WITH CHILDREN, WE HAVE PROGRAMS AIMED AT

Name of the organization HARLEM CHILDREN'S ZONE, INC.	Employer identification number 23-7112974
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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 III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
 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 XX,XXX CHILDREN AND FAMILIES.

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

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

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

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 H CZ 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.

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

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

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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 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.

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FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

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.

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

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

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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.

EXPENSES \$ 39,738,213. INCLUDING GRANTS OF \$ 6,352,341. REVENUE \$ 0.

FORM 990, PART IV LINE 4

LOBBYING DISCLOSURE HARLEM CHILDREN'S ZONE 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, SECTION B, LINE 11B:

POLICIES

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.

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FORM 990, PART VI, SECTION B, LINE 12C:

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 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.

FORM 990, PART VI, SECTION B, 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 2021 TO ENSURE THAT THE WAGES IT PAYS ITS EXECUTIVES IS COMMENSURATE WITH THE MARKET IN WHICH IT OPERATES.

FORM 990, PART VI, SECTION C, 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

Name of the organization HARLEM CHILDREN'S ZONE, INC.	Employer identification number 23-7112974
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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 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. HARLEM CHILDREN'S SERVICE WAS ABLE TO IDENTIFY REALIZED LOSSES OF \$(330,082) AND REPORTED IT ON FORM 990, PART VIII, LINE 7.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

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
RHEEDLEN 125TH STREET, LLC 35 EAST 125TH STREET NEW YORK, NY 10035	HOLD PROPERTY	NEW YORK	0.	0.	HCZ
HCZ PROMISE LLC - 27-2392634 35 EAST 125TH STREET NEW YORK, NY 10035	HOLD PROPERTY	NEW YORK	0.	0.	HCZ
168 TITICUS RD. LLC 168 TITICUS ROAD NORTH SALEM, NY 10560	HOLD PROPERTY	NEW YORK	0.	0.	HCZ

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
HCZ PROMISE ACADEMY CHARTER SCHOOL - 76-0756768, 245 W 129TH STREET, NEW YORK, NY 10027	EDUCATION	NEW YORK	501(C)(3)	LINE 2	HCZ	X	
HCZ PROMISE ACADEMY CHARTER SCHOOL II - 34-2049530, 35 EAST 125TH STREET, NEW YORK, NY 10035	EDUCATION	NEW YORK	501(C)(3)	LINE 2	HCZ	X	

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

Schedule R (Form 990) 2020

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	

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

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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)	X	
s 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 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, 2021 AMOUNTED TO \$3,068,266. 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, 2021, PROVIDED THE CHARTER SCHOOLS A SUBSIDY OF \$2,322,511 TO

COVER THIS COST.