

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)

2021

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 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022

Form sections B through M: B Check if applicable; C Name of organization; D Employer identification number; E Telephone number; F Name and address of principal officer; G Gross receipts; H(a) Is this a group return; H(b) Are all subordinates included; H(c) Group exemption number; I Tax-exempt status; J Website; K Form of organization; L Year of formation; M State of legal domicile.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Mission statement; 2-7 Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

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.

Signature block form with fields for Sign Here (Officer Signature), Paid (Preparer Name/Signature/Date), and Preparer Use Only (Firm Name/Address/EIN/Phone).

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

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, COMPREHENSIVE PROGRAMS THAT BUILD 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 \$ 43,038,526. including grants of \$ 0.) (Revenue \$ 0.) SEE SCHEDULE O

4b (Code:) (Expenses \$ 10,929,081. including grants of \$ 0.) (Revenue \$ 0.) SEE SCHEDULE O

4c (Code:) (Expenses \$ 9,334,942. including grants of \$ 0.) (Revenue \$ 0.) SEE SCHEDULE O

4d Other program services (Describe on Schedule O.) (Expenses \$ 17,289,340. including grants of \$ 8,112,469.) (Revenue \$ 0.)

4e Total program service expenses 80,591,889.

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> ? See instructions	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 Rev. Proc. 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> See instructions		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)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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 17 regarding employee counts, tax returns, unrelated 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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 20		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
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		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe on 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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

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.
 Own website Another's website 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 the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KWAME OWUSU-KESSE CEO & EX OFFICIO BOARD MEMBER	40.00 2.00	X		X				644,455.	0.	121,254.
(2) JAMES D. HUTTER CHIEF FINANCIAL OFF. (THRU 02/21)	40.00 0.00						X	628,915.	0.	39,464.
(3) GEOFFREY CANADA PRESIDENT	40.00 4.00	X		X				503,045.	0.	36,645.
(4) JENNIFER KLEIN CHIEF DEVELOPMENT OFFICER	40.00 0.00			X				318,973.	0.	90,959.
(5) JUSTIN MAKER SR MANAGING DIRECTOR, HR	40.00 0.00					X		294,152.	0.	96,267.
(6) JAZMINE LEWIS CHIEF OF STAFF	40.00 0.00					X		294,376.	0.	81,261.
(7) NANA A. ANNAN CHIEF OPERATING OFFICER	40.00 2.00			X				280,329.	0.	37,987.
(8) TRACEY JENKINS DIRECTOR, STRATEGIC SOURCING	40.00 0.00					X		250,008.	0.	61,117.
(9) TERESA COUNCIL MD, PARENT\COMMUN., HEALTH(THRU 2/21)	40.00 0.00					X		289,346.	0.	10,390.
(10) CONNOR FOURNIER CHIEF FINANCIAL OFFICER	40.00 2.00			X				287,507.	0.	8,586.
(11) WENSER J. PIERRE III SR MANAGING DIRECTOR OF PROGRAMS	40.00 0.00					X		256,975.	0.	16,520.
(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) KEITH MEISTER VICE CHAIRMAN	1.00 4.00	X		X				0.	0.	0.
(16) WALLIS ANNENBERG BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(17) STEPHANIE COLEMAN BOARD MEMBER (AS OF 10/2021)	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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DON K. CORNWELL BOARD MEMBER (AS OF 02/2021)	1.00 0.00	X						0.	0.	0.
(19) JOSEPH DIMENNA BOARD MEMBER (THRU 02/2022)	1.00 0.00	X						0.	0.	0.
(20) ANITA ELBERSE BOARD MEMBER (AS OF 10/2021)	1.00 0.00	X						0.	0.	0.
(21) MARK KINGDON BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(22) KENNETH G. LANGONE BOARD MEMBER	1.00 4.00	X						0.	0.	0.
(23) CAROLINE TURNER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(24) RICHARD WITTEN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(25) BRIAN HIGGINS BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(26) ZACHARY J. SCHREIBER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
1b Subtotal								4,048,081.	0.	600,450.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								4,048,081.	0.	600,450.

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 **55**

	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 EXECU SEARCH1, 675 THIRD AVENUE, 5TH FLOOR, NEW YORK, NY 10017	RECRUITING SERVICES	1,048,418.
THE ULTIMATE SOFT 2250 N COMMERCE PARKWAY, WESTON, FL 33326	HR SOFTWARE SERVICES	591,318.
BRIDGESPAN GROUP, 2 COPLEY PLACE, SUITE 37008, BOSTON, MA 02116	CONSULTING SERVICES	500,003.
MOVINYOUR 84 HERZL STREET, BROOKLYN, NY 11212	MAINTENANCE SERVICES	412,852.
COUPA, 1855 SOUTH GRANT STREET, SAN MATEO, CA 94402	SOFTWARE CONSULTING	300,000.

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 **17**

SEE PART VII, SECTION A CONTINUATION SHEETS

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 (check all that apply)						(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			
(27) ERIC W. MANDELBLATT BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(28) PHILIPPE LAFFONT BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(29) ASHOK VARADHAN BOARD MEMBER	1.00 0.00	X						0.	0.	0.
(30) DOUG BUCKMINSTER BOARD MEMBER	1.00 0.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	7,979,148.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	3,816,868.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	121,158,453.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 1,379,796.			
	h	Total. Add lines 1a-1f		132,954,469.			
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	2,106,144.			
			(ii) Personal				
			6b	Less: rental expenses ...	0.		
	6c	Rental income or (loss)	2,106,144.				
	d	Net rental income or (loss)		2,106,144.		2,106,144.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7b	Less: cost or other basis and sales expenses			
	7c	Gain or (loss)					
	d	Net gain or (loss)					
8 a	Gross income from fundraising events (not including \$ 7,979,148. of contributions reported on line 1c). See Part IV, line 18		82,365.				
		8b	Less: direct expenses	181,280.			
c	Net income or (loss) from fundraising events		-98,915.		-98,915.		
9 a	Gross income from gaming activities. See Part IV, line 19						
		9b	Less: direct expenses				
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10b	Less: cost of goods sold				
		c	Net income or (loss) from sales of inventory				
Miscellaneous Revenue	11 a	MISCELLANEOUS REVENUE	900099	44,441.		44,441.	
	b	_____					
	c	_____					
	d	All other revenue					
	e	Total. Add lines 11a-11d		44,441.			
12	Total revenue. See instructions		135,006,139.	0.	0.	2,051,670.	

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 ...	4,027,155.	4,027,155.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	4,085,314.	4,085,314.		
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	2,204,672.	1,934,343.	203,049.	67,280.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	38,947,915.	33,420,357.	4,184,085.	1,343,473.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	934,934.	856,652.	23,024.	55,258.
9 Other employee benefits	8,620,780.	7,202,228.	1,096,406.	322,146.
10 Payroll taxes	3,240,944.	2,889,848.	260,562.	90,534.
11 Fees for services (nonemployees):				
a Management				
b Legal	97,262.		97,262.	
c Accounting	407,244.		407,244.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	8,849,781.		8,849,781.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	8,652,941.	7,406,474.	1,195,258.	51,209.
12 Advertising and promotion	338,938.	1,149.	337,789.	
13 Office expenses	271,652.	247,379.	20,833.	3,440.
14 Information technology	1,896,644.	1,399,661.	483,337.	13,646.
15 Royalties				
16 Occupancy	10,485,141.	8,882,059.	1,601,486.	1,596.
17 Travel	719,470.	697,902.	20,528.	1,040.
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	2,561,295.	1,567,079.	994,216.	
23 Insurance	1,041,715.		1,041,715.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FOOD	1,556,407.	1,517,272.	34,503.	4,632.
b EDUCATION SUPPLIES	1,160,657.	1,123,419.	31,402.	5,836.
c TELECOMMUNICATIONS	804,234.	573,844.	226,955.	3,435.
d EQUIPMENT RENT & MAINT.	659,855.	543,493.	111,620.	4,742.
e All other expenses	2,691,400.	2,216,261.	413,793.	61,346.
25 Total functional expenses. Add lines 1 through 24e	104,256,350.	80,591,889.	21,634,848.	2,029,613.
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) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	218,805.	1	411,587.
	2 Savings and temporary cash investments	31,750,724.	2	118,801,902.
	3 Pledges and grants receivable, net	81,292,076.	3	72,121,319.
	4 Accounts receivable, net	422,449.	4	803,771.
	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	1,279,676.	9	2,546,637.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 171,898,772.		
	b Less: accumulated depreciation	10b 55,679,522.	119,850,691.	10c 116,219,250.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	735,029,418.	12	634,210,787.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,144,473.	15	746,713.
16 Total assets. Add lines 1 through 15 (must equal line 33)	970,988,312.	16	945,861,966.	
Liabilities	17 Accounts payable and accrued expenses	13,609,058.	17	7,634,206.
	18 Grants payable	60,455,309.	18	58,623,330.
	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	18,911,171.	25	15,903,064.
	26 Total liabilities. Add lines 17 through 25	92,975,538.	26	82,160,600.
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	771,989,483.	27	766,466,801.
	28 Net assets with donor restrictions	106,023,291.	28	97,234,565.
	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	878,012,774.	32	863,701,366.
33 Total liabilities and net assets/fund balances	970,988,312.	33	945,861,966.	

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	135,006,139.
2	Total expenses (must equal Part IX, column (A), line 25)	2	104,256,350.
3	Revenue less expenses. Subtract line 2 from line 1	3	30,749,789.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	878,012,774.
5	Net unrealized gains (losses) on investments	5	-45,061,197.
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	863,701,366.

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 on 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** (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization HARLEM CHILDREN'S ZONE, INC.	Employer identification number 23-7112974
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

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

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

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

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	72,230,873.	112,338,456.	132,870,565.	170,129,289.	132,954,468.	620,523,651.
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	72,230,873.	112,338,456.	132,870,565.	170,129,289.	132,954,468.	620,523,651.
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)						229,222,054.
6 Public support. Subtract line 5 from line 4.						391,301,597.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	72,230,873.	112,338,456.	132,870,565.	170,129,289.	132,954,468.	620,523,651.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	23,921.	12,417.	2,226,865.	2,044,800.	2,106,144.	6,414,147.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,040,627.	429,909.	146,262.	120,929.	44,441.	1,782,168.
11 Total support. Add lines 7 through 10						628,719,966.

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**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	62.24 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	63.29 %

16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 on 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 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. 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 - 2020. 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 3: By reason of the relationship described on 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

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 (<i>explain in detail in Part VI</i>):		
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).		

Schedule A (Form 990) 2021

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 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, 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 2021. 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 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

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

2017 AMOUNT: \$ 186,293.

2018 AMOUNT: \$ 180,719.

2019 AMOUNT: \$ 146,262.

2020 AMOUNT: \$ 120,929.

2021 AMOUNT: \$ 44,441.

SPECIAL EVENTS GROSS INCOME

2017 AMOUNT: \$ 146,568.

2018 AMOUNT: \$ 137,888.

2019 AMOUNT: \$ 0.

2020 AMOUNT: \$ 0.

2021 AMOUNT: \$ 0.

RECOVERY OF PRIOR YEAR INVESTMENT WRITE-OFF

2017 AMOUNT: \$ 707,766.

2018 AMOUNT: \$ 111,302.

2019 AMOUNT: \$ 0.

2020 AMOUNT: \$ 0.

2021 AMOUNT: \$ 0.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2021

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), 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), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization 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/>	\$ 5,152,500.	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/>	\$ 11,230,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ 60,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <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.)

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/>	\$ 3,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	 <hr/> <hr/> <hr/>	\$ 7,000,000.	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.)
 <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.)
 <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
5	STOCK _____ _____ _____	\$ 668,562.	06/30/22
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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

2021

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) 2021

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	722,588,827.	479,261,830.	451,742,985.	466,183,291.	438,718,755.
b Contributions		6,205,140.	2,586,204.		
c Net investment earnings, gains, and losses	-47,425,171.	237,121,857.	25,052,776.	866,151.	46,347,788.
d Grants or scholarships			120,135.	65,965.	325,315.
e Other expenditures for facilities and programs	174,254.			15,240,492.	18,557,937.
f Administrative expenses					
g End of year balance	674,989,402.	722,588,827.	479,261,830.	451,742,985.	466,183,291.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 98.0910 %
 - b Permanent endowment 1.9090 %
 - c Term endowment .0000 %
- 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		133,228,721.	37,936,915.	95,291,806.
c Leasehold improvements		16,374,911.	10,459,824.	5,915,087.
d Equipment		5,552,538.	5,003,756.	548,782.
e Other		2,586,595.	2,279,027.	307,568.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				116,219,250.

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	627,609,489.	END-OF-YEAR MARKET VALUE
(B) ALT. INVESTMENT REDEMPTION	6,601,298.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	634,210,787.	

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	4,908,131.
(3) DUE TO RELATED PARTY	9,404,156.
(4) REFUNDABLE ADVANCE	1,590,777.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	15,903,064.

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	81,111,763.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-45,061,197.	
b	Donated services and use of facilities	2b	989,234.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	-44,071,963.
3	Subtract line 2e from line 1		3	125,183,726.
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	9,822,413.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	9,822,413.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	135,006,139.

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	95,423,171.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	989,234.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	989,234.
3	Subtract line 2e from line 1		3	94,433,937.
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	9,822,413.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	9,822,413.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	104,256,350.

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 IRC. THE ORGANIZATION 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 WAS NEXUS; AND TO
 IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS.
 THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX
 POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE CONSOLIDATED
 FINANCIAL STATEMENTS. IN ADDITION, THE ORGANIZATION 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.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

HARLEM CHILDREN'S ZONE, INC.

Employer identification number

23-7112974

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,			INVESTMENTS		627,609,489.
3 a Subtotal	0	0			627,609,489.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			627,609,489.

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

Schedule F (Form 990) 2021

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

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.

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

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

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

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

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	8,061,513.			8,061,513.
	2 Less: Contributions	7,979,148.			7,979,148.
	3 Gross income (line 1 minus line 2)	82,365.			82,365.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	181,280.			181,280.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary. Add lines 4 through 9 in column (d)				181,280.
11 Net income summary. Subtract line 10 from line 3, column (d)				-98,915.	

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.

Part IV Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

**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

2021

**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 noncash 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)	2,544,198.	0.			EDUCATION
HARLEM CHILDREN'S ZONE PROMISE ACADEMY II - 35 EAST 125TH STREET - NEW YORK, NY 10035	34-2049530	501(C)(3)	1,482,957.	0.			EDUCATION

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

3 Enter total number of other organizations listed in the line 1 table 2.

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

Schedule I (Form 990) 2021

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	2260	1,786,390.	0.		
HCZ HARDSHIP ASSISTANCE	303	1,339,238.	0.		
SCHOLARSHIPS	237	959,686.	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 DISENFRANCHISED AND HAVE FEW RESOURCES OF THEIR OWN. FOR THAT REASON,

Part IV Supplemental Information

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.

ASIDE FROM PROVIDING VARIOUS DIRECT SUPPORTS (EXAMPLES INCLUDE LAPTOPS

OR SCHOLARSHIPS TOWARDS SUPPLIES NECESSARY TO SUCCESSFULLY BEGIN A

COLLEGE CAREER), 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

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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.**

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 **1b**

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? **2**

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? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- 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? **5a**
- b** Any related organization? **5b**
- 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? **6a**
- b** Any related organization? **6b**
- 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 **7**

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 **8**

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

	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) 2021

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 and/or 1099-NEC 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) KWAME OWUSU-KESSE CEO & EX OFFICIO BOARD MEMBER	(i)	453,907.	190,548.	0.	85,719.	35,535.	765,709.	80,548.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JAMES D. HUTTER CHIEF FINANCIAL OFF. (THRU 02/21)	(i)	147,569.	481,346.	0.	10,626.	28,838.	668,379.	311,736.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) GEOFFREY CANADA PRESIDENT	(i)	348,045.	155,000.	0.	0.	36,645.	539,690.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JENNIFER KLEIN CHIEF DEVELOPMENT OFFICER	(i)	291,473.	27,500.	0.	55,719.	35,240.	409,932.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JUSTIN MAKER SR MANAGING DIRECTOR, HR	(i)	231,535.	62,617.	0.	61,028.	35,239.	390,419.	27,617.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JAZMINE LEWIS CHIEF OF STAFF	(i)	199,841.	94,535.	0.	46,021.	35,240.	375,637.	57,535.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) NANA A. ANNAN CHIEF OPERATING OFFICER	(i)	245,329.	35,000.	0.	2,747.	35,240.	318,316.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) TRACEY JENKINS DIRECTOR, STRATEGIC SOURCING	(i)	180,473.	69,535.	0.	38,095.	23,022.	311,125.	57,535.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) TERESA COUNCIL MD, PARENT\COMMUN.\HEALTH(THRU 2/21)	(i)	85,093.	204,253.	0.	0.	10,390.	299,736.	178,003.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) CONNOR FOURNIER CHIEF FINANCIAL OFFICER	(i)	287,507.	0.	0.	0.	8,586.	296,093.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) WENSER J. PIERRE III SR MANAGING DIRECTOR OF PROGRAMS	(i)	256,975.	0.	0.	2,409.	14,111.	273,495.	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.

PART I, LINE 4B:

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 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

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.

(AGE VESTING) ARE VESTED IMMEDIATELY UPON MEETING THOSE PROVISIONS.

HOWEVER, IF A PARTICIPATING EMPLOYEE LEAVES VOLUNTARILY, INCLUDING

RETIREMENT IF THEY HAVE NOT REACHED THE AGE VESTING PROVISIONS, THEN THEIR

CUMULATIVE UNVESTED CONTRIBUTION MADE BY HCZ AND ASSOCIATED EARNINGS OR

LOSSES ARE FORFEITED.

FOR CALENDAR YEAR 2021, 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).

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

THE 457 (F) PLAN (AGE VESTING) FOR CALENDAR YEAR 2021 THAT RESULTED IN

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

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

FORMER CHIEF FINANCIAL OFFICER, JIM HUTTER RETIRED IN CALENDAR YEAR 2021

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.

AND RECEIVED A PAYOUT FROM HIS GROWTH FUND IN THE AMOUNT OF \$311,736; THIS REPRESENTS AMOUNTS THAT WERE REPORTED AS DEFERRED COMPENSATION ON PRIOR YEAR FORMS 990.

PART I, LINE 7:

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

SCHEDULE L
(Form 990)

Transactions With Interested Persons

OMB No. 1545-0047

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

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

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

2021

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization HARLEM CHILDREN'S ZONE, INC.	Employer identification number 23-7112974
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
Total							▶ \$ _____					

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

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	30,283,545.	SEE PART V		X
ZACHARY SCHREIBER	BOARD OF TRUSTEE	972,632.	SEE PART V		X
STANLEY DRUNKENMILLER	CHAIRMAN OF BOARD	100,879,762.	SEE PART V		X
ERIC MANDELBLATT	BOARD OF TRUSTEE	47,889,871.	SEE PART V		X
ERIC MANDELBLATT	BOARD OF TRUSTEE	975,213.	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, 2022 IS APPROXIMATELY \$30.3 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 \$972,632.

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, 2022 IS

\$100.8 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, 2022 IS \$47.8

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 \$975,213.

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

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	7	1,349,796.	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 (COMPUTER EQUI)	X	1	5,000.	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.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

HARLEM CHILDREN'S ZONE, INC.

Employer identification number

23-7112974

FORM 990, PART III, LINE 1

ORGANIZATION'S MISSION (CONTINUED)

HCZ OFFERS A COMPREHENSIVE, CRADLE-TO-CAREER PATHWAY OF PROGRAMS AND
SERVICES THAT EMPOWER YOUTH AND FAMILIES AT EVERY STAGE OF LIFE. FROM
OUR EDUCATION AND YOUTH PROGRAMS TO HEATH AND COMMUNITY SERVICES AND
NATIONAL LEADERSHIP INITIATIVES, WE OPEN PATHWAYS TO PROSPERITY FOR
TENS OF THOUSANDS OF PEOPLE IN HARLEM AND BEYOND.

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

HCZ PROMISE ACADEMY CHARTER SCHOOLS

AT PROMISE ACADEMY A TOP-PERFORMING K-12 CHARTER SCHOOL WITHIN HCZ'S
CRADLE-TO-CAREER PATHWAY OF SERVICES WE PROMISE TO DO WHATEVER IT
TAKES TO GET OUR SCHOLARS TO AND THROUGH COLLEGE. EVERYTHING WE DO
FROM QUALITY INSTRUCTION TO EXCEPTIONAL EXTRACURRICULAR ACTIVITIES TO
HEALTHY, HOME-COOKED MEALS IS DESIGNED TO KEEP THAT PROMISE.

SINCE THE OPENING OF HCZ PROMISE ACADEMY I IN 2004 AND HCZ PROMISE
ACADEMY II IN 2005, WE'VE MADE AN ENORMOUS IMPACT ON OUR YOUNG PEOPLE.
WE'VE ENROLLED NEARLY 100% OF OUR SCHOLARS IN COLLEGE; WE'VE CLOSED THE
BLACK-WHITE ACHIEVEMENT GAP; AND WE'VE HELPED OUR GRADUATES BUILD
SUCCESSFUL CAREERS AND BECOME CONSCIENTIOUS CITIZENS.

EDUCATION AND YOUTH PROGRAMS

PEACEMAKERS

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

Schedule O (Form 990) 2021

132211 11-11-21

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

PEACEMAKERS PARTNERS WITH HARLEM'S PUBLIC ELEMENTARY AND MIDDLE SCHOOLS

TO HELP UNLOCK THAT POTENTIAL IN ALL STUDENTS.

A CUT ABOVE

A CUT ABOVE IS AN AFTER-SCHOOL PROGRAM THAT EMPOWERS SCHOLARS IN GRADES

K-8 TO MAKE BETTER, FUTURE-FOCUSED DECISIONS AND BECOME WELL-ROUNDED

CITIZENS AND LEADERS.

ACADEMY OF ARTS AND CIVIC ENGAGEMENT

ACADEMY OF ARTS AND CIVIC ENGAGEMENT IS AN AFTER-SCHOOL PROGRAM FOR

HIGH SCHOOL SCHOLARS THAT PREPARES THEM FOR CAREERS IN THE ARTS.

SCHOLARS GAIN CAREER-READY SKILLS, REAL-WORLD EXPERIENCE, AND A NETWORK

OF PROFESSIONAL CONTACTS.

EMPLOYMENT AND TECHNOLOGY CENTER

EMPLOYMENT AND TECHNOLOGY CENTER IS AN AFTER-SCHOOL PROGRAM FOR HIGH

SCHOOL SCHOLARS THAT PREPARES THEM FOR CAREERS IN STEM AND TECHNICAL

ARTS AREAS. SCHOLARS GAIN CAREER-READY SKILLS, REAL-WORLD EXPERIENCE,

AND A NETWORK OF PROFESSIONAL CONTACTS.

COUNTEE CULLEN COMMUNITY CENTER

COUNTEE CULLEN COMMUNITY CENTER IS AN AFTER-SCHOOL PROGRAM FOR HIGH

SCHOOL SCHOLARS THAT PREPARES THEM FOR CAREERS IN BROADCASTING AND

MEDIA ARTS. SCHOLARS GAIN CAREER-READY SKILLS, REAL-WORLD EXPERIENCE,

AND A NETWORK OF PROFESSIONAL CONTACTS.

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

COLLEGE AND CAREER PROGRAMS

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

CENTER FOR HIGHER EDUCATION AND CAREER SUPPORT

OUR SCHOLARS MAY LEAVE THE ZONE TO GO TO COLLEGE, BUT THE ZONE NEVER

LEAVES THEM. CENTER FOR HIGHER EDUCATION AND CAREER SUPPORT PREPARES

THEM FOR COLLEGE, SUPPORTS THEM THROUGH COLLEGE, AND HELPS THEM LAUNCH

SUCCESSFUL CAREERS THAT PAVE THE PATH TO SOCIAL AND ECONOMIC MOBILITY.

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

EARLY CHILDHOOD

THE BABY COLLEGE

THE BABY COLLEGE PROMOTES THE HEALTH AND SUCCESS OF NEWBORNS AND

TODDLERS THROUGH A NINE-WEEK WORKSHOP SUPPORTING NEW AND EXPECTANT

PARENTS AND CAREGIVERS THROUGH THE INS AND OUTS OF EARLY CHILDHOOD

DEVELOPMENT.

GRADS EARLY HEAD START

GRADS (GUARDIANS RESPONDING AND DEVELOPING STRATEGIES) EARLY HEAD START

IS A YEAR-ROUND, HOME-VISITING PROGRAM FOR EXPECTANT MOTHERS AND

CHILDREN AGES 0-3 YEARS OLD. THROUGH GRADS EHS, GRADUATES OF THE BABY

COLLEGE HAVE AN OPPORTUNITY TO DEEPEN THEIR UNDERSTANDING OF EARLY

CHILDHOOD DEVELOPMENT AND STRENGTHEN PARENT-CHILD RELATIONSHIPS.

THE THREE-YEAR-OLD JOURNEY

THE THREE-YEAR-OLD JOURNEY PROVIDES LOTTERY WINNERS OF HCY'S PROMISE

ACADEMY CHARTER SCHOOLS WITH THE OPPORTUNITY TO CONTINUE TO LEARN,

GROW, AND NURTURE FRIENDSHIPS IN THE LEAD UP TO THEIR ADMISSION TO

PROMISE ACADEMY.

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

HARLEM GEMS

HARLEM GEMS PRESCHOOLS EMPOWER OUR YOUNGEST SCHOLARS TO SUCCEED IN K-12

AND BEYOND BY BUILDING A STRONG ACADEMIC FOUNDATION AND STARTING THEM

ON THE PATH TO COLLEGE AND CAREER.

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

OTHER PROGRAMS:

HEALTHY AND COMMUNITY PROGRAMS

COMMUNITY PRIDE

COMMUNITY PRIDE IS A PROGRAM OF GRASSROOTS, BOOTS-ON-THE-GROUND

CONNECTORS, COMMUNITY BUILDERS, AND PROBLEM SOLVERS DEVOTED TO

EMPOWERING INDIVIDUALS AND THE COMMUNITY-AT-LARGE.

HEALTHY HARLEM

HEALTHY HARLEM IS EMPOWERING A CULTURE OF HEALTH IN CENTRAL HARLEM BY

HELPING THOUSANDS OF CHILDREN AND FAMILIES LEARN HOW TO TAKE BETTER

CARE OF THEMSELVES, MAKE THOUGHTFUL CHOICES, AND ESTABLISH LIFELONG

HEALTHY HABITS.

THE HCZ ARMORY

THE HCZ ARMORY IS A MULTI-PURPOSE, COMMUNITY WELLNESS CENTER COMMITTED

TO EMPOWERING A CULTURE OF HEALTH AND WELLNESS IN CENTRAL HARLEM.

NATIONAL LEADERSHIP PROGRAMS

WILLIAM JULIUS WILSON INSTITUTE

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

WILLIAM JULIUS WILSON INSTITUTE IS A NATIONAL RESOURCE FOR PLACE-BASED, PEOPLE-FOCUSED SOLUTIONS THAT OPEN PATHWAYS TO SOCIAL AND ECONOMIC MOBILITY.

PRACTITIONERS INSTITUTE
PRACTITIONERS INSTITUTE HELPS ORGANIZATIONS ACROSS THE U.S. AND THE WORLD IMPLEMENT COMPREHENSIVE, PLACE-BASED SOLUTIONS DEVELOPED AT HARLEM CHILDREN'S ZONE IN THEIR COMMUNITIES.

HEALTHY WAYS REPLICATION
INSPIRED BY HEALTHY HARLEM, HEALTHY WAYS IS A NATIONAL PROGRAM THAT CHAMPIONS HEALTHY HABITS AND LIFESTYLES FOR CHILDREN AND FAMILIES BY PROVIDING ENGAGING PROGRAMS FOCUSED ON NUTRITION AND PHYSICAL ACTIVITY. EXPENSES \$ 17,289,340. INCLUDING GRANTS OF \$ 8,112,469. 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 A, LINE 4:
HARLEM CHILDREN'S ZONE AMENDED ITS BYLAWS SINCE IT LAST FILED A FORM 990; THE BYLAWS WERE AMENDED TO CLARIFY THE MANNER IN WHICH NEW DIRECTORS AND VACANCIES ON THE BOARD ARE FILLED. IN ADDITION, THE ORGANIZATION CREATED

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

TWO CLASSES OF BOARD MEMBERS THAT WILL EACH SERVE TWO YEAR TERMS ELECTED

EVERY OTHER YEAR.

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.

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.

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

**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

2021

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) 2021

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) HARLEM CHILDREN'S ZONE PROMISE ACADEMY CHARTER SCHOOL II	J	2,106,144.	FMV
(2) HARLEM CHILDREN'S ZONE PROMISE ACADEMY CHARTER SCHOOL II	A	2,106,144.	FMV
(3) HARLEM CHILDREN'S ZONE PROMISE ACADEMY CHARTER SCHOOL	B	2,544,198.	FMV
(4) HARLEM CHILDREN'S ZONE PROMISE ACADEMY CHARTER SCHOOL II	B	1,482,957.	FMV
(5) HARLEM CHILDREN'S ZONE PROMISE ACADEMY CHARTER SCHOOL	L	518,346.	FMV
(6) HARLEM CHILDREN'S ZONE PROMISE ACADEMY CHARTER SCHOOL II	L	2,275,821.	FMV

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) HARLEM CHILDREN'S ZONE PROMISE ACADEMY CHARTER SCHOOL	Q	518,346.	FMV
(8) HARLEM CHILDREN'S ZONE PROMISE ACADEMY CHARTER SCHOOL II	Q	2,275,821.	FMV
(9)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

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, 2022 AMOUNTED TO \$2,794,167. 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, 2022, PROVIDED THE CHARTER SCHOOLS A SUBSIDY OF \$1,885,217 TO

COVER THIS COST.