

# \*\* PUBLIC DISCLOSURE COPY \*\*

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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.

<u>A</u>	For the	2021 calendar year, or tax year beginning JU	L 1, 2021 and	ending J	UN 30, 2022				
В	Check if applicable	C Name of organization HARLEM CHILDREN'S ZONE PROMISE ACC	ADEMY		D Employer identif	ication number			
	Addres change	CHARTER SCHOOL							
	Name change	Doing business as			76-0756768				
F	Initial return	Number and street (or P.O. box if mail is not deli	vered to street address)	Room/suite	E Telephone numbe	er			
	Final return/	245 W 129TH STREET	10.00 10 0001 0		(212) 360-32				
	termin- ated	City or town, state or province, country, and 2	G Gross receipts \$	28,035,692.					
	Amend		H(a) Is this a group r						
	Application	F Name and address of principal officer: KWAME	OWUSU-KESSE		for subordinates				
	pending	35 EAST 125TH STREET, NEW YORK, NY			<b>H(b)</b> Are all subordinates i	—			
Τ.	Tax-exe		(insert no.) 4947(a)(1)	or 527	1	a list. See instructions			
		e: ► WWW.HCZPROMISE.ORG	1 (medicine) 10 11 (a)(1)	0 02.	H(c) Group exemption				
			sociation Other	L Year		M State of legal domicile: NY			
		Summary	<u> </u>	1 = 100.	or rormation,	otato or rogar dominoro.			
	1 1	Briefly describe the organization's mission or most	significant activities: TO PRO	VIDE HIGH	H QUALITY,				
Governance		TANDARDS-BASED ACADEMIC PROGRAMS FOR							
nar	2	Check this box 🕨 🔲 if the organization discon	tinued its operations or dispos	sed of more	than 25% of its net as	sets.			
Ver	8 1	Number of voting members of the governing body (	· · · · · · · · · · · · · · · · · · ·		1	7			
		Number of independent voting members of the gov				5			
ა თ	5	otal number of individuals employed in calendar ye				231			
itie	6	otal number of volunteers (estimate if necessary)				0			
Activities &	7 a -	otal unrelated business revenue from Part VIII, col				0.			
ď	1 d	Net unrelated business taxable income from Form S				0.			
			,		Prior Year	Current Year			
4	8 (	Contributions and grants (Part VIII, line 1h)	24,672,792.	27,983,056.					
Revenue	9 1				0.	0.			
eVe	10	nvestment income (Part VIII, column (A), lines 3, 4,			10.	13.			
æ	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c,			147,855.	52,623.			
	1	otal revenue - add lines 8 through 11 (must equal F			24,820,657.	28,035,692.			
		Grants and similar amounts paid (Part IX, column (A			0.	306,566.			
		Benefits paid to or for members (Part IX, column (A)			0.	0.			
G	45 0	Salaries, other compensation, employee benefits (P			20,106,880.	22,674,539.			
Expenses	16a F	Professional fundraising fees (Part IX, column (A), lin			0.	0,			
ē	. b	otal fundraising expenses (Part IX, column (D), line		0.					
ũ	17 (	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)		5,868,848.	6,500,944.			
		otal expenses. Add lines 13-17 (must equal Part IX			25,975,728.	29,482,049.			
	19 F	Revenue less expenses. Subtract line 18 from line 1	2		-1,155,071.	-1,446,357.			
50	G			Ве	ginning of Current Year	End of Year			
sets	20	otal assets (Part X, line 16)			79,498,246.	78,620,847.			
t As	21	otal liabilities (Part X, line 26)			9,456,375.	10,025,333.			
Net Assets or	22 1	let assets or fund balances. Subtract line 21 from l	ine 20		70,041,871.	68,595,514.			
P	art II	Signature Block							
		ties of perjury, I declare that I have examined this return,			•	y knowledge and belief, it is			
true	, correct	, and complete. Declaration of preparer (other than office	r) is based on all information of wh	nich preparer	has any knowledge.				
		TAXPAYER COPY							
Sig	n	Signature of officer			Date				
Hei	re	CONNOR FOURNIER, CFO							
		Type or print name and title		1.	Doto L. r	DTIN			
		Print/Type preparer's name	Preparer's signature		Date Check [				
Pai	_ F	COTT THOMPSETT	ZeVV						
	parer	Firm's name GRANT THORNTON LLP			Firm's EIN > 36-6055558				
Use	Only	Firm's address 757 THIRD AVENUE, 3RD FLO							
_		NEW YORK, NY 10017-2013			Phone no. (21	12) 599-0100			
Ma	y the IR	S discuss this return with the preparer shown above	re? See instructions			X Yes No			

#### Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

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

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) HARLEM CHILDREN'S ZONE PROMISE ACADEMY print CHARTER SCHOOL 76-0756768 File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filing your 245 W 129TH STREET return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. NEW YORK, NY 10027 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 Form 990-T (corporation) LINDA IBUZOR Telephone No. ▶ 212-360-3255 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this If it is for part of the group, check this box MAY 15, 2023 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year ► X tax year beginning JUL 1, 2021 JUN 30, 2022 , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

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LHA

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

Form 8868 (Rev. 1-2022)

76-0756768

	Check if Schedule O contains a response	or note to any line in this Part III		X
1	Briefly describe the organization's mission: SEE SCHEDULE O			
2	Did the organization undertake any significant p	rogram services during the year whi	ch were not listed on the	
_	prior Form 990 or 990-EZ?			Yes X No
3	If "Yes," describe these new services on Schede Did the organization cease conducting, or make	significant changes in how it condu	cts, any program services?	Yes X No
4	If "Yes," describe these changes on Schedule C Describe the organization's program service acc		argest program services, as measured b	ov evnenses
7	Section 501(c)(3) and 501(c)(4) organizations are revenue, if any, for each program service reports	e required to report the amount of gr		
4a	(Code: ) (Expenses \$ 28,20 SEE SCHEDULE O		0. (Revenue \$	0.
4b	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code:) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other program services (Describe on Schedule	0.)		
4.:		g grants of \$	) (Revenue \$	)
<u>4e</u>	Total program service expenses	28,206,731.		Form <b>990</b> (202

<u> Page</u> **3** Part IV | Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? Х If "Yes," complete Schedule A ..... 2 Х Is the organization required to complete Schedule B, Schedule of Contributors? See instructions Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for Х 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect Х during the tax year? If "Yes," complete Schedule C, Part II 4 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? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II ..... Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III 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? Х 9 If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments Х or in quasi endowments? If "Yes," complete Schedule D, Part V 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 11a Х Part VI 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? If "Yes," complete Schedule D, Part VII Х 11b Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total Х assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 Х 11d Part X, line 16? If "Yes," complete Schedule D, Part IX Х 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ..... Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes." complete Schedule D. Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes." complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes." complete Schedule E 13 **14a** Did the organization maintain an office, employees, or agents outside of the United States? 14a 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 Х or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 Х foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 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? If "Yes," complete Schedule F, Parts III and IV Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 Х column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 Х 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." X 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

Form 990 (2021)

domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II

Form	1990 (2021) CHARTER SCHOOL 76-0756	768	Р	age <b>4</b>
Pa	rt IV Checklist of Required Schedules (continued)			т
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		v	
04-	Schedule J	23	Х	$\vdash$
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	245		x
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	. 240		
·	any tax-exempt bonds?	24c		
٨	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	. 240		<u> </u>
254	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			<del></del>
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	·		
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I			Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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)? If "Yes," complete Schedule R, Part V, line 2	35b		Ь—
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	. 37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
D-	Note: All Form 990 filers are required to complete Schedule O	38	Х	<u></u>
Pal	rt 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	<u></u>	<u> </u>	Ш
			Yes	No
	Enter the flumber reported in box 6 of 1 offir 1000. Enter 6 in not applicable	34		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners?

Form **990** (2021)

#### Form 990 (2021) Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 231 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х **3a** Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Х Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? Х 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X d If "Yes," indicate the number of Forms 8282 filed during the year Х Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Х 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .... 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes." complete Form 4720. Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

5

If "Yes," complete Form 6069

Page 6 CHARTER SCHOOL Form 990 (2021) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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	7		
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion 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?	10a		Х
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?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	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?	16a		Х
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			
<u> </u>	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
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)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website V 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, are	d finan	cial	
	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 E. 125TH STREET NEW YORK NY 10035			

#### Form 990 (2021) 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

Х

#### 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.

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

• 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.

(A)	(B)	]			C)	.,5 0	-	(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	l than c	nne	Reportable compensation	Reportable compensation	Estimated
	hours per	box	, unle	ss pei	rson i	s both	an			amount of
	week				l	1711 43		from the	from related	other
	(list any hours for	Individual trustee or director				Ļ		organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	om pe		1099-NEC)	,	and related
	below	vidua	Institutional trustee	cer	Key employee	Highest compensated employee	Former			organizations
	line)	Indi	Inst	Officer	Key	Hig	Fori			
(1) KWAME OWUSU-KESSE	2.00									
CHIEF EXECUTIVE OFFICER	42.00	Х		Х				0.	644,455.	121,254.
(2) JAMES D. HUTTER	2.00									
CHIEF FINANCIAL OFF. (THRU 01/2021)	42.00						Х	0.	628,915.	39,464.
(3) ACHIL PETIT	20.00									
SUPERINTENDENT	20.00					Х		525,869.	0.	83,946.
(4) GEOFFREY CANADA	2.00									
PRESIDENT	42.00	Х		Х				0.	503,045.	36,645.
(5) SUSAN R. RYDZ	40.00									
DEPUTY OF SPECIAL PROJECTS	0.00					Х		290,101.	0.	55,379.
(6) JOSEPH CORDERO	40.00									
PRINCIPAL - UPPER ELEMENTARY	0.00					Х		295,042.	0.	44,306.
(7) NANA A. ANNAN	2.00									
CHIEF OPERATING OFFICER	0.00			Х				0.	280,329.	37,987.
(8) ARI BROWNE	40.00									
DIRECTOR OF PA INFORMATION	0.00					Х		234,171.	0.	75,534.
(9) CONNOR FOURNIER	2.00									
CHIEF FINANCIAL OFF. (AS OF 02/2021)	42.00			Х				0.	287,507.	8,586.
(10) LAURA K. LIPLOW	2.00									
MATH COACH	0.00					Х		234,257.	0.	52,517.
(11) KENNETH LANGONE	2.00									
CHAIRMAN EMERITUS	3.00	Х		Х				0.	0.	0.
(12) MITCH KURZ	2.00									
TREASURER/SECRETARY	3.00	Х		Х				0.	0.	0.
(13) AISHA TOMLINSON	2.00									
PARENT REP (NON-VOTING)	0.00	Х						0.	0.	0.
(14) STANLEY DRUCKENMILLER	2.00									
TRUSTEE	3.00	Х						0.	0.	0.
(15) DENISE FULLER	2.00									_
TRUSTEE (NON-VOTING)	2.00	Х	_					0.	0.	0.
(16) ALFONSO WYATT	2.00									
TRUSTEE	2.00	Х	_					0.	0.	0.
(17) WILLIE MAE LEWIS	2.00									
TRUSTEE	2.00	Х						0.	0.	0. Form <b>990</b> (2021)

Form **990** (2021) 132007 12-09-21

	990 (2021) CHARTER SCHOO	DL								76-07	56768	1	Pa	ıge 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	loy	ees,	and	Hiç	ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box	not cl , unles	ss per	ition more rson i	than o s both r/trust	an	(D)  Reportable compensation from	<b>(E)</b> Reportable compensation from related		am	(F) timate ount o	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organization: (W-2/1099-MIS 1099-NEC)		fro orga and	pensat om the anizati I relate nizatio	e on ed
(18)	ELLANOR (BODIE) BRIZENDINE	2.00												
TRUS	TEE (NON-VOTING)	2.00	Х						0.		0.			0.
(19)	KEITH MEISTER	2.00												
TRUS	TEE (NON-VOTING)	3.00	Х						0.		0.			0.
	Subtotal							<b>&gt;</b>	1,579,440.	2,344,2	-		555,	
	Total from continuation sheets to Part VI								0.	2 244 /	0.			0.
a 2	Total (add lines 1b and 1c)  Total number of individuals (including but n						 ) wh	o re	1,579,440. eceived more than \$100,	2,344,2 000 of reportable			555,	48
	compensation from the organization												Yes	No.
3	Did the organization list any <b>former</b> officer,	director, truste	ee, k	ev e	mpl	ove	e, or	hig	hest compensated empl	oyee on	Г		163	140
	line 1a? If "Yes," complete Schedule J for s	•		•	•	•		•	·	•		3	х	
4	For any individual listed on line 1a, is the su	m of reportable	e co	mpe	ensa	tion	and	oth	er compensation from the	ne organization	···			
	and related organizations greater than \$150										[	4	х	
5	Did any person listed on line 1a receive or a													
	rendered to the organization? If "Yes," com	plete Schedule	Jf	or su	ıch r	oers	on .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co the organization. Report compensation for	•	•							, ,	ensati	on fro	m	
	(A) Name and business								(B) Description of s		Co	(C ompen		1

(A) Name and business address	(B) Description of services	(C) Compensation
RED RABBIT LLC		
1751 PARK AVE, NEW YORK, NY 10035	FOOD SERVICES	199,205.
MANHATTAN MILK COMPANY		
1660 BROADWAY, UNIT 54, NEW YORK, NY 10019	FOOD DELIVERY SERVICES	165,394.
APPLE INC.	PC HARDWARE, SOFTWARE & IT	
1 APPLE PARK WAY, CUPERTINO, CA 95014	svcs	162,101.
SYSCO FOOD SERVICES METRO NY, 20 THEODORE		
CONRAD DRIVE, JERSEY CITY, NJ 07305	FOOD SERVICES	132,461.
XEROX CORPORATION		
122 E 42ND ST, NEW YORK, NY 10168	TECH SERVICES/SUPPORT	125,822.
2 Total number of independent contractors (including but not limited to those lis	ted above) who received more than	
\$100,000 of compensation from the organization 8		- 000 (555)

Form **990** (2021)

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Ра	r v	1111			=			
			Check if Schedule O contains a response of	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C)	( <b>D</b> ) Revenue excluded
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f  Total. Add lines 1a-1f	2,544,198. 24,118,143. 1,320,715. 70,715.	27,983,056.			00010110 0112 011
				Business Code				
Program Service Revenue		b c d e f	All other program service revenue					
	3	y	Investment income (including dividends, interes					
	4 5		other similar amounts) Income from investment of tax-exempt bond pi	roceeds	13.			13.
		b	Gross rents (i) Real  Gross rents (6a)  Less: rental expenses (6b)  Rental income or (loss)	(ii) Personal				
		а	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis  (i) Securities 7a	(ii) Other				
Revenue			and sales expenses 7b  Gain or (loss) 7c  Net gain or (loss)	<b>•</b>				
Other			Gross income from fundraising events (not including \$ of contributions reported on line 1c). See					
		С	Part IV, line 18 Less: direct expenses Net income or (loss) from fundraising events					
		b	Gross income from gaming activities. See Part IV, line 19 Less: direct expenses  9b					
	10	а	Net income or (loss) from gaming activities  Gross sales of inventory, less returns and allowances  Less: cost of goods sold  10a					
			Net income or (loss) from sales of inventory	<b>.</b>				
Miscellaneous Revenue	11	a b	MISCELLANEOUS INCOME	Business Code 900099	52,623.			52,623.
ella		C						
disc R	1		All other revenue					
_			Total. Add lines 11a-11d		52,623.			
	12	_	Total revenue. See instructions		28,035,692.	0.	0.	52,636.

# Part IX | Statement of Functional Expenses

Section	501(c)(3):	and 501(c)	1) orc	anizatione	must com	nlete all	columns	All oth	ner organizat	ione muet co	mnlete coli	ımn (Δ)
Section	301(0)(3)	anu 30 n(c)(	4) 019	jai iizali0i is	musi com	piete aii	COIUITITIS.	All Oll	iei Organizat	ions musi cc	ilibiele coil	лин ( <i>/</i> ч).

	Check if Schedule O contains a respons not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	( <b>D</b> ) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	306,566.	306,566.		
2	individuals. See Part IV, line 22	300,300.	300,300.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16  Benefits paid to or for members				
4					
5	Compensation of current officers, directors,				
6	trustees, and key employees  Compensation not included above to disqualified				
0	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		16,175,732.	15,431,648.	744,084.	
7 8	Other salaries and wages Pension plan accruals and contributions (include	20,270,702.	25,151,010.	,11,001.	
	section 401(k) and 403(b) employer contributions)	316,374.	301,821.	14,553.	
9	Other employee benefits	4,969,041.	4,740,465.	228,576.	
9 0	Payroll taxes	1,213,392.	1,157,576.	55,816.	
1	Fees for services (nonemployees):	2,220,052.	2,207,070		
' a	Management				
b	Legal				
C	Accounting	140,003.	133,563.	6,440.	
d	Lobbying	227,7727		-,	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	1,060,075.	1,011,311.	48,764.	
2	Advertising and promotion	, , ,	, , ,	, ,	
3	Office expenses	193,482.	184,585.	8,897.	
4	Information technology	642,103.	612,566.	29,537.	
5	Royalties	, -	, .	, ,	
6	Occupancy	2,026,127.	1,915,675.	110,452.	
7	Travel	121,657.	121,487.	170.	
8	Payments of travel or entertainment expenses	,	,		
Ŭ	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization	8,391.	8,005.	386.	
3	Insurance	172,168.	164,248.	7,920.	
4	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 0.)				
а	FOOD	1,298,535.	1,298,535.		
b	CLASSROOM SUPPLIES	245,090.	245,090.		
c	UNIFORMS	164,578.	164,578.		
d	MAINTENANCE	154,359.	147,258.	7,101.	
e	All other expenses	274,376.	261,754.	12,622.	
5	Total functional expenses. Add lines 1 through 24e	29,482,049.	28,206,731.	1,275,318.	
6	<b>Joint costs</b> . Complete this line only if the organization	-	-	·	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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Pai	t X	Balance Sheet						
		Check if Schedule O contains a response or	note to ar	ny line in this Part X	T			
						<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing				9,332,281.	1	9,665,190
	2	Savings and temporary cash investments					2	
	3	Pledges and grants receivable, net				464,330.	3	2,162,265
	4	Accounts receivable, net					4	
	5	Loans and other receivables from any current						
		trustee, key employee, creator or founder, su						
		controlled entity or family member of any of t		5				
	6	Loans and other receivables from other disqu						
		under section 4958(f)(1)), and persons describ		6				
s	7	Notes and loans receivable, net					7	
Assets	8	Inventories for sale or use					8	
ğ	9	Description of the second state of the second			- 1	132,423.	9	421,464
	10a	Land, buildings, and equipment: cost or othe	r					
		basis. Complete Part VI of Schedule D	10a	690	,233.			
	b	Less: accumulated depreciation	10b	377	,086.	5,899.	10c	313,147
	11	Investments - publicly traded securities			11			
	12	Investments - other securities. See Part IV, lin			12			
	13	Investments - program-related. See Part IV, lin			13			
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11				69,563,313.	15	66,058,781
	16	Total assets. Add lines 1 through 15 (must e				79,498,246.	16	78,620,847
	17	Accounts payable and accrued expenses				3,112,364.	17	3,470,435
	18	Grants payable			18			
	19	Deferred revenue		500,000.	19	0		
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D			21	
es	22	Loans and other payables to any current or for						
≝		trustee, key employee, creator or founder, su						
Liabilities		controlled entity or family member of any of t		22				
_	23	Secured mortgages and notes payable to uni			·····		23	
	24	Unsecured notes and loans payable to unrela			·····-		24	
	25	Other liabilities (including federal income tax,						
		parties, and other liabilities not included on lin	nes 17-24	). Complete Part X		F 044 011		C FF4 000
		of Schedule D			г	5,844,011.	25	6,554,898
	26	Total liabilities. Add lines 17 through 25				9,456,375.	26	10,025,333
S		Organizations that follow FASB ASC 958, o	check he	re 🕨 🔼				
uce	07	and complete lines 27, 28, 32, and 33.				9,586,562.	07	9,972,184
alaı	27	Net assets without donor restrictions				60,455,309.	27	58,623,330
d B	28	Net assets with donor restrictions			·····	00,433,303.	28	30,023,330
Ë		Organizations that do not follow FASB ASC	. 958, cn	eck nere 📂 🔛				
٥٠	00	and complete lines 29 through 33.	da				00	
ets	29	Capital stock or trust principal, or current fun					29	
1886	30	Paid-in or capital surplus, or land, building, or					30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated				70,041,871.	31	68,595,514
ž	32	Total lich lities and not seed (fund balances				79,498,246.	32	78,620,847
	33	Total liabilities and net assets/fund balances				15,490,240.	33	Form <b>990</b> (202

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Form **990** (2021)

Pa	rt 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	28	035,	692.
2	Total expenses (must equal Part IX, column (A), line 25)	2	29	482,	049.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1	446,	357.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	70	041,	871.
5	Net unrealized gains (losses) on investments	5			
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	68	595,	514.
Pa	rt XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X 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?		2a		X
	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?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	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?		2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	-	За	х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
			01-	v l	

#### SCHEDULE A

(Form 990)

Total

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.

HARLEM CHILDREN'S ZONE PROMISE ACADEMY

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** CHARTER SCHOOL 76-0756768 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). Х 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

CHARTER SCHOOL

# 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.)

36(	tion A. Public Support		<u> </u>	•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</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	Tax revenues levied for the organ-						
	ization'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						
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)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third,	fourth, or fifth tax y	year as a section 5	01(c)(3)	
	organization, check this box and stop	here					<b>&gt;</b>
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (li	ine 6, column (f), d	ivided by line 11, o	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	and
	<b>stop here.</b> The organization qualifies	as a publicly supp	orted organization				▶∟
b	33 1/3% support test - 2020. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop he	<b>re.</b> Explain in Part	VI how the organize	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		<b>&gt;</b>
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is 1	0% or
	more, and if the organization meets the	ne facts-and-circum	nstances test, che	ck this box and st	<b>top here.</b> Explain i	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	<b>&gt;</b>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<b>&gt;</b>

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### 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.)

qualify under the tests listed b Section A. Public Support	elow, please comp	plete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2017	<b>(b)</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 per- formed, 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 bus- iness under section 513						
4 Tax revenues levied for the organ- ization'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>b</b> Amounts included on lines 2 and 3 received						
p 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>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6	(4) 2011	(2) 2010	(6) 2010	(4) 2020	(0) 2021	(1) 10141
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organization	on,
check this box and stop here						<b>&gt;</b>
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2021 (I	ine 8, column (f), c	divided by line 13,	column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves	tment Income	e Percentage				
17 Investment income percentage for 20	<b>)21</b> (line 10c, colu	mn (f), divided by li	ine 13, column (f))		17	%
<b>18</b> Investment income percentage from						%
19a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box as						
<b>b 33 1/3% support tests - 2020.</b> If the line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						

Page 4

# 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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? 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).
- **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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- **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? If "Yes." provide detail in **Part VI.**
- 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? If "Yes," provide detail in Part VI.
- 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)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	103	140
1		
_		
2		
3a		
Ja		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
ule A (Forn	n 990)	2021

CHARTER SCHOOL

Par	t IV   Supporting Organizations <sub>(continued)</sub>			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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? If "Yes," explain in			1
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			1
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			1
	,			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
			Yes	No
4	Did the expenization provide to each of its supported expenizations, by the last day of the fifth month of the		162	140
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			1
	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?	1		
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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
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? If "Yes," describe in Part VI the role the organization's			
0	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see inst	ruction		Na
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	) Orga	nizations	g			
1	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	complet	e Sections A through E.				
Sect	ion 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					
Sect	ion 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):						
а	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion 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	Check here if the current year is the organization's first as a non-functionally		ted Type III supporting organ	nization (see			
	instructions).						

Schedule A (Form 990) 2021

Sche	dule A (Form 990) 2021 CHARTER SCHOOL				76-0756768	Page 7
Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Organ	nizations <sub>(continu</sub>	ed)		
Secti	on D - Distributions		•		Current Y	ear
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported				
	organizations, in excess of income from activity			2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3		
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which th	ne organization is responsive				
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	s	(iii) Distributa Amount for	
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021 (reason-					
	able cause required - explain in Part VI). See instructions.					
3	Excess distributions carryover, if any, to 2021					
a	From 2016					
b	From 2017					
С	From 2018					
d	From 2019					
е	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: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
с	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, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. 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					
с	Excess from 2019					
d	Excess from 2020					
е	Excess from 2021					

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Schedule B

(Form 990)

**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

Department of the Treasury Internal Revenue Service

Name of the organization **Employer identification number** HARLEM CHILDREN'S ZONE PROMISE ACADEMY CHARTER SCHOOL  $76 \!-\! 0756768$ 

Organization type (check one):							
Filers of	:	Section:					
Form 99	0 or 990-EZ	X 501(c)( 3 ) (enter number) organization					
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation					
		527 political organization					
Form 99	0-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
Note: O	nly a section 501(c)(7	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
X	· ·	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; 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.						
	year, contributions is checked, enter he purpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year \(\bigsice \)\$					
answer '	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 hat it doesn't meet the filing requirements of Schedule B (Form 990).						

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

Schedule B (Form 990) (2021)

Name of organization
HARLEM CHILDREN'S ZONE PROMISE ACADEMY
CHARTER SCHOOL
76-0756768

Part I	Contributors (see instructions). Use duplicate copies of Part I if additi	onal space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No.	Name, address, and ZIP + 4	Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 3	Name, address, and ZIP + 4	Total contributions  Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. <u>4</u>	Name, address, and ZIP + 4	Total contributions Type of contribution  Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d)  Total contributions Type of contribution
5	Haine, audi 655, and £if + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6 <u>6</u>	Name, audress, and ZIP + 4	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
HARLEM CHILDREN'S ZONE PROMISE ACADEMY
CHARTER SCHOOL
76-0756768

Parti	Contributors (see instructions). Use duplicate copies of Part I if additional copies of Part	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 18,686.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$1,250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Oncash Complete Part II for noncash contributions.)

Name of organization
HARLEM CHILDREN'S ZONE PROMISE ACADEMY
CHARTER SCHOOL

Employer identification number

76-0756768

Part II	Noncash Property (see instructions). Use duplicate copies of P	art 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
raiti	EDUCATION MATERIALS (BOOKS/SOFTWARE)		
11			
		\$	06/30/22
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
	-		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	-		
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
ı uıtı			
<del></del>		<u> </u>	
	-	\$	
(a)		(5)	
No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
			Schedule B (Form 990) (

Name of or	-		Employer identification number			
HARLEM C	HILDREN'S ZONE PROMISE ACADEMY		76-0756768			
Part III						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gi	ift			
_	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Trans Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, ar	(e) Transfer of gi	ift  Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_	Transferee's name, address, ar	(e) Transfer of gi	ift  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.

Inspection

OMB No. 1545-0047

Name of the organization

HARLEM CHILDREN'S ZONE PROMISE ACADEMY CHARTER SCHOOL

**Employer identification number** 76 - 0756768

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		mar runds of A	CCOUNTS. Complete if the
		(a) Donor advised f	unds	(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 w			
	are the organization's property, subject to the organization's e			
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or	,		
Par	impermissible private benefit?		F 000 D-+ II	Yes No
			on Form 990, Part IV	/, line /.
1	Purpose(s) of conservation easements held by the organization	`		
	Preservation of land for public use (for example, recreati	· —		torically important land area
	Protection of natural habitat	F	reservation of a cer	tified historic structure
•	Preservation of open space	and a superior and the superior and the superior		
2	Complete lines 2a through 2d if the organization held a qualified day of the tax year.	ed conservation contribution	on in the form of a c	Held at the End of the Tax Year
_				
_	Total number of conservation easements			2a
b		-t :ldd :- (-)		2b
	Number of conservation easements on a certified historic structure of conservation easements on a certified historic structure.			2c
a	Number of conservation easements included in (c) acquired af	•		
•	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or term	ninated by the organ	nization during the tax
4	year ▶ Number of states where property subject to conservation ease	amont is located		
4 5	Does the organization have a written policy regarding the period	<u></u>	handling of	
3	violations, and enforcement of the conservation easements it l		,	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		enforcing conservat	
U	Land volunteer mours devoted to monitoring, inspecting, in	arialing of violations, and t	smoreling conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enfor	cina conservation e	asements during the year
•	S	ing or violations, and emor	oning consolvation of	adding the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of	of section 170(h)(4)(F	3)(i)
	and section 170(h)(4)(B)(ii)?	•		
9	In Part XIII, describe how the organization reports conservation			
_	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of	Art, Historical Treas	ures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	s, not to report in its revenu	ie statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or	research in furthera	ance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describ	oes these items.	
b	If the organization elected, as permitted under FASB ASC 958	s, to report in its revenue st	atement and balanc	ce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or re	search in furtherand	ce of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			• \$
	400 A			<b>.</b> .
2	If the organization received or held works of art, historical trea			provide
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1			• \$
	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 VI Land, Buildings, and Equipment.

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

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				
<b>b</b> Buildings				
c Leasehold improvements		277,398.	5,465.	271,933.
<b>d</b> Equipment		348,297.	348,297.	0.
e Other		64,538.	23,324.	41,214.
Total. Add lines 1a through 1e. (Column (d) must equa	l Form 990 Part X colun	nn (R) line 10c )	<b>•</b>	313,147.

Schedule D (Form 990) 2021

56768	Page
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Schedule D (Form 990) 2021 CHARTER SCHOOL			76-0756768	Page 🤄
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" o	n 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 e	nd-of-year market	value
1) Financial derivatives			•	
2) Closely held equity interests				
3) Other		1		
(A)				
(B)				
(C)		<u> </u>		
(D)				
(E)				
(F)				
(G)				
(H)				
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" o	n 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 e	nd-of-vear market	value
	(2) 20011 14140	(c)care or variation cool of o	or jour market	
(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" o	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.		
-	escription		(b) Book v	/alue
(1) DUE FROM RELATED PARTIES	1		<u> </u>	113,155
				523,330
(2)			30,0	22,296
(0)				22,290
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		66,0	058,781
Part X Other Liabilities.			•	
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 2	5.	
(a) Description of liability	, , , , , , , , , , , , , , , , , , , ,		(b) Book v	/alue
<u></u>			(2) 20011	
(1) Federal income taxes				722 107
(2) DEFERRED COMPENSATION PAYABLE				733,107
(3) DUE TO RELATED PARTIES			1	321,791
(4)			1	
(5)				
(6)				
• •				
(7)				
(7) (8)				
(7)	25.)		6.5	554,898

Schedule D (Form 990) 2021

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

CHARTER SCHOOL

1	Complete if the organization answered "Yes" on Form 990, Part IV, line Total revenue, gains, and other support per audited financial statements			1	28,554,038.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			•	20,002,000
a	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities		518,346.		
C	Recoveries of prior year grants		,		
d	0.1. (5	1			
e	Other (Describe in Part XIII.) Add lines <b>2a</b> through <b>2d</b>			2e	518,346.
3	Subtract line <b>2e</b> from line <b>1</b>			3	28,035,692.
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			
b	Other (Describe in Part XIII.)				
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	28,035,692.
Pa	t XII Reconciliation of Expenses per Audited Financial Sta	ements With I	xpenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1				1	30,000,395.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	518,346.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	518,346.
3	Subtract line 2e from line 1			3	29,482,049.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.			1	
	WILL Consider a second state of the second sta	)		5	29,482,049.
	t XIII Supplemental Information.				
	t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;				
Prov	t XIII Supplemental Information.	Part IV, lines 1b ar	nd 2b; Part V, line 4		
Prov	t XIII Supplemental Information.  de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;	Part IV, lines 1b ar	nd 2b; Part V, line 4		
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#### **SCHEDULE E**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schools**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

HARLEM CHILDREN'S ZONE PROMISE ACADEMY CHARTER SCHOOL

Employer identification number 76-0756768

	rt I		YES	П
			ILS	╁
	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,	١.,	х	l
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Λ	H
	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures,		х	l
	catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	^	ł
	Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet			l
	homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			l
	homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			l
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general			ı
	community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3	Х	ł
	SEE SUPPLEMENTAL PAGE			l
				l
	Does the organization maintain the following?		y	1
	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	X	ł
	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Х	Ŧ
	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			l
	with student admissions, programs, and scholarships?	4c	X	ł
ı	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	ļ
				l
	Does the organization discriminate by race in any way with respect to:			l
	Students' rights or privileges?	5a		I
	Admissions policies?	5b		Ī
	Employment of faculty or administrative staff?	5с		Ī
	Scholarships or other financial assistance?	5d		T
	Educational policies?	5e		Ī
	44 1991 6	5f		T
				t
		5h		t
	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.			t
f g			5f 5g	5f 5g
— Dc	pes the organization receive any financial aid or assistance from a governmental agency?	6a	X	
	Has the organization's right to such aid ever been revoked or suspended?	6b		J
	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			Ī
	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			1
	4.05 of Day Drag 75 FO 1075 O. D. FOZ acquaint variety applications from the Application of Blade III and the Application of Blade I		37	f

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

4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II

Schedule E (Form 990) 2021

#### 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.

2021
Open to Public Inspection

Schedule I (Form 990) 2021

Name of the organization HARLEM CHILDRI CHARTER SCHOOL		ISE ACADEMY					Employer identification number 76-0756768
Part I General Information on Grants a							70-0730700
Does the organization maintain records to criteria used to award the grants or assis     Describe in Part IV the organization's pro-	o substantiate the				for the grants or assis		
Part II Grants and Other Assistance to I recipient that received more than \$					anization answered "Y	es" on Form 990, Part	IV, line 21, for any
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
<ul> <li>2 Enter total number of section 501(c)(3) and</li> <li>3 Enter total number of other organizations</li> </ul>	-						

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

Schedule I (Form 990) 2021 CHARTER SCHOOL 76-0756768

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. (c) Amount of (a) Type of grant or assistance (b) Number of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance 0 INCENTIVES (GIFT CARDS) 550 306,566. Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: THE PROMISE ACADEMY OCCASIONALLY OFFERS SMALL AMOUNTS OF CASH (GIFT-CARDS) AND NON-CASH (T-SHIRTS, SUPPLIES) ASSISTANCE TO STUDENTS AND/OR EMPLOYEES BASED EITHER ON NEED OR AS INCENTIVES TO INCREASE PRODUCTIVITY OR SCHOOL PERFORMANCE. THESE PAYMENTS ARE TYPICALLY UNDER \$100 AND REFLECT THE ACADEMY'S COMMITMENT TO REWARDING ITS STUDENTS FOR EXCELLENT ACADEMIC PERFORMANCE OR FOR RECOGNIZING ITS STAFF FOR CONTINUING TO CREATE A FLOURISHING EDUCATIONAL ENVIRONMENT FOR THE STUDENTS. THE ACADEMY RETAINS VERY DETAILED RECORDS OF ITS INCENTIVE AWARDS TO ENSURE THEY ARE FAIRLY

Page 2

### HARLEM CHILDREN'S ZONE PROMISE ACADEMY

Schedule I	(Form 990) CHARTER SCHOOL	76-0756768	Page 2
Part IV	(Form 990) CHARTER SCHOOL Supplemental Information		-
	1		
DISTRIBU	TED AND DOCUMENTED ACCORDINGLY.		
			-

132291 04-01-21 Schedule I (Form 990)

# SCHEDULE J (Form 990)

Department of the Treasury

**Compensation Information** 

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

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

Attach to Form 990.

2021

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

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

HARLEM CHILDREN'S ZONE PROMISE ACADEMY

CHARTER SCHOOL

Employer identification number 76-0756768

Pa	art I Questions Regarding Compensation			
			Yes	No
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.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account 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.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  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:			
а	Receive a severance payment or change-of-control payment?	4a		х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			l
	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:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	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	Х	
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		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		i

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.

	(B) Breakdown of W	/-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KWAME OWUSU-KESSE	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	453,907.	190,548.	0.	85,719.	35,535.	765,709.	80,548.
(2) JAMES D. HUTTER	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF FINANCIAL OFF. (THRU 01/2021)	(ii)	147,569.	481,346.	0.	10,626.	28,838.	668,379.	311,736.
(3) ACHIL PETIT	(i)	397,821.	128,048.	0.	71,973.	11,973.	609,815.	80,548.
SUPERINTENDENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) GEOFFREY CANADA	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	348,045.	155,000.	0.	0.	36,645.	539,690.	0.
(5) SUSAN R. RYDZ	(i)	200,566.	89,535.	0.	46,233.	9,146.	345,480.	57,535.
DEPUTY OF SPECIAL PROJECTS	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOSEPH CORDERO	(i)	212,507.	82,535.	0.	8,771.	35,535.	339,348.	57,535.
PRINCIPAL - UPPER ELEMENTARY	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) NANA A. ANNAN	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF OPERATING OFFICER	(ii)	245,329.	35,000.	0.	2,747.	35,240.	318,316.	0.
(8) ARI BROWNE	(i)	160,643.	73,528.	0.	44,791.	30,743.	309,705.	46,028.
DIRECTOR OF PA INFORMATION	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CONNOR FOURNIER	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF FINANCIAL OFF. (AS OF 02/2021)	(ii)	287,507.	0.	0.	0.	8,586.	296,093.	0.
(10) LAURA K. LIPLOW	(i)	151,722.	82,535.	0.	36,285.	16,232.	286,774.	57,535.
MATH COACH	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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:

HARLEM CHILDREN'S ZONE MAINTAINS A SECTION 457(F) PLAN AND A SUPPLEMENTAL

CHARTER SCHOOL

BONUS PLAN FOR CERTAIN ELIGIBLE EMPLOYEES OF THE SCHOOL. THESE PLANS ("THE

PLANS") ARE TAX-DEFERRED EMPLOYEE SAVINGS PLANS THAT AIM 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 THE 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.

BEGINNING FISCAL YEAR 2016. THE VESTING PERIOD WAS BIFURCATED BETWEEN

TEACHERS AND ADMINISTRATIVE STAFF, SUCH THAT AMOUNTS CONTRIBUTED TO THE

PLAN NOW VEST THREE AND FIVE YEARS AFTER THE DATE OF THE INITIAL

Schedule J (Form 990) 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.

CONTRIBUTION FOR ELIGIBLE TEACHERS AND ADMINISTRATIVE STAFF, RESPECTIVELY.

CHARTER SCHOOL

TERMINATED EMPLOYEES BECOME VESTED IMMEDIATELY AT THE DATE OF THEIR

TERMINATION. EMPLOYEES WHO MEET THE AGE AND SERVICE PROVISIONS OF THE PLAN

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

HOWEVER, IF A PARTICIPATING EMPLOYEE LEAVES VOLUNTARILY, INCLUDING

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

CUMULATIVE UNVESTED CONTRIBUTION MADE BY HCZ AND ASSOCIATED EARNINGS OR

LOSSES ARE FORFEITED.

FOR CALENDAR YEAR 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

Schedule J (Form 990) 2021

CHARTER SCHOOL

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.
IMMEDIATE VESTING OF HCZ'S GROWTH FUND CONTRIBUTION. THIS AMOUNT IS
INCLUDED IN FORM 990, SCHEDULE J, COLUMN B (II).
PART I, LINE 7:
AS NOTED IN THE NARRATIVE TO FORM 990, PART VI, LINE 15, ALL BONUSES OR
MERIT PAY INCREASES ISSUED TO PROMISE ACADEMY EMPLOYEES ARE DETERMINED BY
THE CEO, KWAME OWUSU-KESSE, WITH INPUT FROM THE SUPERINTENDENT. ALL BONUSES
ARE PERFORMANCE-BASED AND THE RECIPIENTS DO NOT HAVE ANY INPUT INTO THE
AMOUNT OF THE BONUS THEY RECEIVE.

## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

CHARTER SCHOOL

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

HARLEM CHILDREN'S ZONE PROMISE ACADEMY

Inspection Employer identification number

76-0756768

Par	rt 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 de noncash contribu		_	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
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 (EDUC SUPPLIES)	Х	1	70,715.	FMV			
26	Other							
27	Other							
28	Other ()							
29	Number of Forms 8283 received by the organization	ation during	the tax year for co	ontributions				
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement <b>29</b>				
						$ \longrightarrow $	Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	sed for			
	exempt purposes for the entire holding period?					30a		Х
b	,							
31	Does the organization have a gift acceptance p	olicy that re	quires the review	of any nonstandard contribut	ions?	31	Х	
32a	Does the organization hire or use third parties of	r related or	ganizations to solid	cit, process, or sell noncash				
	contributions?					32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a) is chec	cked,			
	describe in Part II.							

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

Schedule M (Form 990) 2021

132142 11-17-21

# **SCHEDULE O** (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HARLEM CHILDREN'S ZONE PROMISE ACADEMY CHARTER SCHOOL

**Employer identification number** 76-0756768

Schedule O (Form 990) 2021

GENERAL STATEMENT ABOUT COVID-19 PANDEMIC:
IN MARCH 2020, THE WORLD HEALTH ORGANIZATION OFFICIALLY DECLARED
COVID-19, A DISEASE CAUSED BY THE NOVEL CORONAVIRUS, A PANDEMIC. THIS
CAUSED MANY LOCAL AND NATIONAL GOVERNMENTS, INCLUDING NEW YORK STATE,
TO IMPOSE RESTRICTIONS ON BUSINESS OPERATIONS, TRAVEL AND PUBLIC
GATHERINGS. THE OUTBREAK HAS ADVERSELY IMPACTED THE LEVEL OF ECONOMIC
ACTIVITY AROUND THE WORLD AND DISRUPTED NORMAL BUSINESS ACTIVITY IN
EVERY SECTOR OF THE ECONOMY.
DURING THE PANDEMIC, WE IMPLEMENTED A HYBRID LEARNING MODEL THAT
ALLOWED FOR BOTH VIRTUAL AND ON-SITE INSTRUCTION FOR OUR SCHOLARS.
ON-SITE LEARNING WAS MADE POSSIBLE BY ENHANCED SOCIAL DISTANCING, USE
OF PERSONAL PROTECTIVE EQUIPMENT, AND FREQUENT TESTING ALIGNED TO
GUIDANCE FROM THE CDC AND OTHER PUBLIC HEALTH AGENCIES. OUR VIRTUAL
LEARNING WAS FACILITATED BY PROVIDING STUDENTS WITH THE TECHNOLOGICAL
RESOURCES NEEDED TO CONDUCT SCHOOLING IN A VIRTUAL ENVIRONMENT. DURING
FISCAL YEAR 2022, WE TRANSITIONED TO FULLY ONSITE INSTRUCTION WHILE
MAINTAINING APPROPRIATE PRECAUTIONS AND SURVEILLANCE TESTING
PROCEDURES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE MISSION OF HARLEM CHILDREN'S ZONE PROMISE ACADEMY CHARTER SCHOOL IS
TO ENSURE THAT CHILDREN FROM UNDER-SERVED COMMUNITIES ARE ACADEMICALLY,
SOCIALLY AND EMOTIONALLY READY TO SUCCEED IN COLLEGE AND TOMORROW'S
WORKPLACE. THE SCHOOL'S COMMITTED, CARING STAFF PROVIDE COMPREHENSIVE
,

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

Schedule O (Form 990) 2021 Page 2 HARLEM CHILDREN'S ZONE PROMISE ACADEMY Name of the organization **Employer identification number** CHARTER SCHOOL 76-0756768 SERVICES TO CHILDREN IN KINDERGARTEN THROUGH 12TH GRADE - AS WELL AS TO THEIR FAMILIES - SO THEY ARE WELL EQUIPPED FOR THE OPPORTUNITIES AHEAD. FORM 990, PART III - PROGRAM SERVICE, LINE 4A: THE PROMISE ACADEMY IS UNPARALLELED IN ITS EXCELLENCE, RIGOR, AND CARE. IN ADDITION TO A HIGH-QUALITY, STANDARDS-BASED EDUCATION STUDENTS AND THEIR FAMILIES HAVE ACCESS TO HCZ'S COMPREHENSIVE NETWORK OF SUPPORTS INCLUDING COUNSELING, BENEFITS ASSISTANCE, AND OTHER SOCIAL SERVICES. OUR PROMISE IS TO DO WHATEVER IT TAKES TO ADDRESS ANY ISSUE. EVEN THOSE OUTSIDE OF THE CLASSROOM, THAT CAN HINDER A CHILD'S FUTURE. TO THAT END, THE SCHOOL HAS AN EXTENDED SCHOOL DAY TO GIVE STUDENTS MORE TIME ON-TASK TO MASTER BASIC SUBJECTS AND HAVE ENOUGH TIME TO PURSUE SCIENCE, SOCIAL STUDIES, THE ARTS AND PHYSICAL EDUCATION. THE STUDENTS ALSO HAVE ACCESS TO A FREE AFTER-SCHOOL PROGRAM THAT WORKS HAND IN HAND WITH THE DAY SCHOOL AS WELL AS OFFERING STUDENTS ENRICHMENT CLASSES IN A VARIETY OF DISCIPLINES SUCH AS DANCE PHOTOGRAPHY, CHESS AND MORE. THE SCHOOL ALSO HAS A MULTI-FACETED PROGRAM TO MAKE SURE STUDENTS ARE READY FOR COLLEGE, WHICH INCLUDES SAT PREPARATION CLASSES, COLLEGE COUNSELING AND CAMPUS VISITS. AS WELL AS SUPPORT FOR THE COLLEGE APPLICATION AND SELECTION PROCESSES. AS A RESULT, PROMISE ACADEMY STUDENTS ACHIEVE HIGHER AGGREGATE SCORES ON THE ENGLISH LANGUAGE ARTS TEST THAN STUDENTS IN THE LOCAL DISTRICT 5, NEW YORK CITY AS A WHOLE, NEW YORK STATE AS A WHOLE, NEW YORK STATE

WHITE AND BLACK STUDENTS, AND NEW YORK CITY BLACK STUDENTS. ON THE MATH

Name of the organization HARLEM CHILDREN'S ZONE PROMISE ACADEMY CHARTER SCHOOL	Employer identification number
	70 0730700
EXAM, THEY OUTPERFORM THE LOCAL DISTRICT, NEW YORK CITY, NEW YORK	
STATE, NEW YORK CITY BLACKS STUDENTS, NEW YORK CITY AND NEW YORK STATE	
WHITE STUDENTS.	
FOR MORE DETAILED INFORMATION ABOUT THE ACADEMY'S PROGRAMMATIC	
ACTIVITIES, PLEASE VISIT WWW.HCZPROMISE.ORG.	
FORM 990, PART VI, SECTION A, LINE 8B:	
THE CHARTER SCHOOL HAS NO OTHER COMMITTEES OTHER THAN ITS BOARD OF	
DIRECTORS.	
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 BOARD OF TRUSTEES FOR DISCUSSION AND	
COMMENT. EACH BOARD OF TRUSTEES MEMBER WAS PROVIDED AN OPPORTUNITY TO	
COMMENT ON THE INFORMATION CONTAINED IN THE 990 PRIOR TO ITS FILING WITH	
THE INTERNAL REVENUE SERVICE.	
FORM 990, PART VI, SECTION B, LINE 12C:	
ENFORCEMENT OF CONFLICT OF INTEREST POLICY	
THE PROMISE ACADEMY OPERATES UNDER THE CONFLICT-OF-INTEREST POLICY OF ITS	
INSTITUTIONAL PARTNER, HARLEM CHILDREN'S ZONE. 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

Schedule O (Form 990) 2021 Page 2 HARLEM CHILDREN'S ZONE PROMISE ACADEMY **Employer identification number** Name of the organization CHARTER SCHOOL 76-0756768 INTEREST OR THE APPEARANCE OF SUCH A CONFLICT OR REFLECT UNFAVORABLY ON THEM OR ON HARLEM CHILDREN'S ZONE PROMISE ACADEMY. 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 PROMISE ACADEMY. 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 PROMISE ACADEMY AND A THIRD PARTY WILL CONSTITUTE GROUNDS FOR DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION OF EMPLOYMENT. FORM 990, PART VI, SECTION B, LINE 13 & 14 WHISTLEBLOWER AND DOCUMENT RETENTION POLICY THE PROMISE ACADEMY OPERATES UNDER THE WHISTLEBLOWER AND DOCUMENT RETENTION POLICY OF ITS INSTITUTIONAL PARTNER, HARLEM CHILDREN'S ZONE. FORM 990, PART VI, SECTION B, LINE 15: PROCESS FOR DETERMINING COMPENSATION THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL IS KWAME OWUSU-KESSE. THE PROCEDURES FOR DETERMINING MR. OWUSU-KESSE COMPENSATION PACKAGE ARE DOCUMENTED IN HARLEM CHILDREN'S ZONE FORM 990 AS THAT ORGANIZATION PAYS HIS COMPENSATION. MR. OWUSU-KESSE MAKES ALL COMPENSATION DECISIONS, WITH INPUT FROM THE SUPERINTENDENT, FOR THE EMPLOYEES AT THE PROMISE ACADEMY, INCLUDING THE PRINCIPALS. TO THE EXTENT THAT ANY MERIT PAY OR BONUSES ARE WARRANTED, THE SUPERINTENDENT AND PRINCIPALS WILL MAKE RECOMMENDATIONS FOR TEACHERS AND

ADMINISTRATORS. ALL BONUSES ARE STRICTLY TIED TO EMPLOYEE PERFORMANCE,

Schedule O (Form 990) 2021	Page 2
Name of the organization HARLEM CHILDREN'S ZONE PROMISE ACADEMY CHARTER SCHOOL	Employer identification number 76-0756768
USUALLY DETERMINED BY STUDENT ACADEMIC SUCCESS AND WELL-BEING. THE	
ORGANIZATION MAKES A CONSCIOUS EFFORT TO COMPENSATE ITS EXECUTIVES	
COMMENSURATE WITH THE MARKET.	
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABILITY OF DOCUMENTS TO THE PUBLIC	
THE ACADEMY MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A COPY	
AT ITS PLACE OF BUSINESS. THE FORM 990 IS LIKEWISE PUBLISHED ON THE	
INTERNET AT WWW.GUIDESTAR.ORG. THE ORGANIZATION'S FINANCIAL STATEMENTS AND	
FORM 990 ARE PUBLISHED ON ITS WEBSITE; ITS GOVERNING DOCUMENTS AND	
CONFLICT OF INTEREST POLICY ARE NOT ORDINARILY MADE AVAILABLE TO THE	
PUBLIC, BUT, IF REQUESTED, WILL BE PROVIDED AT MANAGEMENT'S DISCRETION.	
FORM 990, PART VII	
TOP FIVE HIGHEST PAID EMPLOYEE, DR. ACHIL PETIT, IS EMPLOYED AS THE	
SUPERINTENDENT OF BOTH HARLEM CHILDREN'S ZONE PROMISE ACADEMY I AND	
HARLEM CHILDREN'S ZONE PROMISE ACADEMY II. DR. PETIT SPENDS HALF OF HIS	
TIME AT PROMISE ACADEMY I AND PROMISE ACADEMY II; HOWEVER, HE RECEIVES	
HIS W-2 FROM PROMISE ACADEMY I FOR THE SERVICES RENDERED TO BOTH	
ACADEMIES (AND HIS COMPENSATION IS REPORTED IN FORM 990, PART VII,	
COLUMN (D) ACCORDINGLY).	

#### **SCHEDULE R** (Form 990)

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.

Open to Public Inspection ► Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization

HARLEM CHILDREN'S ZONE PROMISE ACADEMY

CHARTER SCHOOL

**Employer identification number** 76-0756768

OMB No. 1545-0047

Part I Identification of Disregarded Entities. Complet	e if the organization answered "Yes"	on Form 990, Part IV, line 33	<b>3.</b>			
(a)  Name, address, and EIN (if applicable)  of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	(d) r Total incor	me End-of-year	r assets Direct of	(f) controlling ntity
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	nswered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one	or more related tax-exe	mpt
(a)	(b)	(c)	(d)	(e)	(f)	(g) Section 512(b)(13)

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	f section		3) 512(b)(13) colled ity?
				501(c)(3))		Yes	No
HARLEM CHILDREN'S ZONE - 23-7112974							
35 EAST 125TH STREET							
NEW YORK, NY 10035	SOCIAL SVCS	NEW YORK	501(C)(3)	LINE 7	N/A		Х
HARLEM CHILDRENS ZONE PROMISE ACADEMY II -							
34-2049530, 35 EAST 125TH STREET, NEW YORK,							
NY 10035	EDUCATION	NEW YORK	501(C)(3)	LINE 2	HCZ		Х
	]						

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

Schedule R (Form 990) 2021

CHARTER SCHOOL

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)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionata	rtionate Code V-UBI		Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
				1					1		

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>(b)</b> Primary activity	(c) Legal domicile (state or foreign	(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	Section 512(b)(13) controlled entity?	
		country)		,				Yes	No
-									
-									
-									
	-								

Page 3

Х

Yes No

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

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

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?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х		
	<b>b</b> Gift, grant, or capital contribution to related organization(s)								
С	c Gift, grant, or capital contribution from related organization(s)								
	d Loans or loan guarantees to or for related organization(s)								
	Loans or loan guarantees by related organization(s)				1e		Х		
f	Dividends from related organization(s)				1f		х		
	Sale of assets to related organization(s)				1g		Х		
h	Purchase of assets from related organization(s)				1h		Х		
	Exchange of assets with related organization(s)				1i		Х		
j Lease of facilities, equipment, or other assets to related organization(s)							Х		
k Lease of facilities, equipment, or other assets from related organization(s)									
I Performance of services or membership or fundraising solicitations for related organization(s)							Х		
m Performance of services or membership or fundraising solicitations by related organization(s)									
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
o Sharing of paid employees with related organization(s)						Х			
p Reimbursement paid to related organization(s) for expenses									
q Reimbursement paid by related organization(s) for expenses						Х			
·					1q				
r	Other transfer of cash or property to related organization(s)				1r	х			
r       Other transfer of cash or property to related organization(s)         s       Other transfer of cash or property from related organization(s)						Х			
	If the answer to any of the above is "Yes," see the instructions for information on who				1s				
	(a) (b) (c) (d)  Name of related organization Transaction Amount involved Method of determining amo				unt involved				
		type (a-s)							
1)									
2)									
3)									
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4)									
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5)									
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8)									
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2 163	11-17-21			Schedule	ח (דטוו	וו ששט	202 I		

76-0756768

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionat allocatio	Code V-UBI amount in box 2 of Schedule K-	General of managing partner?  Yes No	(k) Percentage ownership

CHARTER SCHOOL

# Part VII Supplemental Information Provide additional information for responses to questions on Schedule R. See instructions. FORM 990, SCHEDULE R, PART V, LINE 2: PURSUANT TO THE TERMS OF A COMMITMENT LETTER BETWEEN HARLEM CHILDREN'S ZONE (HCZ) AND PROMISE ACADEMY, HCZ, AS THE SCHOOL'S INSTITUTIONAL PARTNER, COMMITTED TO PROVIDE THE ACADEMY, DURING THE INITIAL FIVE-YEAR TERM OF ITS CHARTER, CERTAIN SERVICES AT NO COST. THE CHARTER SCHOOL HAS RENEWED ITS COMMITMENT LETTER WITH HARLEM CHILDREN'S ZONE FOR AN ADDITIONAL FIVE YEAR PERIOD THAT RUNS THROUGH JUNE 30, 2024. THESE SERVICES INCLUDE FINANCIAL MANAGEMENT, SOCIAL, TECHNOLOGY, FUNDRAISING, PUBLIC RELATIONS, AND TEACHING ASSISTANCE SERVICES. THE VALUE OF THE CONTRIBUTED SERVICES RENDERED TO THE ACADEMY FOR THE YEAR ENDING JUNE 30, 2022 IS \$518,346. IN ADDITION TO CONTRIBUTED SERVICES THE ACADEMY RECEIVED THE USE OF SPACE AT HARLEM CHILDREN ZONE'S BUILDING LOCATED AT 245 W. 129TH STREET, NEW YORK, NEW YORK. UPON EXECUTION OF THE SUBLEASE AGREEMENT IN FISCAL 2015, THE ACADEMY RECORDED A \$73,279,162 CONTRIBUTION RECEIVABLE, WHICH REPRESENTS THE IMPUTED FAIR VALUE OF THE SPACE UNDER THE LEASE. THE RECEIVABLE IS BEING AMORTIZED TO RENT EXPENSE, AND THE RELATED TEMPORARILY RESTRICTED NET ASSETS ARE RELEASED FROM RESTRICTIONS, OVER THE TERM OF THE LEASE. THE CURRENT CONTRIBUTION RECEIVABLE. AS REPORTED ON THE BALANCE SHEET. IS \$2,162,265. HCZ MAINTAINS A 457(F) PLAN FOR CERTAIN ELIGIBLE EMPLOYEES OF THE SCHOOL. EMPLOYEES BECOME ELIGIBLE TO PARTICIPATE IN THIS PLAN BASED SOLELY AT THE DISCRETION OF THE SCHOOL'S BOARD OF TRUSTEES. THE AMOUNTS CONTRIBUTED WILL VEST IN EITHER THREE OR FIVE YEARS. HCZ PROVIDES THE SCHOOL WITH AN ANNUAL SUBSIDY TO COVER THIS COST BY CONTRIBUTING TO A HCZ INVESTMENT ACCOUNT, DURING FISCAL 2022, HCZ PROVIDED A SUBSIDY OF

Schedule R (Form 990) 2021