DLN: 93493103013121

OMB No. 1545-0047

2019

Department of the

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

		nue Service			20 2020								
		pplicable:	C Name of organization	ning 07-01-2019 , and ending 06-	30-2020) Employ	er identi	fication number				
_		change	HARLEM CHILDREN'S ZONE PROMIS charter school	SE ACADEMY			76-075						
	me cha	-	% SARA ALVARADO Doing business as				/0-0/3	10/00					
	tial ret	:urn n/terminated	Doing business as										
		return		nail is not delivered to street address) Room/	suite	E	Telepho	ne numbe	r				
□ Ар	olicatio	on pending	245 W 129th Street				(212) 3	360-3255	5				
			City or town, state or province, cou NEW YORK, NY 10027	ntry, and ZIP or foreign postal code									
			,				Gross r	eceipts \$ 2	7,399,800				
			F Name and address of principal Kwame Owusu-Kesse	al officer:	H(a)	Is this a	group re	eturn for					
			35 East 125th Street			subordin Are all su		tos	☐Yes ☑No				
• T-			NEW YORK, NY 10035		⊣ н(в)	included?		ites	☐ Yes ☐No				
L Tax	к-ехеп	npt status:	☑ 501(c)(3) □ 501(c)() ◄	(insert no.) 4947(a)(1) or 527	╛、			•	instructions)				
J W	ebsit	e:▶ WW	/W.HCZPROMISE.ORG		H(c)	Group ex	emption	n number	•				
				🗆	L Year	of formation	n: 2004	M State	of legal domicile: NY				
K Forn	n of or	ganization:	Corporation Trust Asso	ociation Other									
Pa	ırt I	Sum	mary										
			cribe the organization's mission o										
Ψ			e high quality, standards-based ac g school districts.	ademic programs for students, grades l	<-12, from	n under-se	erved co	mmuniti	es and under-				
<u>⊆</u>	_	•											
Ĕ	_												
Š	2	Check thi	s hox • if the organization di	scontinued its operations or disposed of	more tha	n 25% of	its net :	assets					
Activities & Governance				ng body (Part VI, line 1a)			105 1100 (3	7				
S S	4	Number o	of independent voting members of	the governing body (Part VI, line 1b)				4	5				
Ĕ	5	Total nun	otal number of individuals employed in calendar year 2019 (Part V, line 2a)										
	6	Total nun	I number of volunteers (estimate if necessary)										
Q.	7a	Total unr	elated business revenue from Par	t VIII, column (C), line 12				7a					
	b	Net unrel	ated business taxable income from	m Form 990-T, line 39				7b	(
						Prior	Year		Current Year				
<u>ā</u>	8	Contribut	ions and grants (Part VIII, line 1h)				24,558,	469	27,274,03				
Ravenue		_	service revenue (Part VIII, line 2g			0							
ξ.			nt income (Part VIII, column (A),				35	2'					
			renue (Part VIII, column (A), lines				757	125,73					
				est equal Part VIII, column (A), line 12)			24,587,		27,399,80				
			nd similar amounts paid (Part IX, o					0					
			paid to or for members (Part IX, co	, ,			10 107	0	10 547 35				
Ses		•		enefits (Part IX, column (A), lines 5-10)			18,197,	.342	19,547,35				
Expenses			• , , ,	mn (A), line 11e)					<u>'</u>				
Ä			raising expenses (Part IX, column (D),	11a-11d, 11f-24e)			6,611,	887	6,168,80				
			enses. Add lines 13–17 (must equ	•			24,809,		25,716,15				
			, ,	om line 12			-221,		1,683,64				
× o			TOO OXPONDED OUR GROWN TO TO IT	<u> </u>	Beg	inning of (End of Year				
Net Assets or Fund Balances													
Bal	20	Total ass	ets (Part X, line 16)				75,848,	222	78,934,51				
<u>ا ا</u>	21	Total liab	ilities (Part X, line 26)	$\boldsymbol{\cdot} \boldsymbol{\cdot} $			6,334,	923	7,737,57				
Zű	22		s or fund balances. Subtract line	21 from line 20			69,513,	299	71,196,94				
	rt II		ature Block	ined this return, including accompanyir	a schedul	les and st	atement	s and to	the hest of my				
knowl	edge	and belie		Declaration of preparer (other than of									
any k	nowle	edge.											
		*****	ĸ			2021-0	4-13						
Sign		Signati	ure of officer			Date							
Here			D HUTTER cfo										
		Type o	r print name and title										
	_	P	rint/Type preparer's name	Preparer's signature	Date	Check	☐ if	PTIN P0074149					
Paid		ļ_	irmle name. A CRANT TUORNTON III			self-em	ployed						
	oare	;ı	irm's name F GRANT THORNTON LL	, 		Firm's I	TIN P						
Use	On	ly F	irm's address ▶ 757 THIRD AVENUE 3F	D FLOOR		Phone	no. (212)	599-0100	ı				
			NEW YORK, NY 10017	22013									
 + veN	ho ID	C discuss	this return with the preparer show	wn above? (see instructions)					Voc 🗆 No				

orm	990 (2019)					Page						
Pa	t Statement of I	Program Servic	e Accomplis	hments								
	Check if Schedule	O contains a respo	onse or note to a	any line in this Part III		🗹						
L	Briefly describe the organ	nization's mission:										
OMI CHC	MUNITIES ARE ACADEMICA	ALLY, SOCIALLY AN G STAFF PROVIDE	ID EMOTIONALL COMPREHENSI\	Y READY TO SUCCEED /E SERVICES TO CHILD	TO ENSURE THAT CHILDREN FROM IN COLLEGE AND TOMORROW'S WC REN IN KINDERGARTEN THROUGH : D.	RKPLACE. THE						
	Did the organization unde	ertake any significa	ant program ser	vices during the year w	hich were not listed on							
	the prior Form 990 or 99	0-EZ?				☐ Yes ☑ No						
	If "Yes," describe these n	ew services on Scl	nedule O.									
	Did the organization cease conducting, or make significant changes in how it conducts, any program											
	services? If "Yes," describe these c					☐ Yes ☑ No						
ı	Describe the organization	oʻs program service 1(c)(4) organizatio	accomplishmer	to report the amount of	largest program services, as measu of grants and allocations to others, t							
a	(Code:) (Expenses \$	24,612,127	including grants of \$	0) (Revenue \$	0)						
	See Additional Data											
b	(Code:) (Expenses \$		including grants of \$) (Revenue \$)						
c	(Code:) (Expenses \$		including grants of \$) (Revenue \$)						
d	Other program services ((Expenses \$		ule O.) luding grants of	\$) (Revenue \$)						
le	Total program service	expenses ▶	24,612,1	27								

Part IV Checklist of Required Schedules

Νo

Nο

Nο

Nο

Nο

No

Form **990** (2019)

16

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20a

20b

21

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 2	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💆	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D.</i> Part 91	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i> complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
	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 🥞	11b		No
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 2	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 📆	11d	Yes	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX. column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

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

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19

orm 9	990 (2019)			Page 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
	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		No
	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
	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 Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
	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		No
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🔧	29	Yes	
	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	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		No
	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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
	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		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 42			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0	1		1

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No				
D	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).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No				
С	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	6a		No				
_	solicit any contributions that were not tax deductible as charitable contributions?							
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b						
	Organizations that may receive deductible contributions under section 170(c).	7a		No				
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service provided to the payor?							
	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 to file Form 8282?	7c		No				
	If "Yes," indicate the number of Forms 8282 filed during the year							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No				
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No				
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g						
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	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						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12 10a							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11 a	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.)							
	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.							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	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							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No				

				9 -
Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI	" respo	onse to i	lines ✓
Se	ction 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 2			
	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 in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 5			
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
Se	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website 🗹 Upon request 🗌 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records: ►SARA ALVARADO 35 E 125TH STREET NEW YORK, NY 10035 (212) 360-3255			

 \checkmark

Part VII

Trustee (Non-Voting)

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

• List all of the organization's former directo organization, more than \$10,000 of reportable co. See instructions for the order in which to list the	ompensation fro	om the								
Check this box if neither the organization no	r any related o	rganizat	ion c	omp	ens	ated a	any i	current officer, dire	ctor, or trustee.	
(A) Name and title	(B) Average hours per week (list any hours for related	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					er)	(D) Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) Anne williams-isom Chief Exec Officer & President	2.0 42.0	Х		x				0	561,869	144,118
(2) Achil Petit Superintendent	20.0					х		424,952	0	79,118
(3) James D Hutter Chief Financial Officer	2.0 42.0			х				0	388,806	111,598
(4) Zahida Aminy thru 102019 Principal - High School	40.0					×		425,933	0	50,243
(5) Joseph Cordero Principal - upper elementary	40.0					х		243,343	0	79,006
(6) Susan R Rydz Deputy of Special Projects	40.0					х		201,036	0	60,464
(7) Ari Browne Director of PA Information Sys	0.0 40.0 0.0					х		174,193	0	77,391
(8) Geoffrey Canada Chairman	2.0	х		х				0	195,829	31,293
(9) Kenneth Langone Chairman Emeritus	2.0	х		Х				0	0	(
(10) Mitch Kurz Treasurer/secretary	3.0 2.0 3.0			Х				0	0	(
(11) Aisha Tomlinson Parent Represent. (non-voting)	0.0	х						0	0	(
(12) Stanley Druckenmiller TRUSTEE	3.0	х						0	0	C
(13) Denise Fuller trustee (non-voting)	2.0	Х						0	0	C
(14) Alfonso Wyatt Trustee	2.0	Х						0	0	C
(15) Willie Mae Lewis Trustee	2.0	Х						0	0	C
(16) Ellanor Bodie Brizendine trustee (non-voting)	2.0	х						0	0	0
(17) Keith Meister	2.0	Х						0	0	C

Name and title

Part VII

Page 8

348,400

170,325

132,472

Form **990** (2019)

	Name and title	Average hours per week (list any hours	hours per week (list is both an officer and a any hours director/trustee) compensation compensation from the any hours (W-2/1099 (W-2/1099)					from related organizations	on amount of other compensation from the				
		organizations below dotted line)	Individual trustee or director	Institutional Trustée	Officer	Key employee	Highest compensated employee	Former	(W-2/1099- MISC)	- (W-2/1099- MISC)		relat organiza	ted
		-		_	-	\vdash	<u> </u>				\perp		
											#		
—				_		\vdash	-				+		
						F					\mp		
		-		+		\vdash	+	+			+		
16.1	Sub-Total						<u></u>				二二		
c T	Total from continuation sheets to	Part VII, Section		 <u></u>		ı	>		1,469,457	1,146,50	04		633,23:
2	Total number of individuals (includin of reportable compensation from the			e list	ed a	bov	e) who) rece	eived more than	\$100,000		_	
3	Did the organization list any former line 1a? If "Yes," complete Schedule	,		tee, k	ey e	mpl:	oyee,	or hi	ghest compensa	ited employee on	3	Yes	No
4	For any individual listed on line 1a, i organization and related organizatio individual	is the sum of repo	ortable o								4	Yes	No
5	Did any person listed on line 1a rece services rendered to the organizatio								-	individual for	5	100	No
Sŧ	ection B. Independent Contrac	ctors			_	_		_					
1	Complete this table for your five hig from the organization. Report compe	ensation for the c								ation's tax year.	mpens		
_	Name	(A) e and business addre	ess	_	_	_	_	_		(B) Description of services		(C Comper	
20 Th	CO FOOD SERVICES METRO NY, neodore Conrad Drive EY CITY, NJ 07305								food ser	vices			654,557
Schoo	ol Professionals,				-	-		-	substitu	ite teaching			454,366

(C)

Position (do not check more

(D)

Reportable

SAT Prep

SAT Prep

transportation Svcs

(E)

Reportable

compensation from the organization ▶ 6

School Professionals, 420 lexington ave NEW YORK, NY 10017 Testrocker Inc, 131 Varick St

po box 286

a-list services, 29 west 36th street 7th flr NEW YORK, NY 10018

NEW YORK CITY, NY 10128

NEW YORK, NY 10013

private chauffeur club,

(B)

Average

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

orm 99 Part \		Statement	of Revenue						Page 9
				respo	onse or note to any	line in this Part VIII		<u> </u>	🗆
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ທ	1a	Federated campa	aigns	1 a			revenue		312 - 314
ons, onts, orants Similar Amounts	Ь	Membership dues	s	1 b					
	С	Fundraising even	its	1c					
ollis, illar A	d	Related organiza	tions	1 d	2,490,182				
<u>1</u> = 1	е	Government grants	(contributions)	1e	23,411,087				
Sin	f	All other contribution							
Other 3		above	L	1f	1,372,763				
3 2	g	Noncash contributio lines 1a - 1f:\$	ons included in	1 g	91,448				
conditionalists, and Other Sim	h	Total. Add lines	ں 1a-1f			27 274 022			
					Business Code	27,274,032			
	2a								
E e									
eve	b								
⊕ 120	c ·								
rvic					-				
8	d								
Program Service Revenue	е.								
Š.	٠.								
	f.	All other program	service revenue.						
		Total. Add lines 2			0	_	1	1	T
		nvestment income milar amounts)			nterest, and other	29	,		2!
	4 Ir	ncome from invest			ond proceeds	0	1		
	5 R	loyalties		•		0	•		
			(i) Rea	al .	(ii) Personal	4			
	6a (Gross rents	6a						
		Less: rental expenses	6b						
		Rental income				-			
		or (loss)	6c	(0			
	d	Net rental income			(ii) Other	0	1		
	7a '	Gross amount	(i) Securi	ues	(II) Other	-			
	1	from sales of assets other	7a						
		than inventory				4			
	- (Less: cost or other basis and	7b						
	:	sales expenses				-			
		Gain or (loss)	7c						
		Net gain or (loss) Gross income from fu			· · · >	0	'		
ne		(not including \$	of						
≥		contributions reported See Part IV , line 18		8a	C				
&	b	Less: direct expen	ses	8b	C				
Other Revenue	C	Net income or (los	ss) from fundrais	ing ev	ents		,		
	a e	Gross income from	gaming activities						
١		See Part IV, line 19		9a	C				
	b	Less: direct expen	ses	9b	С				
	С	Net income or (los	ss) from gaming	activit	ies 🕨	0	•		
,	L0a	Gross sales of inve	entory, less						
		returns and allowa		10a					
		Less: cost of good		10 b					
-	С	Net income or (los	ss) from sales of us Revenue	invent	ory ► Business Code	0 	1		
}	11a	NYC E-RATE DISC			90009	9 14,269			14,269
		5150	.						
	b	MISCELLANEOUS	INCOME		90009	9 111,470			111,470
		2000							
	c								
	ď	All other revenue							
	e ·	Total. Add lines 1	1a-11d		•	125,739			
	12	Total revenue. S	ee instructions			27,399,800			125,768
						27,399,800	'I		Form 990 (2019)

Form 990 (2019)				Page 10
Part IX Statement of Functional Expenses		All athau augustinatia		······ (A)
Section 501(c)(3) and 501(c)(4) organizations must			ns must complete coll	ımn (A).
Check if Schedule O contains a response or note to	any line in this Part IX	(B)	(C)	⊔ (D)
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (a defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	s 0			
7 Other salaries and wages	15,448,642	14,737,996	710,646	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	339,166	323,904	15,262	
9 Other employee benefits	2,432,641	2,323,172	109,469	
10 Payroll taxes	1,326,901	1,267,190	59,711	
11 Fees for services (non-employees):	-//	_,,		
` ' ' '	0			
a Management	0			
b Legal				
c Accounting	92,114	87,969	4,145	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	734,635	701,576	33,059	0
12 Advertising and promotion	0			
13 Office expenses	208,363	198,987	9,376	_
14 Information technology	360,765	344,531	16,234	
15 Royalties	0			
16 Occupancy	2,304,358	2,200,662	103,696	
17 Travel	5,378	5,136	242	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials •	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	373	356	17	_
23 Insurance	168,547	160,962	7,585	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)		·		
a FOOD	966,843	966,843		
b CLASSROOM SUPPLIES	299,437	299,437		
c EQUIP RENTAL & MAINTENANCE	190,741	182,158	8,583	
d UNIFORMS	179,551	179,551		
e All other expenses	657,702	631,697	26,005	
25 Total functional expenses. Add lines 1 through 24e	25,716,157	24,612,127	1,104,030	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here ► ☐ if following SOP 98-2 (ASC 958-720).				

Form 990 (2019)

11

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23

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31

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33

Liabilities 22

Fund Balances

ō 29

Assets 30 7,010,228

1.070.581 0

0

155,497

6,347

0

0

0

0

0

0

0

0

0

0

0

4,974,078

7.737.571

8.909.654

62,287,288

71,196,942

78,934,513

Form 990 (2019)

70,691,860

78,934,513

2,763,493

(B)

End of year

Beginning of year

0 6 0

0 11

0

0

0 18

0 19

0

0 21

0 22

0

0 24

4,016,486

6.334.923

5,394,032

64,119,267

69,513,299

75,848,222

73,496,758

75,848,222

2,318,437

108,927

7

8

9

10c

12 0 13

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Page **11**

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

1	Cash-non-interest-bearing	1,769,153	1	
2	Savings and temporary cash investments	0	2	
3	Pledges and grants receivable, net	473,384	3	

3 Accounts receivable, net . . . Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled 0 5 Loans and other receivables from other disqualified persons (as defined under

10a

10b

section 4958(f)(1)), and persons described in section 4958(c)(3)(B). Notes and loans receivable, net . . . Assets Inventories for sale or use . .

Prepaid expenses and deferred charges .

10a Land, buildings, and equipment: cost or other

Investments—publicly traded securities .

Other assets. See Part IV, line 11 . . .

Accounts payable and accrued expenses .

Investments—other securities. See Part IV, line 11 .

Total assets. Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square and

Unsecured notes and loans payable to unrelated third parties .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here > \(\begin{align*} \text{and} \end{and} \)

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Investments—program-related. See Part IV, line 11

basis. Complete Part VI of Schedule D

b Less: accumulated depreciation

Intangible assets .

Grants payable .

Deferred revenue . . .

Tax-exempt bond liabilities .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

374,594

368,247

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

Yes Form 990 (2019)

3b

Additional Data

Software ID:

Software Version:

EIN: 76-0756768

Name: HARLEM CHILDREN'S ZONE PROMISE ACADEMY

charter school

Form 990 (2019)

Form 990, Part III, Line 4a:

IN 2019, PROMISE ACADEMY STUDENTS HAD 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 AND NEW YORK STATE WHITE AND BLACK STUDENTS. ON THE MATH EXAM THEY OUTPERFORMED THE LOCAL DISTRICT, NEW YORK CITY, NEW YORK STATE, NEW YORK CITY BLACK STUDENTS, NEW YORK CITY AND NEW YORK STATE WHITE STUDENTS. 90% OF STUDENTS IN THE CLASS OF 2019 ENROLLED IN POSTSECONDARY EDUCATION WITHIN SIX MONTHS OF HIGH SCHOOL GRADUATION. 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 FASHION DESIGN. THE SCHOOL ALSO HAS A MULTIFACETED 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. THE SCHOOL'S INSTITUTIONAL PARTNER, HARLEM CHILDREN'S ZONE, ALSO HAS A SOCIAL-WORK TEAM TO ADDRESS ANY EMOTIONAL/SOCIAL ISSUES THAT MAY GET FLAGGED BY TEACHERS OR SCHOOL STAFF. WE ALSO MAKE SURE THAT CHILDREN HAVE ACCESS TO UP-TO-DATE TECHNOLOGY: EACH CLASSROOM IS EQUIPPED WITH AN INTERACTIVE WHITEBOARD AND STUDENTS HAVE ACCESS TO LAPTOP COMPUTERS. THE OVERALL GOAL IS TO MAKE SURE EACH CHILD GETS WHAT HE OR SHE NEEDS IN ORDER TO SUCCEED ACADEMICALLY AND BECOME WELL-ROUNDED AND PUBLIC SPIRITED, READY FOR COLLEGE AND ADULTHOOD.

efile GRAPHIC print - DO NOT			<u>it - DO NOT Pi</u>	NOT PROCESS As Filed Data -				DLN: 9	DLN: 93493103013121		
SCI		ULE A	D	ublic C	harity Statu	e and Dul	alic Sunne	ort	OMB No. 1545-0047		
(Form 990 or 990EZ)			Complet	e if the or	ganization is a sect 4947(a)(1) nonexe ▶ Attach to Form !	ion 501(c)(3) c empt charitable 990 or Form 99	organization or trust. 0-EZ.	a section	2019		
Department of the Treasury Internal Revenue Service			► Go to	Go to www.irs.gov/Form990 for instructions and the latest information.		ormation.	Open to Public Inspection				
Name	of th	ne organiza	tion PROMISE ACADEMY					Employer identific	ation number		
	r schoo				(41)			76-0756768			
	r t I rganiz				s (All organization it is: (For lines 1 thro			see instructions.			
1			•		sociation of churches	- '	•	(Δ)(i).			
2	□	·		,	.)(A)(ii). (Attach Sch			(~)(-)			
3	<u>~</u>					,	, ,	:::\			
		·	•	·	ice organization descr			-			
4		name, city,		ion operate	d in conjunction with	a hospital descri	bed in section 1	l70(b)(1)(A)(iii). E	nter the nospital's		
5			ition operated for (iv). (Complete Pa		of a college or univer	rsity owned or op	perated by a gov	ernmental unit descri	bed in section 170		
6		A federal, s	tate, or local gove	ernment or	governmental unit de	scribed in sectio	on 170(b)(1)(A)(v).			
7			ition that normally 0(b)(1)(A)(vi).			s support from a	governmental u	nit or from the genera	al public described in		
8		A communi	ty trust described	in section	170(b)(1)(A)(vi).	(Complete Part I	I.)				
9					scribed in 170(b)(1) e instructions. Enter				ege or university or a		
10		from activit investment	ies related to its e	exempt fund ated busine	tions—subject to cert ess taxable income (le	tain exceptions, a	and (2) no more	s, membership fees, than 331/3% of its su ses acquired by the c	-		
11		An organiza	ition organized an	d operated	exclusively to test for	r public safety. S	ee section 509	(a)(4).			
12		more public	ly supported orga	nizations d		09(a)(1) or sec	ction 509(a)(2)	s of, or to carry out th). See section 509(a : 12e, 12f, and 12g.			
а		organizatio		regularly ap				zation(s), typically by of the supporting orga			
b		manageme		ng organiza	tion vested in the san			rganization(s), by harge the supported orga	~		
c		Type III f	inctionally integ	j rated. A si				nd functionally integra	ted with, its		
d		Type III n	on-functionally integrated. The o	integrated organization	. A supporting organi	zation operated fy a distribution	in connection wit	th its supported orgar an attentiveness req			
e		Check this	oox if the organiza	ation receiv		ation from the II		pe I, Type II, Type II	I functionally		
f	Enter	the number	of supported orga	anizations				<u> </u>	_		
g	Provi	de the follow	ing information ab	out the sup	oported organization(
	organization or (desc		(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern	anization listed ing document?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)				
						Yes	No				
Total			tion Act Notice,	., -		Cat. No. 11285	-		90 or 990-EZ) 2019		

Sch	edule A (Form 990 or 990-EZ) 2019						Page 2
P	art II Support Schedule for	Organizations	Described in S	Sections 170(b)(1)(A)(iv) ar	nd 170(b)(1)(A	(vi)
	(Complete only if you ch						under Part III.
	If the organization failed	to qualify unde	r the tests listed	below, please	complete Part I	II.)	
	ection A. Public Support Calendar year		I				
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grant.")						
2	Tax revenues levied for the						
_	organization's benefit and either paid						
_	to or expended on its behalf The value of services or facilities						
3	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.						
<u>s</u>	ection B. Total Support		T		1	1	
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
10	business is regularly carried on Other income. Do not include gain or						-
	loss from the sale of capital assets						
	(Explain in Part VI.).						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	or the organization	's first, second, th	ird, fourth, or fifth	n tax year as a sec	tion 501(c)(3) org	anization,
	check this box and stop here					▶ [
S	ection C. Computation of Publi						
14	Public support percentage for 2019 (li	ne 6, column (f) di	vided by line 11,	column (f))		14	-
15	Public support percentage for 2018 Sc	hedule A, Part II,	line 14			15	
16a	33 1/3% support test—2019. If the						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			▶□
b	33 1/3% support test—2018. If th	e organization did	not check a box o	on line 13 or 16a,	and line 15 is 33 i	1/3% or more, chec	k this
	box and stop here. The organization	qualifies as a pub	licly supported or	ganization			▶ 🗆
17 a	10%-facts-and-circumstances tes	t— 2019. If the org	ganization did not	check a box on lin	ne 13, 16a, or 16b	, and line 14	
	is 10% or more, and if the organization in Part VI how the organization meets	n meets the facts	-and-circumstanci cumstances" test.	es test, check thi The organization	s box and stop n e qualifies as a publ	e re. Explain icly supported	
	organization			-			►□
h	10%-facts-and-circumstances tes	st— 2018. If the o	rganization did no	t check a box on I	ine 13, 16a, 16b,	or 17a, and line	
_	15 is 10% or more, and if the organiz	zation meets the "i	facts-and-circums	tances" test, chec	k this box and sto	p here.	
	Explain in Part VI how the organization			-		• •	. \Box
_	supported organization		haven 15 40-4	C- 10b 47 4	76		▶⊔
18	_						. □
	instructions		<u> </u>		- Cabadu	lo A (Form 000 o	▶ ⊔

Р	art III Support Schedule for						
	(Complete only if you cl						er Part II. If
S	the organization fails to ection A. Public Support	quality under	the tests listed i	pelow, please co	ompiete Part II.)		
30	Calendar year	() 2015	(1) 2016	() 2247	(1) 2010	() 2010	(O.T.)
	(or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not include any "unusual grants.").						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
•	organization's benefit and either paid						
_	to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
L	3 received from disqualified persons Amounts included on lines 2 and 3						
D	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.)						
Se	ection B. Total Support		1				Г
	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties and income from similar sources.						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975.						
С	Add lines 10a and 10b.						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
12	(Explain in Part VI.) Total support. (Add lines 9, 10c,						
13	11, and 12.).						
14	First five years. If the Form 990 is for	the organization	n's first, second, th	nird, fourth, or fift	h tax year as a sec	tion 501(c)(3) o	ganization <u>,</u>
	check this box and stop here						▶ ⊔
	ection C. Computation of Public S			! (6))		1 1	
15	Public support percentage for 2019 (lin		•			15	
16	Public support percentage from 2018 S	-	<u> </u>			16	
	ection D. Computation of Investr Investment income percentage for 201			line 13 column (f	:))	17	
17 10	Investment income percentage for 201	-		-		17	
18 10-	331/3% support tests—2019. If the		•			18 33 1/3% and lin	e 17 is not
	more than 33 1/3%, check this box and s						
	more than 33 1/3%, check this box and s 33 1/3% support tests—2018. If the						
ט	not more than 33 1/3%, check this box	-			•		
20	Private foundation. If the organization	-	-				
	Frivate foundation. If the organization	ni ulu not check a	a DOX ON UNE 14, I	.a, or iad, check	, unis pox and see I	HSGRUCHONS	. 📂 📖

Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete

6

7

8

the organization had excess business holdings).

Sections A and D, and complete Part V.) Section A. All Supporting Organizations Yes No

1	Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.	1

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). 2 Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.

3a 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. 3b

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.

Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a 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 4b supervised by or in connection with its supported organizations. 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

3с

10b

Schedule A (Form 990 or 990-EZ) 2019

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and 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

(c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported 5a amendment to the organizing document). 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? 5b

5c Substitutions only. Was the substitution the result of an event beyond the organization's control?

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. 6

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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 or 990-EZ) .

7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). 8

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.

9a Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

organization had an interest? If "Yes," provide detail in Part VI.

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

9b Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

10a certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

	edule A (101111 550 01 550 E2) 2015			age 3		
Pa	rt IV Supporting Organizations (continued)					
_			Yes	No		
	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 in (b) and (c) below, the governing body of a supported organization?					
		11a				
	A family member of a person described in (a) above?	11b				
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c				
S	ection B. Type I Supporting Organizations					
			Yes	No		
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1				
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that	-				
2	operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting	2				
	organization.					
S	ection 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 Part VI how control or management of the	1				
	supporting organization was vested in the same persons that controlled or managed the supported organization(s).					
S	ection D. All Type III Supporting Organizations		v			
_			Yes	No		
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing					
	documents in effect on the date of notification, to the extent not previously provided?					
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? 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 in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax					
	year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3				
S	ection E. Type III Functionally-Integrated Supporting Organizations					
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruct	ions):				
	The organization satisfied the Activities Test. Complete line 2 below.					
	b					
•	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)			
2	Activities Test. Answer (a) and (b) below.	ſ	Yes	No		
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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				
ı	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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 (a) and (b) below.					
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	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.	3h				

3b

1	Type III Non-Functionally Integrated 509(a)(3) Supporting O Check here if the organization satisfied the Integral Part Test as a qualifying true.			. Part VIV. See
	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organization			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (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):	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% 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 .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 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		

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

_6	Other distributions (describe in Part VI). See instruction			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to wh details in Part VI). See instructions	sive (provide		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019

o∨ide					
10 Line 8 amount divided by Line 9 amount					
(ii) derdistributions Pre-2019	(iii) Distributable Amount for 2019				
derdistributions	Distributable				
0	vide				

8 Distributions to attentive supported organizations to widetails in Part VI). See instructions			
9 Distributable amount for 2019 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014			
b From 2015			
c From 2016			
d From 2017			

e From 2018. f Total of lines 3a through e

instructions)

See instructions.

e Excess from 2019.

\$

g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see

j Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7:

a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI.

6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015.

b Excess from 2016. c Excess from 2017. **d** Excess from 2018.

Schedule A (Form 990 or 990-EZ) (2019)

Additional Data

Software ID: Software Version:

EIN: 76-0756768

Name: HARLEM CHILDREN'S ZONE PROMISE ACADEMY

charter school

Schedule A ((Form 990 or 990-EZ) 2019	Pag
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 15 Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information instructions).	on C, line 1; Part V

Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D

DLN: 93493103013121

2019

OMB No. 1545-0047

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.

Department of the Treasury

(Form 990)

Interr	nal Revenue Service	► Go to <u>www.irs.gov/Form</u>	990 for instructions and the latest ir	nformation. Inspection
	me of the organ			Employer identification number
	RLEM CHILDREN'S ZO arter school	ONE PROMISE ACADEMY		76-0756768
Pa	art I Organi	zations Maintaining Donor Advis	sed Funds or Other Similar Fund	1
	Comple	te if the organization answered "Ye		
_			(a) Donor advised funds	(b) Funds and other accounts
1		end of year		
2	55 5	of contributions to (during year)		
3		of grants from (during year)		
4	33 3	at end of year		
5		ation inform all donors and donor adviso property, subject to the organization's ex		
6		ation inform all grantees, donors, and do	-	□ fes □ r
Ŭ	charitable purpo	oses and not for the benefit of the donor	or donor advisor, or for any other purpo	se conferring impermissible
				☐ Yes ☐ N
Pa		vation Easements.	-II F 000 P+ D/ I: 7	
1		te if the organization answered "Ye onservation easements held by the organ	•	
-		, ,		Compliate wind like in a contract land and
		on of land for public use (e.g., recreation	· 🗖	f an historically important land area
		of natural habitat	□ Preservation of	f a certified historic structure
	☐ Preservation	on of open space		
2		2a through 2d if the organization held a e last day of the tax year.	qualified conservation contribution in the	e form of a conservation Held at the End of the Year
а		conservation easements		2a Reid at the End of the Year
b		estricted by conservation easements		
c	-	ervation easements on a certified histori		2c
d		ervation easements included in (c) acqui	, ,	2d
_		in the National Register	, , ,	
3	Number of cons tax year ►	ervation easements modified, transferre	d, released, extinguished, or terminated	by the organization during the
4	Number of state	es where property subject to conservatio	n easement is located >	
5		ization have a written policy regarding that of the conservation easements it holds		ng of violations,
6	Staff and volunt	teer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing	g conservation easements during the year
7	Amount of expe	enses incurred in monitoring, inspecting,	handling of violations, and enforcing con	servation easements during the year
8	Does each cons	ervation easement reported on line 2(d)	above satisfy the requirements of sectio	n 170(h)(4)(B)(i)
		(h)(4)(B)(ii)?		☐ Yes ☐ No
9	balance sheet, a	scribe how the organization reports cons and include, if applicable, the text of the n's accounting for conservation easemen	footnote to the organization's financial s	
Pai	rt IIII Organi	zations Maintaining Collections te if the organization answered "Ye	of Art, Historical Treasures, or C	Other Similar Assets.
1 a	art, historical tr	ion elected, as permitted under SFAS 11 easures, or other similar assets held for XIII, the text of the footnote to its finan	public exhibition, education, or research	in furtherance of public service,
b	historical treasu	ion elected, as permitted under SFAS 11 Ires, or other similar assets held for publ nts relating to these items:		
1	(i) Revenue includ	ded on Form 990, Part VIII, line 1		• \$
		in Form 990, Part X		
2	If the organizati	ion received or held works of art, historic nts required to be reported under SFAS 1	al treasures, or other similar assets for f	
а	-	ed on Form 990, Part VIII, line 1	· · · · · · · · · · · · · · · · · · ·	> \$
h	Assets included	in Form 990. Part X		→ \$

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 52283D Schedule D (Form 990) 2019

rar	Organizations Maintaining Col	lections of Art,	HISTOR	icai ir	easures, c	or Other	Similar Ass	ets (continuea)
3	Using the organization's acquisition, accession items (check all that apply):	n, and other record	s, check	any of t	he following	that are a	significant us	e of its collection
а	Public exhibition		d		Loan or excl	hange prog	grams	
b	Scholarly research		е		Other			
c	Preservation for future generations							
4	Provide a description of the organization's col	lections and explair	how th	ey furth	er the organ	ization's e	xempt purpose	e in
_	Part XIII.		- 6 1-		.		- 11	
5	During the year, did the organization solicit o assets to be sold to raise funds rather than to							☐ Yes ☐ No
Par	rt IV Escrow and Custodial Arrange	ments.						
	Complete if the organization answ X, line 21.		rm 990), Part I	V, line 9, o	or reporte	ed an amoun	t on Form 990, Part
1a	Is the organization an agent, trustee, custodi included on Form 990, Part X?	an or other interme	diary for	contrib	utions or oth	her assets 		☐ Yes ☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the	following	table:			Δm	ount
c	Beginning balance		-			1c		
d	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo					account li	ahility2	 □ Yes □ No
	If "Yes," explain the arrangement in Part XIII							_
	art V Endowment Funds.	. Check field if the	ехріапас	JOII Has	been provid	eu iii Part	VIII	
-(-	Complete if the organization answ	vered "Yes" on Fo	orm 990), Part I				
		(a) Current year		Prior year		years back	(d) Three years	s back (e) Four years back
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curre	ent year end balanc	e (line 1	g, colun	nn (a)) held	as:		
а	Board designated or quasi-endowment ►							
b	Permanent endowment ►							
c	Temporarily restricted endowment ▶							
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.						
3a	Are there endowment funds not in the posses organization by:	ssion of the organiza	ation tha	t are he	ld and admi	nistered fo	r the	Yes No
	(i) unrelated organizations							3a(i)
b	(ii) related organizations		 I on Sche	 edule R?				3a(ii) 3b
4	Describe in Part XIII the intended uses of the							
Pai	rt VI Land, Buildings, and Equipme							
	Complete if the organization answ			<u> </u>	 			
	Description of property (a) Cost or oth (investme		st or other	r basis (ot	ther) (c) Ac	ccumulated (depreciation	(d) Book value
1 a	Land							
b	Buildings							
c	Leasehold improvements			(5,720		373	6,347
d	Equipment			348	3,297		348,297	
е	Other			19	,577		19,577	
Tota	Add lines 1a through 1e (Column (d) must a	agual Form 990 Par	rt Y coli	ımn (B)	line 10(c)	1	_	6 247

	Complete if the organization answered "Yes" on Form 990,	Part IV. line	11b.See Form 990. F	Part X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Metho	d of valuation: -year market value
	l derivatives			
 Closely-l Other 	held equity interests			
A)				
В)				
C)				
D)				
E)				
F)				
G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)	•		
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990,	Part IV, line	11c. See Form 990,	Part X, line 13.
	(a) Description of investment		(b) Book value	(c) Method of valuation: Cost or end-of-year market
1)				value
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
	n (b) must equal Form 990, Part X, col.(B) line 13.)			
-	Other Assets.		<u> </u>	
	Complete if the organization answered 'Yes' on Form 990, F (a) Description	art IV, line 1	10. See Form 990, Par	t X, line 15. (b) Book value
	M RELATED PARTIES BUTION REC. (SPACE)			8,391,789 62,287,288
3)OTHER A				12,783
4)				
5)				
6)				
(7)				
(8)				
9)				
otal. (Colui	mn (b) must equal Form 990, Part X, col.(B) line 15.)		<u>></u>	70,691,860
	Complete if the organization answered 'Yes' on Form 990, F	art IV, line 1	1e or 11f.See Form	990, Part X, line 25. (b) Book
l.	(a) Description of liability			value
	income taxes ED COMPENSATION PAYABLE			0 4,178,187
3) PAYCHK	PROTECT PROG LOAN BALANCE			795,891
4)				
5)				
6)				
7)				
(8)				
9)				
9)				

Part XI

2

а

b

c

b

C 5

1

2

C

d

е

b

Part XIII

See Additional Data Table

5

3 4

Part XII

Schedule D (Form 990) 2019

Page 4

27.930.283

530,483

26,246,640

530,483

25,716,157

25.716.157

Schedule D (Form 990) 2019

d Other (Describe in Part XIII.) 2d 2e e Subtract line 2e from line 1 3 3 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

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

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

Investment expenses not included on Form 990, Part VIII, line 7b .

Amounts included on line 1 but not on Form 990, Part IX, line 25:

Subtract line 2e from line 1

Add lines **4a** and **4b**

Supplemental Information

Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b . . .

Total expenses and losses per audited financial statements

Net unrealized gains (losses) on investments

Donated services and use of facilities

Add lines **4a** and **4b**

Donated services and use of facilities . . .

Prior year adjustments

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

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

2a

2b

2c

4a

4b

2a

2b

2c

2d

4a 4b

Explanation

530,483

1

2e

3

4c

5

530,483

27,399,800 4c 5 27,399,800 Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

chedule D (Form 990) 2019	Page 5
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

Additional Data

Software ID:

Software Version:

EIN: 76-0756768

Name: HARLEM CHILDREN'S ZONE PROMISE ACADEMY

charter school

Supplemental Information

Return Reference	Explanation
Schedule D, Fin 48 statement	The School recognizes the tax effects from an uncertain tax position in the financial stat ements only if the position is "more-likely-than-not" to be sustained if the position were to be challenged by a taxing authority. The assessment of the tax position is based solel y on the technical merits of the position, without regard to the likelihood that the tax p osition may be challenged. The School is exempt from federal income tax under Internal Rev enue Code ("IRC") section 501(c)(3), though it is subject to tax on income unrelated to it s exempt purpose, unless that income is otherwise excluded by the IRC. The school has proc esses presently in place to ensure the maintenance of its tax-exempt status; to identify a nd report unrelated income; to determine its filing and tax obligations in jurisdictions f or which it has nexus; and to identify and evaluate other matters that may be considered t ax positions. The school has determined that there are no material uncertain tax positions that require recognition or disclosure in the financial statements for the years ending J

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493103013121 OMB No. 1545-0047 SCHEDULE E **Schools** (Form 990 or 990-▶ 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. Open to Public ▶ Go to www.irs.gov/Form990EZ for the latest information. Inspection Department of the Treasury Namel Retherosganization **Employer identification number** HARLEM CHILDREN'S ZONE PROMISE ACADEMY charter school 76-0756768 Part I YES NO Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? 1 Yes Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? Yes Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," Yes Does the organization maintain the following? a Records indicating the racial composition of the student body, faculty, and administrative staff? 4a Yes b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory 4b Yes c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing 4c Yes 4d Yes If you answered "No" to any of the above, please explain. If you need more space, use Part II. Does the organization discriminate by race in any way with respect to: 5a Nο **b** Admissions policies? 5b Νo **c** Employment of faculty or administrative staff? 5c Νo **d** Scholarships or other financial assistance? . 5d Νo e Educational policies? . . 5e No f Use of facilities? . . 5f No **g** Athletic programs? 5g Νo 5h No If you answered "Yes" to any of the above, please explain. If you need more space, use Part II. **6a** Does the organization receive any financial aid or assistance from a governmental agency? Yes 6a **b** Has the organization's right to such aid ever been revoked or suspended? No If you answered "Yes" to either line 6a or line 6b, explain on Part II. 7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II. Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ. Cat. No. 50085D Schedule E (Form 990 or 990-EZ) (2019)

ruge 2				
Supplemental Information. Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.				
Return Reference	Explanation			
Form 990, Schedule E, Line 3	THE HARLEM CHILDREN'S ZONE PROMISE ACADEMY CHARTER SCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF PRIOR ACADEMIC ACHIEVEMENT, ATHLETIC ABILITY, DISABILITY, RACE, CREED, NATIONAL ORIGIN, GENDER, RELIGION, OR ANY OTHER GROUNDS THAT WOULD BE UNLAWFUL. THE SCHOOL'S ADMISSIONS PROCEDURES ARE CONSISTENT WITH THE PROVISIONS OF NEW YORK EDUCATION LAW 2854(2). FORM 990, SCHEDULE E, LINE 6A UNDER THE SCHOOL'S CHARTER SCHOOL AGREEMENT AND THE CHARTER SCHOOLS ACT, THE SCHOOL IS ENTITLED TO RECEIVE FUNDING FROM FEDERAL, STATE AND LOCAL SOURCES THAT ARE AVAILABLE TO PUBLIC SCHOOLS. THESE FUNDS			

Page 2

Schedule F (Form 990 or 990-F7) (2019)

Schedule E (Form 990 or 990EZ) (2019)

INCLUDE STATE PUPIL ENROLLMENT FUNDS, FEDERAL FOOD SUBSIDIES AND TITLES I, II and iv FUNDING.

efil	e GRAPHIC pi	rint - DO NOT PROCESS	As Filed Dat	:a -	DLN: 93	49310	3013	121
Schedule J (Form 990)		Co	ompensat	ion Information	0	MB No.	1545-0	0047
		For certain Officers, Directors, Trustees, Key Employees, and Highest						
		Complete if the org		ated Employees vered "Yes" on Form 990, Part IV	, line 23.	2019		
Danar	tment of the Treasury	▶ Go to www.irs.go		n to Form 990. r instructions and the latest inform	mation.	Open		
Intern	al Revenue Service		101	motractions and the facest mion		Insp	ectio	n
	me of the organiza RLEM CHILDREN'S ZO	ation ONE PROMISE ACADEMY			Employer identifica	tion nu	ımber	
	rter school				76-0756768			
Pa	rt I Questi	ons Regarding Compensa	tion					
1 a				f the following to or for a person liste ny relevant information regarding the			Yes	No
	☐ First-class	s or charter travel		Housing allowance or residence for	personal use			
	☐ Travel for	companions		Payments for business use of perso	nal residence			
	Tax idem	nification and gross-up payment	s 🔲	Health or social club dues or initiati				
	☐ Discretion	nary spending account	Ц	Personal services (e.g., maid, chau	ffeur, chef)			
b				follow a written policy regarding pay ove? If "No," complete Part III to expl		1b		
2				or allowing expenses incurred by all		2		
	airectors, truste	es, officers, including the CEO/E	executive Directo	or, regarding the items checked on Lir	ne Ia?			
3				ed to establish the compensation of t not check any boxes for methods	he			
	_	•		CEO/Executive Director, but explain	in Part III.			
	☐ Compens	ation committee		Written employment contract				
		ent compensation consultant		Compensation survey or study				
	☐ Form 990	of other organizations		Approval by the board or compensa	ation committee			
4	During the year related organiza		990, Part VII, Se	ection A, line 1a, with respect to the f	iling organization or a			
а	Receive a sever	ance payment or change-of-con	trol payment? .			4a	Yes	
b		· ·		lified retirement plan?		4b	Yes	
c				nsation arrangement?		4c		No
	If "Yes" to any	of lines 4a-c, list the persons and	d provide the app	plicable amounts for each item in Par	t III.			
	Only 501(c)(3), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5	For persons liste	ed on Form 990, Part VII, Section	n A, line 1a, did	the organization pay or accrue any				
	·	ontingent on the revenues of:						
a		n?				5a		No
b		anization?				5b		No
6	For persons liste	·		the organization pay or accrue any				
а	The organization	n?				6a		No
b	-					6 b		No
	If "Yes," on line	6a or 6b, describe in Part III.						
7	For persons liste payments not d	ed on Form 990, Part VII, Sectio escribed in lines 5 and 6? If "Ye	n A, line 1a, did s," describe in Pa	the organization provide any nonfixe art III	d 	7	Yes	
8	subject to the ir	nitial contract exception describe	ed in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," d		8		No
9	If "Yes" on line	8, did the organization also follo	w the rebuttable	presumption procedure described in	Regulations section	9		INO
For F	Panerwork Redi	iction Act Notice, see the Ins	tructions for Fo	orm 990. Cat No. 1	50053T Schedule 3	l (Forn	990)	2019

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the

instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of column	o no s (B)	ot list any individuals that (i)-(iii) for each listed inc	are not listed on Form 99 dividual must equal the to	90, Part VII. <u>tal amount of Form 990,</u>	Part VII, Section A, line	1a, applicable column (D)	and (E) amounts for tha	t individual.	
(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation in	
		(i) Base compensation	(ii) Bonus & incentive compensation (iii) Other reportable compensation		other deferred compensation	benefits	(B)(i)-(D)	column (B) reported as deferred on prior Form 990	
Geoffrey Canada Chairman	(i)	0	0	0	0	0	0	0	
	(ii)	120,829	75,000	0	4,671	26,622	227,122	0	
2 Achil Petit Superintendent	(i)	339,370	85,582	0	70,276	8,842	504,070	45,582	
	(ii)	0	0	0	0	0	0	0	
3 James D Hutter Chief Financial Officer	(i)	0	0	0	0	0	0	0	
	(ii)	338,806	50,000	0	85,276	26,322	500,404	0	
4 Anne williams-isom Chief Exec Officer &	(i)	0	0	0	0	0	0	0	
President	(ii)	288,633	273,236	0	135,276	8,842	705,987	93,236	
5 Susan R Rydz Deputy of Special Projects	(i)	171,036	30,000	0	51,736	8,728	261,500	0	
	(ii)	0	0	0	0	0	0	0	
6 Joseph Cordero Principal - upper elementary	(i)	182,264	61,079	0	52,340	26,666	322,349	31,079	
	(ii)	0	0	0	0	0	0	0	
7 Zahida Aminy thru 102019	(i)	122,405	278,143	25,385	43,865	6,378	476,176	253,143	
Principal - High School	(ii)	0	0	0	0	0	0	0	
8 Ari Browne Director of PA Information	(i)	144,193	30,000	0	51,069	26,322	251,584	0	
Sys	(ii)	0	0	0	0	0	0	0	
							Schedule	J (Form 990) 2019	

Page 3

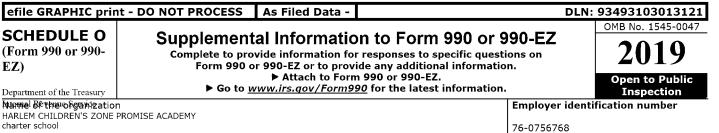
Principal, Zahida Aminy, received a severance payment in calendar year 2019. The Amount paid in severance has been reported in Schedule J. Part II, Column B. (III). Schedule J. Part I. Line 4(b) HARLEM CHILDREN'S ZONE maintains A SECTION 457(F) PLAN and a supplemental Bonus plan FOR CERTAIN ELIGIBLE 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 contribution for eligible teachers and administrative staff, respectively. TERMINATED EMPLOYEES BECOME VESTED IMMEDIATELY AT THE DATE OF THEIR TERMINATION. EMPLOYEES WHO MEET THE AGE AND SERVICE PROVISIONS OF THE PLAN (AGE VESTING) ARE VESTED IMMEDIATELY UPON MEETING THOSE PROVISIONS. HOWEVER, IF A PARTICIPATING EMPLOYEE LEAVES VOLUNTARILY, INCLUDING RETIREMENT IF THEY HAVE NOT REACHED THE AGE VESTING PROVISIONS, THEN THEIR CUMULATIVE UNVESTED CONTRIBUTION MADE BY HCZ AND ASSOCIATED EARNINGS OR LOSSES ARE FORFEITED. FOR CALENDAR YEAR 2019, EMPLOYEES RECEIVED A PAYOUT OF DEFERRED COMPENSATION FROM THE PLAN AND THOSE AMOUNTS HAVE BEEN RECORDED IN SCHEDULE J, PART II, COLUMN (B)(II) AND, BECAUSE THAT PAYOUT REPRESENTS COMPENSATION THAT WAS REPORTED ON PREVIOUS FORMS 990 AS DEFERRED

Explanation

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 2019 that resulted in immediate vesting of HCZ's Growth Fund contribution. This amount is included in Form 990, Schedule J, Column B (ii). The following individual reported as Highly Compensated Employees on the Promise Academy's Form 990 received a payout of their accumulated earnings in the Harlem Children's Zone Growth Fund Plan in calendar year 2019: Principal, Zahida Aminy. This Growth Fund payout is disclosed in Form 990, Schedule J, Part II, Column (b)(ii). SCHEDULE J, 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, ANNE WILLIAMS-ISOM, with input from the

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493103013121 SCHEDULE M OMB No. 1545-0047 **Noncash Contributions** (Form 990) 2019 ▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990. ▶Go to www.irs.gov/Form990 for the latest information. Open to Public Department of the Treasury Internal Revenue Service Inspection Name of the organization **Employer identification number** HARLEM CHILDREN'S ZONE PROMISE ACADEMY charter school 76-0756768 Part I **Types of Property** (c) (d) (a) (b) Method of determining Check if Number of contributions or Noncash contribution applicable items contributed amounts reported on noncash contribution amounts Form 990, Part VIII, line 1 Art—Works of art . . Art—Historical treasures Art—Fractional interests Books and publications Clothing and household goods Cars and other vehicles Boats and planes . . Intellectual property . . . Securities—Publicly traded . 10 Securities—Closely held stock . Securities—Partnership, LLC, or trust interests 12 Securities—Miscellaneous . . Qualified conservation contribution-Historic structures 14 Qualified conservation contribution—Other . Real estate—Residential 15 Real estate—Commercial . 17 Real estate—Other . . 18 Collectibles 19 Food inventory . . . 20 Drugs and medical supplies . Taxidermy 21 22 Historical artifacts . 23 Scientific specimens . . Archeological artifacts . . Χ 91,448 fmv education Other ▶ (materials 25 Other ▶ (___ Other ▶ (_ 27 28 Other ▶ (. Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . 30a Nο **b** If "Yes," describe the arrangement in Part II. 31 Yes Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Nο **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. Schedule M (Form 990) (2019) For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat. No. 51227J

Schedule M (Form 990) (2019) Page 2						
	tion. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization					
is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.						
Return Reference	Explanation					
	Schedule M (Form 990) (2019)					



990 Schedule O, Supplemental Information

Return Reference	Explanation
General Statement about Covid- 19 Pandemic	In March 2020, the World Health Organization officially declared COVID-19, a disease cause d by the novel coronavirus, a pandemic. This caused many local and national governments, i ncluding New York State, to impose restrictions on business operations, travel and public gatherings. The outbreak has adversely impacted the level of economic activity around the world and disrupted normal business activity in every sector of the economy. As a result of the pandemic, in mid-March 2020 the School moved to virtual instruction for the remainder of the school year. In order to mitigate the impact of the virus, for the 2020-2021 scho ol year, the School has incorporated enhanced social distancing, use of personal protective equipment, testing, and a combination of remote and face-to-face instruction. The full i mpact of the COVID-19 outbreak continues to evolve as of the date of this report. External factors, including the duration and intensity of the pandemic, the shape of the economic recovery and its impact on potential government funding, as well as timing and widespread adoption of vaccines, could have an impact on the Schools future operating and academic re sults. In April 2020, the school was granted a loan (the "loan") in the aggregate amount of \$3,415,520, pursuant to the Paycheck Protection Program (the PPP) under Division A, Title I of the CARES Act. As management believes there is reasonable assurance that the School will meet the terms for forgiveness of the loan, the loan was treated as a government grant whereby revenue will be recognized as the related qualifying expenses are incurred. FOR M 990, PART VI POLICIES LINE 11 - PROCESS USED TO REVIEW FORM 990 THE FORM 990 WAS PREPARE D 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 DISCU SSION AND COMMENT. EACH BOARD OF TRUSTEES MEMBER WAS PROVIDED AN OPPORTUNITY TO COMMENT ON THE INFORMATION CONTAINED IN THE 1990 PRIOR TO ITS FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
General Statement about Covid- 19 Pandemic	DS FOR DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION OF EMPLOYMENT. LINE 13 & 14 - WHISTLEBLOWER AND DOCUMENT RETENTION POLICY THE PROMISE ACADEMY OPERATES UNDER THE WHISTLE BLOWER AND DOCUMENT RETENTION POLICY OF ITS INSTITUTIONAL PARTNER, HARLEM CHILDREN'S ZONE. LINE 15 - PROCESS FOR DETERMINING COMPENSATION THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL IS ANNE WILLIAMS-ISOM. THE PROCEDURES FOR DETERMINING MS. WILLIAMS-ISOM'S COMPENSATION PA CKAGE ARE DOCUMENTED IN HARLEM CHILDREN'S ZONE FORM 990 AS THAT ORGANIZATION PAYS HER COMP ENSATION. MS. WILLIAMS-ISOM MAKES ALL COMPENSATION DECISIONS, with input from the superint endent, 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 R ECOMMENDATIONS FOR TEACHERS AND ADMINISTRATORS. ALL BONUSES ARE STRICTLY TIED TO EMPLOYEE PERFORMANCE, USUALLY DETERMINED BY STUDENT ACADEMIC SUCCESS AND WELL-BEING. THE ORGANIZATI ON MAKES A CONSCIOUS EFFORT TO COMPENSATE ITS EXECUTIVES COMMENSURATE WITH THE MARKET.

990 Schedule O, Supplemental Information

Return

Reference		ı
Form 990,	LINE 19 - AVAILABILITY OF DOCUMENTS TO THE PUBLIC THE ACADEMY MAKES ITS FORM 990 AVAILABLE TO THE	l
Part VI	PUBLIC BY RETAINING A COPY AT ITS PLACE OF BUSINESS. THE FORM 990 IS LIKEWISE PUBLISHED ON THE	ı
	INTERNET AT WWW.GUIDESTAR.ORG. THE ORGANIZATION'S FINANCIAL STATEMENTS AND FORM 990 ARE	L
	PUBLISHED ON ITS WEBSITE; ITS GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT	ı
	ORDINARILY MADE AVAILABLE TO THE PUBLIC, BUT, IF REQUESTED, WILL BE PROVIDED AT MANAGEMENT'S	ı
	DISCRETION. FORM 990, PART VII Top Five Highest Paid Employee, Dr. Achil Petit, is employed as the Superintendent of both	L
	Harlem Children's Zone Promise Academy I and Harlem Children's Zone Promise Academy II. Dr. Petit spends half of his time at	L
	Promise Academy I and Promise Academy II; however, he receives his W-2 from Promise Academy I for the services rendered to	L
	both Academies (and his compensation is reported in Form 990, Part VII, Column (d) accordingly).	ı

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - SCHEDULE R | Related

(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.

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

2019

DLN: 93493103013121

Open to Public Inspection

Department of the Treasury	F Go to <u>www.irs.gov/Formago</u> for instructions and the is
Internal Revenue Service	
Name of the organization HARLEM CHILDREN'S ZONE PROMISE charter school	E ACADEMY

Employer identification number 76-0756768

Part I Identification of Disregarded Entities. Complete it	the orgar	nization answ	ered "Yes	s" on Form	990, Part	IV, line		,,,,,,,,				
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity		(c) Legal domicile (state or foreign country)		(d) Total income		(e) End-of-year assets		(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organization related tax-exempt organizations during the tax year.	1s. Compl	ete if the orga	anization	answered	"Yes" on F	Form 990), Part I	V, line 34 b	ecaus	e it had one or	more	
(a) Name, address, and EIN of related organization	(b) Primary activity		(c) Legal domicile (: or foreign coun		(d) Exempt Code section		(e) Public charity status (if section 501(c)(3))		(f) Direct controlling entity		(g) Section 51 (13) contr entity	
(1)HARLEM CHILDREN'S ZONE	Social Svc	c		NY	501(c)(3)		7		NA		Yes	No No
35 EAST 125TH STREET NEW YORK, NY 10035	Social Svc	3			301(0)(3)		,					l No
23-7112974												$oxed{oxed}$
(2)HARLEM CHILDRENS ZONE PROMISE ACADEMY II 35 EAST 125TH STREET	education			NY	501(c)(3)		2		hcz			No
NEW YORK, NY 10035 34-2049530												
For Paperwork Reduction Act Notice, see the Instructions for Form 9	90.		Ca	t. No. 5013	5Y				Sch	edule R (Form	990) 20	19

(a) Name, address, and EIN of related organization	:	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	Disprop		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene		(k) Percenta ownersh
			1 1		,			Yes	No		Yes	No	
Identification of Related Organ because it had one or more related						ization ans	wered "Yes	s" on F	orm 9	990, Part IV	, line	34	
(a) Name, address, and EIN of	(b) Primary activity	L do	(c) egal micile or foreign	Direct	entity (C co	(e) e of entity orp, S corp, r trust)	(f) Share of total income		(g) of end- year assets	-of- Perce owne	1) ntage ership	(13	(i) tion 5:) contr entity
related organization					"	,		1					C3
related organization			untry)		· · · · ·	,						<u>'</u>	
related organization					0	, , ,							
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Schedule R (Form 990) 2019		Pa	ge 3
Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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?		T	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	,	No
b Gift, grant, or capital contribution to related organization(s)	1 b	,	No
c Gift, grant, or capital contribution from related organization(s)		Yes	
d Loans or loan guarantees to or for related organization(s)		i T	No
e Loans or loan guarantees by related organization(s)	1e	2	No
		1	
f Dividends from related organization(s)	1f	<i>!</i>	No
g Sale of assets to related organization(s)	1 g	,	No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1 i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1 j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	11		No
m Performance of services or membership or fundraising solicitations by related organization(s)		n Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1r	n Yes	
o Sharing of paid employees with related organization(s)	10	Yes	
		1	

erformance of services or membership or fundraising solicitations by related organization(s)				1m	Yes	
				1n	Yes	
				10	Yes	
eimbursement paid to related organization(s) for expenses				1p	Yes	—
eimbursement paid by related organization(s) for expenses				1 q	Yes	
ther transfer of cash or property to related organization(s)				1r	Yes	
ther transfer of cash or property from related organization(s)				1 s	Yes	
the answer to any of the above is "Yes," see the instructions for information on who must complete this line,	including covered re	elationships and trans	saction thresholds.			
	haring of facilities, equipment, mailing lists, or other assets with related organization(s)	haring of facilities, equipment, mailing lists, or other assets with related organization(s)	haring of facilities, equipment, mailing lists, or other assets with related organization(s)	erformance of services or membership or fundraising solicitations by related organization(s)	naring of facilities, equipment, mailing lists, or other assets with related organization(s)	haring of facilities, equipment, mailing lists, or other assets with related organization(s)

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	or	(e) e all partners section 501(c)(3) ganizations?	(f) Share of total income	(g) Share of end-of-year assets			Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	unt in box managing 20 partner? Schedule K-1 m 1065)		(k) Percentage ownership
			317)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Form	199	0) 2019

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, 2020 IS \$530,483. 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 \$62,287,288. 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 2020, HCZ PROVIDED A SUBSIDY OF \$1,461,457 FOR THE FISCAL 2021 CONTRIBUTION TO THE 457(F) PLAN.