

Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning \_\_\_\_\_, 2022, and ending \_\_\_\_\_, 20\_\_\_\_

# 2022

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer <b>WEST HARLEM DEVELOPMENT CORPORATION</b>	EIN or SSN <b>45-0722514</b>
Name and title of officer or person subject to tax <b>ZEAD RAMADAN EXECUTIVE DIRECTOR</b>	

## Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>728,466.</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part V, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b Balance due</b> (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b Total tax</b> (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b Total tax</b> (Form 4720, Part III, line 1) .....	<b>7b</b> _____
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b FMV of assets at end of tax year</b> (Form 5227, Item D) .....	<b>8b</b> _____
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b Tax due</b> (Form 5330, Part II, line 19) .....	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b Amount of credit payment requested</b> (Form 8038-CP, Part III, line 22) .....	<b>10b</b> _____

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

### PIN: check one box only

I authorize CITRIN COOPERMAN ADVISORS LLC to enter my PIN 12345  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_

Date \_\_\_\_\_

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**13086811797**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_ Date 11/09/23

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

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

Form **8879-TE** (2022)

# Return of Organization Exempt From Income Tax

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

**2022**

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

**A** For the **2022** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>WEST HARLEM DEVELOPMENT CORPORATION</b>		<b>D</b> Employer identification number <b>45-0722514</b>
	Doing business as		<b>E</b> Telephone number <b>(646) 476-3394</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>40,111,220.</b>
	<b>423 WEST 127TH STREET</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>NEW YORK, NY 10027</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>ZEAD RAMADAN</b> <b>423 WEST 127TH STREET SUITE A, NEW YORK, NY</b>		If "No," attach a list. See instructions	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: <b>WWW.WESTHARLEMDC.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>2011</b>	<b>M</b> State of legal domicile: <b>NY</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO PROMOTE INCREASED ECONOMIC OPPORTUNITIES AND QUALITY OF LIFE TO SUSTAIN A VIBRANT WEST HARLEM</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>10</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>10</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a) ..... <b>5</b> <b>5</b>
	<b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>0</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <b>0.</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>0.</b> <b>0.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>0.</b> <b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>1,136,493.</b> <b>880,198.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>20,170.</b> <b>-151,732.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>1,156,663.</b> <b>728,466.</b>
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>2,019,189.</b> <b>2,222,906.</b>
<b>Expenses</b>	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>1,021,817.</b> <b>464,437.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ..... <b>0.</b>
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>550,843.</b> <b>485,367.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>3,591,849.</b> <b>3,172,710.</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>-2,435,186.</b> <b>-2,444,244.</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) ..... <b>61,321,755.</b> <b>55,894,614.</b>
	<b>21</b> Total liabilities (Part X, line 26) ..... <b>905,957.</b> <b>1,154,835.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>60,415,798.</b> <b>54,739,779.</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	<b>ZEAD RAMADAN, EXECUTIVE DIRECTOR</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	<b>RENUKA SUKDEO-GOBIN</b>		<b>11/09/23</b>		<b>P01870141</b>
<b>Preparer Use Only</b>	Firm's name	Firm's EIN	Phone no.		
	<b>CITRIN COOPERMAN ADVISORS LLC</b> <b>1407 BROADWAY, 40TH FLOOR</b> <b>NEW YORK, NY 10018</b>	<b>87-2525370</b>	<b>212-302-6000</b>		

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

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

Department of the Treasury  
Internal Revenue Service

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

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

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

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>WEST HARLEM DEVELOPMENT CORPORATION</b>	Taxpayer identification number (TIN) <b>45-0722514</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>423 WEST 127TH STREET, A</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>NEW YORK, NY 10027</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

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

**ZEAD RAMADAN**

- The books are in the care of ▶ **423 WEST 127TH STREET SUITE A - NEW YORK, NY 10027**

Telephone No. ▶ **(646) 476-3394** Fax No. ▶ \_\_\_\_\_

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

**1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2022** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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

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

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: WEST HARLEM DEVELOPMENT CORPORATION'S MISSION INCLUDES IMPLEMENTING THE COMMUNITY BENEFITS AGREEMENT BY PROVIDING AND SUPPORTING PROGRAMS THAT PROMOTE ECONOMIC DEVELOPMENT, EDUCATION, ENVIRONMENTAL PROTECTION, TRANSPORTATION, EMPLOYMENT, AFFORDABLE HOUSING, ARTS &

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

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

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

4a (Code: ) (Expenses \$ 2,296,962. including grants of \$ 1,970,406. ) (Revenue \$ ) GRANTS AND COMMUNITY SERVICES - WEST HARLEM DEVELOPMENT'S PRIORITY IS TO SUPPORT WEST HARLEM-BASED COMMUNITY PROJECTS BY DEPLOYING FUNDS CONTRIBUTED BY COLUMBIA UNIVERSITY PURSUANT TO THE CBA THROUGH ITS ANNUAL COMMUNITY BENEFITS GRANT (CBG) AND OTHER ACTIVITIES. WHDC'S STRATEGY IS TO ADDRESS THE NEEDS OF WEST HARLEM THROUGH COLLABORATIONS AND CAPACITY ENHANCEMENTS OF COMMUNITY BASED ORGANIZATIONS AND INSTITUTIONS.

4b (Code: ) (Expenses \$ 360,948. including grants of \$ 252,500. ) (Revenue \$ ) YOUTH SERVICES - THROUGH ITS YOUTH DEVELOPMENT PROGRAM, ARISE!, THAT EXCLUSIVELY SERVICES MCD9, HIGH SCHOOL STUDENTS (14-18 YEARS) GET PAID EACH SUMMER FOR PARTICIPATION IN BOTH EMPLOYMENT AND ACADEMIC ENRICHMENT ACTIVITIES. THE LATTER AIMS TO ADDRESS THE "SUMMER SLIDE" THAT AFFECTS SOME STUDENTS AFTER THE SCHOOL YEAR HAS ENDED.

4c (Code: ) (Expenses \$ 169,471. including grants of \$ ) (Revenue \$ ) WORKFORCE DEVELOPMENT SERVICES - WEST HARLEM DEVELOPMENT STRATEGICALLY COLLABORATES WITH WORKFORCE PARTNERS TO OFFER VALUABLE TRAINING WORKSHOPS TO WEST HARLEM RESIDENTS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 126,141. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,953,522.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

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

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax shelter transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	<b>1a</b> 10		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	<b>1b</b> 10		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed NY
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
ZEAD RAMADAN - (646) 476-3394  
423 WEST 127TH STREET SUITE A, NEW YORK, NY 10027



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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ZEAD RAMADAN EXECUTIVE DIRECTOR	40.00			X			161,923.	0.	3,407.	
(2) MILTON A TINGLING BOARD CHAIR	5.00	X		X			0.	0.	0.	
(3) ARMOND ADAMS VICE CHAIR	5.00	X		X			0.	0.	0.	
(4) DARLENE BRUCE, ESQ. TREASURER	5.00	X		X			0.	0.	0.	
(5) GREGORY WATSON SECRETARY	1.00	X		X			0.	0.	0.	
(6) GEOFFREY EATON TRUSTEE	1.00	X					0.	0.	0.	
(7) MARIANNE SPRAGGINS, ESQ. TRUSTEE	1.00	X					0.	0.	0.	
(8) TED P. KOVALEFF, PH.D. TRUSTEE	1.00	X					0.	0.	0.	
(9) PATRICIA WATLER-JOHNSON TRUSTEE	1.00	X					0.	0.	0.	
(10) JALISSA QUIGLEY TRUSTEE	1.00	X					0.	0.	0.	
(11) REV. GEORGIETTE MORGAN-THOMAS TRUSTEE	1.00	X					0.	0.	0.	



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b>				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b>				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b>	\$			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....					
Program Service Revenue	<b>2 a</b>	_____	<b>Business Code</b>				
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	_____					
	<b>e</b>	_____					
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		561,015.	561,015.		
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....					
	<b>6 a</b>	Gross rents .....	<b>6a</b>	(i) Real			
				(ii) Personal			
	<b>b</b>	Less: rental expenses ...	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss) .....					
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities			
				(ii) Other			
					39,701,937.		
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>	39,382,754.			
	<b>c</b>	Gain or (loss) .....	<b>7c</b>	319,183.			
<b>d</b>	Net gain or (loss) .....		319,183.		319,183.		
<b>8 a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>					
<b>b</b>	Less: direct expenses .....	<b>8b</b>					
<b>c</b>	Net income or (loss) from fundraising events .....						
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>					
<b>b</b>	Less: direct expenses .....	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....	<b>10a</b>					
<b>b</b>	Less: cost of goods sold .....	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b>	ADJUSTMENT TO DISCOUNT ON BENEFIT	<b>Business Code</b>	523000	-151,732.	-151,732.	
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....			-151,732.		
<b>12</b>	<b>Total revenue.</b> See instructions .....			728,466.	409,283.	0.	
						319,183.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	2,222,906.	2,222,906.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	162,446.	97,468.	64,978.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	197,971.	162,440.	35,531.	
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,924.	3,255.	669.	
<b>9</b> Other employee benefits .....	71,062.	52,025.	19,037.	
<b>10</b> Payroll taxes .....	29,034.	20,320.	8,714.	
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....				
<b>c</b> Accounting .....	26,288.		26,288.	
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	179,438.	142,853.	36,585.	
<b>12</b> Advertising and promotion .....				
<b>13</b> Office expenses .....	20,072.	14,693.	5,379.	
<b>14</b> Information technology .....	17,217.	17,217.		
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	178,633.	166,928.	11,705.	
<b>17</b> Travel .....				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	8,361.	6,043.	2,318.	
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....				
<b>23</b> Insurance .....	17,105.	12,362.	4,743.	
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>ENRICHMENT PROGRAMS</b>	17,460.	17,460.		
<b>b</b> <b>TELECOMMUNICATION AND P</b>	10,402.	8,016.	2,386.	
<b>c</b> <b>COMMUNITY AND GRANTEE M</b>	6,842.	6,842.	0.	
<b>d</b> <b>MISCELLANEOUS</b>	3,549.	2,694.	855.	
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	3,172,710.	2,953,522.	219,188.	0.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	589,472.	<b>1</b>	2,570,486.
	<b>2</b> Savings and temporary cash investments .....	258,779.	<b>2</b>	1,274,987.
	<b>3</b> Pledges and grants receivable, net .....		<b>3</b>	
	<b>4</b> Accounts receivable, net .....	22,571,657.	<b>4</b>	14,419,925.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....	1,750,000.	<b>7</b>	0.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	10,780.	<b>9</b>	19,851.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>	<b>10c</b>	
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	35,878,703.	<b>12</b>	37,443,857.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	262,364.	<b>15</b>	165,508.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	61,321,755.	<b>16</b>	55,894,614.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	121,569.	<b>17</b>	118,572.
	<b>18</b> Grants payable .....	784,388.	<b>18</b>	879,125.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	0.	<b>25</b>	157,138.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	905,957.	<b>26</b>	1,154,835.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	0.	<b>27</b>	0.
	<b>28</b> Net assets with donor restrictions .....	60,415,798.	<b>28</b>	54,739,779.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	60,415,798.	<b>32</b>	54,739,779.
	<b>33</b> Total liabilities and net assets/fund balances .....	61,321,755.	<b>33</b>	55,894,614.

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	728,466.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,172,710.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,444,244.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	60,415,798.
5	Net unrealized gains (losses) on investments	5	-3,231,775.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	54,739,779.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:		
<input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2022)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

Open to Public Inspection

<b>Name of the organization</b> <b>WEST HARLEM DEVELOPMENT CORPORATION</b>	<b>Employer identification number</b> <b>45-0722514</b>
---	--

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

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

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

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

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1763453.	598,778.	1382730.	20,170.	-151,732.	3613399.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	1763453.	598,778.	1382730.	20,170.	-151,732.	3613399.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						3613399.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	1763453.	598,778.	1382730.	20,170.	-151,732.	3613399.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	407,297.	585,776.	598,747.	558,687.	561,015.	2711522.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						6324921.

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

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	57.13	%
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	62.75	%
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	<b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

Schedule A (Form 990) 2022

**Part VI**

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

Multiple horizontal lines for supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization WEST HARLEM DEVELOPMENT CORPORATION Employer identification number 45-0722514

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, acquired after 2006), and questions 3-9 regarding monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, 2, and 2a, 2b regarding art collections and reporting requirements.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2022

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment \_\_\_\_\_%
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.



**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) INVESTED BENEFITS FUND	19,042,293.	END-OF-YEAR MARKET VALUE
(B) CASH & SHORT-TERM FUND	6,710,445.	END-OF-YEAR MARKET VALUE
(C) AFFORDABLE HOUSING FUND	8,361,022.	END-OF-YEAR MARKET VALUE
(D) GRANT HOUSE FUND	835,498.	END-OF-YEAR MARKET VALUE
(E) MANHATTANVILLE FUND	551,139.	END-OF-YEAR MARKET VALUE
(F) RESERVE HOUSING FUND	1,943,460.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>37,443,857.</b>	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE OBLIGATION	157,138.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<b>157,138.</b>

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	-2,470,789.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-3,231,775.	
b	Donated services and use of facilities	2b	32,520.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	-3,199,255.	
3	Subtract line 2e from line 1	3	728,466.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	728,466.	

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

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

1	Total expenses and losses per audited financial statements		1	3,205,230.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	32,520.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	32,520.	
3	Subtract line 2e from line 1	3	3,172,710.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c	0.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,172,710.	

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

THE ORGANIZATION HAS BEEN NOTIFIED BY THE INTERNAL REVENUE SERVICE THAT IT IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE ("CODE"). THE ORGANIZATION IS FURTHER CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(3) OF THE CODE. THE ORGANIZATION FOLLOWS THE GUIDANCE OF ACCOUNTING STANDARDS CODIFICATION 740, ACCOUNTING FOR INCOME TAXES, RELATED TO UNCERTAIN INCOME TAXES, WHICH PRESCRIBES A THRESHOLD OF MORE LIKELY THAN NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. ALL SIGNIFICANT TAX POSITIONS HAVE BEEN CONSIDERED BY MANAGEMENT. IT HAS BEEN DETERMINED THAT IS MORE LIKELY THAN NOT THAT ALL TAX POSITIONS WOULD BE SUSTAINED UPON EXAMINATION BY TAXING

**Part XIII** Supplemental Information *(continued)*

AUTHORITIES. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAS BEEN RECORDED.

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
**Attach to Form 990.**  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization **WEST HARLEM DEVELOPMENT CORPORATION** Employer identification number **45-0722514**

**Part I General Information on Grants and Assistance**

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
4WARD INCLUSION CONSULTING INC 1850 AMSTERDAM AVENUE NEW YORK, NY 10031	83-2487282	501(C)(3)	17,500.	0.			TO SUPPORT THE WEEKLY "YOUTH ADULT LEADERS" (YAL) PROGRAM IN WEST HARLEM TO ADDRESS RACIAL
AFRICAN DIASPORA FILM FESTIVAL 535 WEST 110TH STREET APT 14B NEW YORK, NY 10025	74-3058513	501(C)(3)	7,500.	0.			TO SUPPORT SCREENING AND CONVERSATIONIS PRESENTED BY THE AFRICAN DIASPORA INTERNATIONAL FILM
AFRICAN VOICES COMMUNICATIONS, INC. - 325 LAFAYETTE AVENUE S.F. SUITE - NEW YORK, NY 10025	13-3687018	501(C)(3)	15,000.	0.			TO SUPPORT AFRICAN VOICES'WILL KICK-OFF REEL SISTERS 25TH ANNIVERSARY, AND OFFER A SEASON OF
AMERICA SCORES, NEW YORK 520 8TH AVENUE NEW YORK, NY 10018	52-1955491	501(C)(3)	25,000.	0.			TO SUPPORT "LITERACY IN ACTION" A YEAR -ROUND CORE SOCCER, LITERACY, AND CIVIC ENGAGEMENT
ARTISTIC DREAMS INTERNATIONAL 2585 BROADWAY 167 NEW YORK, NY 10025	45-2558520	501(C)(3)	22,500.	0.			TO SUPPORT "THE GLOBAL CITIZENS THROUGH THE ARTS" PROJECT, A COLLABORATION WITH HARLEM
ARTS & MINDS PO BOX 250073 NEW YORK, NY 10025	27-3733512	501(C)(3)	22,500.	0.			TO SUPPORT PUBLIC PROGRAMS WITH WEST HARLEM COMMUNITY PARTNERS TO IMPROVE WELL-BEING FOR

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

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

Schedule I (Form 990) 2022

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATLANTIC THEATER COMPANY 336 W 20TH ST NEW YORK, NY 10011	13-3218253	501(C)(3)	17,000.	0.			TO SUPPORT "STAGING SUCCESS," AN IN-SCHOOL RESIDENCY USING THEATER TO REINFORCE ACADEMICS
BANK STREET COLLEGE OF EDUCATION 610 W 112TH STREET NEW YORK, NY 10025	13-5562167	501(C)(3)	20,000.	0.			TO SUPPORT LIBERTY LEADS' TO SUPPPORT FAMILY ENGAGEMENT WORK REGARDING FAFSA-RELATED WORKSHOPS
BEHIND THE BOOK 216 WEST 135TH STREET GROUND FLOOR NEW YORK, NY 10030	32-0086097	501(C)(3)	15,000.	0.			TO SUPPORT CLASS CURRICULUM AND NEXT GENERATION LEARNING STANDARDS LITERACY
BIOBUS, INC 1361 AMSTERDAM AVENUE - STE 340 NEW YORK, NY 10027	26-2092282	501(C)(3)	22,500.	0.			TO SUPPORT OPPORTUNITIES TO DISCOVER, EXPLORE, AND PURSUE SCIENCE THROUGH MOBILE LABORATORY
BLACKBERRY PRODUCTIONS, INC 730 RIVERSIDE DR APT 9E NEW YORK, NY 10031	13-3757279	501(C)(3)	20,000.	0.			TO SUPPORT THE NEXT PHASE OF THE COPP (COMMONALITIES, OPPOSITES, PARTNERSHIP
BOYS & GIRLS CLUB OF HARLEM 425 W 144TH ST NEW YORK, NY 10031	13-3102951	501(C)(3)	25,000.	0.			TO SUPPORT THE "OUT OF SCHOOL TIME" (OST) PROGRAM., WHICH PROMOTES ACADEMIC SUCCESS, GOOD
BOYS & GIRLS CLUB OF HARLEM 425 W 144TH ST NEW YORK, NY 10031	13-3102951	501(C)(3)	97,500.	0.			SUMMER ARISE PROGRAM STIPENDS FOR 75 PARTICIPANTS
BOYS & GIRLS CLUB OF HARLEM 425 W 144TH ST NEW YORK, NY 10031	13-3102951	501(C)(3)	10,000.	0.			TO HIRE LOCAL CIVICS AS EDUCATIONAL PARTNER FOR SUMMER YOUTH PROGRAM
BOYS & GIRLS CLUB OF HARLEM 425 W 144TH ST NEW YORK, NY 10031	13-3102951	501(C)(3)	75,000.	0.			PROVIDE IN -PERSON ACADEMIC ENRICHMENT, CAREER AND CIVICS TRAINING COMPONENT OF

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUB OF HARLEM 425 W 144TH ST NEW YORK, NY 10031	13-3102951	501(C)(3)	15,000.	0.			6 WEEK CAMP SLOTS FOR CB9 YOUTH
BOYS & GIRLS CLUB OF HARLEM 425 W 144TH ST NEW YORK, NY 10031	13-3102951	501(C)(3)	10,000.	0.			TO HIRE HORTICULTURE SOCIETY AS EDUCATIONAL PARTNER FOR SUMMER YOUTH PROGRAM
BROADWAY COMMUNITY 601 W 114TH STREET NEW YORK, NY 10025	13-3652817	501(C)(3)	25,000.	0.			TO SUPPORT BROADWAY COMMUNITY'S PROGRAM ADDRESSING FOOD INSECURITY AND THE
BROADWAY HOUSING COMMUNITIES, INC. 583 RIVERSIDE DRIVE NEW YORK, NY 10031	13-3212867	501(C)(3)	20,000.	0.			TO SUPPORT THE HOMEWORK CLUB TO PROVIDE MCB9 YOUTH WITH ACADEMIC SUPPORT, HOMEWORK HELP,
BROADWAY PRESBYTERIAN CHURCH NURSERY SCHOOL - 601 W 114TH ST - NEW YORK, NY 10025	13-1623916	501(C)(3)	10,000.	0.			TO SUPPORT NEED-BASED TUITION ASSISTANCE TO MCB9 FAMILIES FOR CHILDREN DURING THE
CENTRO CIVICO CULTURAL DOMINICANO 619 WEST 145TH STREET SUITE 201 NEW YORK, NY 10031	13-4027383	501(C)(3)	20,000.	0.			TO SUPPORT YEAR-AROUND VIRTUAL AND IN-PERSON PUBLIC PROGRAMS SHOWCASING ARTS AND
CITY HARVEST 150 52ND STREET BROOKLYN, NY 11232	13-3170676	501(C)(3)	15,000.	0.			TO SUPPORT DISTRIBUTION OF FRESH AND NUTRITIOUS FOOD IN PARTNERSHIP WITH MCB9 VENUES.
CITYARTS INC 77 BLEECKER ST-18 NEW YORK, NY 10012	13-2766701	501(C)(3)	15,000.	0.			TO SUPPORT THE "OUR VOICES II MURAL PROJECT" ON THE RETAINING WALL AT ALEXANDER HAMILTON
COMMUNITY IMPACT AT COLUMBIA UNIVERSITY - 2980 BROADWAY; 105 EARL HALL - NEW YORK, NY 10027	13-3386904	501(C)(3)	22,500.	0.			TO SUPPORT THE COMMUNITY LUNCH EXPANSION PROJECT SERVING HOT MEALS AND PROVIDING HIGH-QUALITY

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CREATIVE ARTS WORKS (FORMERLY CREATIVE ARTS WORKSHOP) - 520 8TH AVE RM 201A - NEW YORK, NY 10018	13-3638436	501(C)(3)	25,000.	0.			TO SUPPORT IN-SCHOOL VISUAL AND MULTIMEDIA ART PROGRAMS AT A. PHILIP RANDOLPH CAMPUS HS,
DANCE WORKS INC DBA PENTACLE 75 BROAD STREET#304 NEW YORK, NY 10004	23-7426261	501(C)(3)	7,500.	0.			TO SUPPORT BALLET CLASES FOR 9TH-12TH GRADERS AT THE URBAN ASSEMBLY SCHOOL OF THE PERFORMING ARTS
DANCES FOR A VARIABLE POPULATION 560 RIVERSIDE DRIVE 9K NEW YORK, NY 10027	26-4572204	501(C)(3)	25,000.	0.			TO SUPPORT "DANCE CONNECTS SENIORS," A YEAR-AROUND INITIATIVE OF FREE DANCE ACTIVITIES
DOING ART TOGETHER, INC. 127 W 127 STREET SUITE 304 NEW YORK, NY 10027	13-3363579	501(C)(3)	17,500.	0.			TO SUPPORT STEAM (SCIENCE, TECHNOLOGY, ENGINEERING, ARTS AND MATH) PROGRAMS AT P.S.
EVERY VOICE CHOIRS 465 WEST 143RD STREET NEW YORK, NY 10031	46-1147587	501(C)(3)	15,000.	0.			TO SUPPORT COMMUNITY SIGNING EVENTS IN MCB9 ALONG WITH THE CREATION OF AN INTERGENERATIONAL
FACES OF HARLEM 20 MORNINGSIDE AVENUE APT 5D NEW YORK, NY 10026	87-1808328	501(C)(3)	10,000.	0.			TO SUPPORT PUBLIC PROGRAMMING CONNECTED TO FACES OF HARLEM, AN ANNUAL PUBLIC ART
FCBC COMMUNITY DEVELOPMENT CORPORATION - 1912 ADAM CLAYTON POWELL JR BLVD - NEW YORK, NY 10026	46-0711295	501(C)(3)	6,500.	0.			TO SUPPORT "SENIOR CONNECT" (SC), A BI-MONTHLY VIRTUAL AND IN-PERSON SENIOR FOCUSED
FIGURE SKATING IN HARLEM 361 WEST 125TH STREET NEW YORK, NY 10027	13-3945168	501(C)(3)	25,000.	0.			TO SUPPORT "I CAN EXCEL" THAT PROVIDES WEST HARLEM GIRLS WITH ACCESS TO FIGURE SKATING ALONG WITH
FRIENDS OF MORNINGSIDE PARK 100 WEST 94TH STREET APT 26-O NEW YORK, NY 10025	13-3155238	501(C)(3)	50,000.	0.			TO SUPPORT THE "YOUTH GARDENER PROGRAM (HYGP),," A STEM LEARNING AND EMPLOYMENT PROGRAM IN

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GENERATION CITIZEN NEW YORK 110 WALL STREET 5TH FLOOR NEW YORK, NY 10005	27-2039522	501(C)(3)	12,000.	0.			TO SUPPORT YOUNG PEOPLE AND SCHOOLS, EDUCATORS AND COMMUNITY ORGANIZATIONS IN MCB9-IN
GRAHAM WINDHAM 1 PIERREPOINT PLAZA SUITE 901 BROOKLYN, NY 11201	13-2926426	501(C)(3)	20,000.	0.			TO SUPPORT THE MANHATTANVILLE CORNERSTONE'S PROGRAMS WITH HANDS ON TECHNOLOGY
HARLEM ADVOCATES FOR SENIORS (HAS) 1768 AMSTERDAM AVE #2B NEW YORK, NY 10031	81-1966114	501(C)(3)	25,000.	0.			TO SUPPORT A SERIES OF EDUCATION WORKSHOPS AND SOCIAL, CULTURAL AND RECREATIONAL
HARLEM ARTS ALLIANCE 229 WEST 135TH STREET NEW YORK, NY 10030	47-0873119	501(C)(3)	125,000.	0.			CO -SPONSOR OF THE 4TH ANNUAL HARLEM MUSC FESTIVAL FROM
HARLEM EDUCATIONAL ACTIVITIES FUND 200 MADISON AVE 5TH FLOOR NEW YORK, NY 10016	13-3568672	501(C)(3)	20,000.	0.			TO SUPPORT HEAF CONTINUUM, A YEAR-AROUND PROGRAM OFFERING COLLEGE ACCESS/SUCCESS, YOUTH
HARLEM JUNIOR TENNIS & EDUCATION 40 WEST 143RD STREET NEW YORK, NY 10037	13-3076419	501(C)(3)	20,000.	0.			TO SUPPORT THE EDUCATION RESOURCE CENTER THAT DEVELOPS CHAMPS - ON THE COURTS THROUGH TENNIS,
HARLEM LATE NIGHT JAZZ INC. 435 CONVENT AVENUE NEW YORK, NY 10031	82-2181806	501(C)(3)	15,000.	0.			TO SUPPORT A YEAR-AROUND MUSIC INITIATIVE "GO WEST" FEST DESIGNED TO REGENERATE A STRONG, LIVE
HARLEM MEDIA GROUP, INC 229 WEST 135TH STREET FRONT NEW YORK, NY 10030	38-4035055	501(C)(3)	17,500.	0.			TO SUPPORT THE PRODUCTION OF "WHAT'S EATING HARLEM" EPISODES SHOWCASING MCB9 BUSINESSES, AND STREAMED
HARLEM ONE STOP, INC. 502 WEST 142ND STREET NEW YORK, NY 10031	46-1714042	501(C)(3)	20,000.	0.			TO SUPPORT ARTISTIC AND CREATIVE ENGAGEMENT OPPORTUNITIES WHILE BUILDING AWARENESS OF

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARLEM OPERA THEATER, INC. 425 W 144TH ST NEW YORK, NY 10031	13-4187863	501(C)(3)	18,000.	0.			TO SUPPORT "OPERA IN HARLEM" CONCERTS OF CLASSICAL MUSIC, OPERA AND IN-SCHOOL
HARLEM PRIDE INC. 42 MACOMBS PL NEW YORK, NY 10039	27-2191962	501(C)(3)	22,000.	0.			TO SUPPORT THE ANNUAL HARLEM PRIDE CELEBRATION MONTH CELEBRATING HARLEM LGBTQ HISTORY
HARLEM RENAISSANCE EDUCATION PIPELINE, INC. - 50 WEST 131 STREET - NEW YORK, NY 10037	81-3416462	501(C)(3)	25,000.	0.			TO SUPPORT THE EXPANSION OF THE CRASEL (CULTURALLY RESPONSIVE & AFFIRMING SOCIAL-EMOTONAL
HARLEM SCHOOL OF THE ARTS 645 SAINT NICHOLAS AVENUE NEW YORK, NY 10030	13-2552500	501(C)(3)	25,000.	0.			TO SUPPORT TARGETING MCB9 STUDENTS FOR THE CHILDREN'S ENRICHMENT PROGRAM DURING THE SCHOOL
HARLEM STAGE, INC. 150 CONVENT AVE NEW YORK, NY 10031	13-3166308	501(C)(3)	25,000.	0.			TO SUPPORT COMMUNITY ARTS ENGAGEMENT IN CD9 AS WELL AS IN-SCHOOL AND HARLEM STAGE-BASED ARTS
HIT THE BOOKS 145 EAST 57TH STREET NEW YORK, NY 10022	84-2795993	501(C)(3)	20,000.	0.			TO SUPPORT AN EXTENDED DAY PROGRAM FOR MCB9 KIDS THAT EMPLOYS A SPORTS-BASED YOUTH
HYPOTHEKIDS INC 423 WEST 127TH STREET NEW YORK, NY 10027	46-3235153	501(C)(3)	12,500.	0.			TO SUPPORT "HYPOTHEKIDS SCIENCE CLUBS" THAT BRING HANDS-ON SCIENCE TO ELEMENTARY-AGED STUDENTS
IBREA FOUNDATION 866 UN PLAZA ROOM 407, TEST NEW YORK, NY 10017	26-2331802	501(C)(3)	15,000.	0.			TO SUPPORT WEEKLY HOLISTIC BRAIN TRAINING SESSIONS TO IMPROVE WELL-BEING TO YOUTH IN
JAZZMOBILE, INC. 91 CLAREMONT AVENUE NEW YORK, NY 10027	13-2614483	501(C)(3)	25,000.	0.			TO SUPPORT FREE YEAR-AROUND CONCERTS IN PARTNERSHIP WITH VARIOUS WEST HARLEM VENUES.

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOSE LIMON DANCE FOUNDATION, INC. 466 WEST 152ND STREET; FLOOR 2 NEW YORK, NY 10031	23-7012069	501(C)(3)	20,000.	0.			TO SUPPORT THE LIMON4KIDS (L4K) PROGRAM OFFERING MOVEMENT LANGUAGE SKILLS AT WEST HARLEM SCHOOLS.
KOTA ALLIANCE 43 ST. NICHOLAS PLACE NEW YORK, NY 10031	47-3333174	501(C)(3)	20,000.	0.			TO SUPPORT PROGRAMS TO IMPROVE GENDER EQUALITY, AND EMPOWER WOMEN THROUGH IMPACTFUL COLLABORATION,
LADIES OF HOPE MINISTRIES 8 WEST 126TH STREET NEW YORK, NY 10027	83-2249413	501(C)(3)	22,500.	0.			TO SUPPORT THE DELIVERY OF FREE AND HEALTHY GROCERIES FROM LOCAL PROVIDERS AND SUPPLEMENT
LIFEFORCE IN LATER YEARS, INC. PO BOX 250402 NEW YORK, NY 10025	80-0401075	501(C)(3)	20,000.	0.			TO SUPPORT HEALTH, SAFETY AND CONNECTIVITY OF COMMUNITY ELDERS IN MORNINGSIDE HEIGHTS AND
MAMA FOUNDATION FOR THE ARTS 149 WEST 126TH STREET NEW YORK, NY 10027	31-1614732	501(C)(3)	25,000.	0.			TO SUPPORT THE "HARLEM HEALING PROJECT" THAT OFFERS IN-CLASS MUSIC EDUCATION IN MCB9 SCHOOLS
MODARTS DANCE COLLECTIVE 145 MORNINGSIDE AVENUE NEW YORK, NY 10022	87-2210130	501(C)(3)	9,000.	0.			TO SUPPORT THE 8TH ANNUAL COLLECTIVE THREAD DANCE FESTIVAL, PRESENTED BY MODARTS DANCE COLLECTIVE
MORNINGSIDE HEIGHTS COMMUNITY COALITION - PO BOX 205405 - NEW YORK, NY 10025	81-3984395	501(C)(3)	10,000.	0.			TO SUPPORT "JUST HOUSING" CAMPAIGN ADVOCATING TO PRESERVE AND INCREASE THE STOCK OF LOCAL, PERMANENT
MORNINGSIDE RETIREMENT AND HEALTH SERVICES - 100 LASALLE STREET MC - NEW YORK, NY 10027	13-6206256	501(C)(3)	20,000.	0.			TO SUPPORT THE CLUSTER CARE PROJECT TO ENABLE ELDERLY RESIDENTS OF MORNINGSIDE GARDENS TO
NATIONAL DANCE INSTITUTE 217 W 147TH ST NEW YORK, NY 10039	13-2890779	501(C)(3)	15,000.	0.			TO SUPPORT ARTS AND DANCE EDUCATION PROGRAMS IN MCB9 SCHOOLS DURING THE SCHOOL YEAR

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL JAZZ MUSEUM IN HARLEM 58 WEST 129TH STREET GROUND FLOOR NEW YORK, NY 10027	13-3853627	501(C)(3)	25,000.	0.			TO SUPPORT "THE WEST HARLEM JAZZ EXPERIENCE," A SERIES OF YEAR-AROUND JAZZ PERFORMANCES AND
NATIONAL JAZZ MUSEUM IN HARLEM 58 WEST 129TH STREET GROUND FLOOR NEW YORK, NY 10027	13-3853627	501(C)(3)	10,000.	0.			TO SUPPORT NJMH-SUMMER YOUTH PROGRAM-2022
NEW YORK AFRICAN CHORUS ENSEMBLE 515 WEST 151ST STREET SUITE 2W NEW YORK, NY 10031	20-1090906	501(C)(3)	20,000.	0.			TO SUPPORT THE PLANNING, CREATION AND PRODUCTION OF THE 14TH ANNUAL NYC MULTICULTURAL FESTIVAL
NEW YORK CITY URBAN DEBATE LEAGUE 8 WEST 126TH STREET NEW YORK, NY 10027	45-5249743	501(C)(3)	20,000.	0.			TO SUPPORT ACADEMIC DEBATE PROGRAMS IN MCB9 SCHOOLS ALONG WITH PARTICIPATION IN
NORTHERN MANHATTAN ARTS ALLIANCE 5030 BROADWAY SUITE 723 NEW YORK, NY 10034	26-1997496	501(C)(3)	25,000.	0.			TO SUPPORT THE 21ST ANNUAL UPTOWN ARTS STROLL/PASEO DE LAS ARTES (JUNE 2023) PUBLIC
NORTHERN MANHATTAN IMPROVEMENT CORPORATION - 45 WADSWORTH AVENUE - NEW YORK, NY 10033	13-2972415	501(C)(3)	22,500.	0.			TO SUPPORT COMMUNITY BASED CULTURALLY AND LINGUISTICALLY COMPETENT OUTREACH, AND EDUCATION
NOTES IN MOTION INC 77 BLEECKER ST APT 318 NEW YORK, NY 10012	32-0005633	501(C)(3)	8,000.	0.			TO SUPPORT INCLUSIVE DANCE EDUCATION PROGRAMS DURING SCHOOL YEAR FOR 9TH-12TH GRADE STUDENTS
NYC KIDSFEST 61 LENOX AVE 5A NEW YORK, NY 10026	26-3538262	501(C)(3)	12,500.	0.			TO SUPPORT THE NYC KIDSFEST, A 2-DAY PERFORMING ARTS FESTIVAL ON W.113TH STREET AND
OPERA ON TAP 505 PARK AVENUE FLOOR 9 NEW YORK, NY 10022	20-4554125	501(C)(3)	9,000.	0.			TO SUPPORT "PLAYGROUND OPERA," A SCHOOL DAY RESIDENCY PROGRAM WITH IN-PERSON AND VIRTUAL

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POLICE ATHLETIC LEAGUE 34 EAST 12TH STREET NEW YORK, NY 10003	13-5596811	501(C)(3)	20,000.	0.			TO SUPPORT THE HARLEM CENTER HUB OPERATING AFTER-SCHOOL, LATE EVENING, AND WEEKEND
READING TEAM 2090 ADAM CLAYTON JR BLVD#100 NEW YORK, NY 10027	13-4125884	501(C)(3)	25,000.	0.			TO SUPPORT THE HARLEM CENTER HUB OPERATING AFTER-SCHOOL, LATE EVENING, AND WEEKEND
RED BALLOON DAY CARE 560 RIVERSIDE DRIVE A NEW YORK, NY 10027	13-2772534	501(C)(3)	25,000.	0.			TO SUPPORT TUITION ASSISTANCE FOR MCB9 FAMILIES DURING SCHOOL YEAR.
RIVERSIDE HAWKS HOPE HEALTH AND HOOPS CORPORATION - 91 CLAREMONT AVENUE - NEW YORK, NY 10027	06-1750000	501(C)(3)	25,000.	0.			TO SUPPORT YEAR-AROUND ATHLETIC ACTIVITIES, TUTORING AND TEST PREP ACADEMIC SUPPORT.
RIVERSIDE HAWKS HOPE HEALTH AND HOOPS CORPORATION - 91 CLAREMONT AVENUE - NEW YORK, NY 10027	06-1750000	501(C)(3)	30,000.	0.			LEADERSHIP SUMMER CAMP SERVING HUNDREDS OF YOUTH
RIVERSIDE PARK CONSERVANCY 475 RIVERSIDE DR STE 455 NEW YORK, NY 10115	13-3443825	501(C)(3)	15,000.	0.			TO SUPPORT THE TEEN CORPS PROGRAM, AN EDUCATIONAL 8-WEEK SUMMER PAID INTERNSHIP FOR WEST
ROADS TO SUCCESS 20 JAY ST STE 802 BROOKLYN, NY 11201	41-2166096	501(C)(3)	20,000.	0.			TO SUPPORT THE EXPANSION OF THE DYNAMIC, YOUTH-EMPOWERING PATHWAYS PROGRAM TO PREPARE YOUTH
SCIENCE AND ARTS ENGAGEMENT NY, INC - 300 WEST 53RD STREET, NO 6E - NEW YORK, NY 10019	81-2335452	501(C)(3)	25,000.	0.			TO SUPPORT THE MENTORING PROGRAM TO STRENGTHEN THE EMOTION/SOCIAL SKILLS AND PROVIDE ACADEMIC SUPPORT
SISTERS IN SHARQUI INC. 4450 BROADWAY NEW YORK, NY 10040	82-5397282	501(C)(3)	7,500.	0.			TO SUPPORT THE "HARLEM HAFLA", AN ANNUAL ONE DAY PUBLIC PROGRAM SHOWCASING NORTH AFRICAN DANCE IN

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOHARLEM, INC. 1361 AMSTERDAM AVENUE - STE 340 NEW YORK, NY 10027	47-1640149	501(C)(3)	17,500.	0.			TO SUPPORT SOHARLEM'S DESIGNERS' STUDIO AND THEIR WORK WITH LOCAL BUSINESS OWNERS OF COLOR
SR SOCIALLY RELEVANT FILM FESTIVAL INC - 80 LA SALLE STEET, APT 16H - NEW YORK, NY 10027	81-4530680	501(C)(3)	10,000.	0.			TO SUPPORT THE 10TH ANNIVERSARY PUBLIC PROGRAMMING IN WEST HARLEM FOCUSED ON BIPOC
STAGE AURORA NY INC 2454 29TH ST APT 2A ASTORIA, NY 11102	84-4352359	501(C)(3)	10,000.	0.			TO SUPPORT THEATER THAT REFLECTS THE BLACK AND FAITH-BASED EXPERIENCE IN RELATION TO THE HUMAN
STEFANIE NELSON DANCEGROUP 468 RIVERSIDE DR APT 24 NEW YORK, NY 10027	52-2252446	501(C)(3)	15,000.	0.			TO SUPPORT THE TMMP; THE MOVING MEMORY PROJECT, AT CITY COLLEGE (OCT 2022), TO RAISE ALZHEIMER'S &
SUGAR HILL CHILDREN'S MUSEUM OF ARTS & STORYTELLING - 583 RIVERSIDE DRIVE - NEW YORK, NY 10031	46-5412811	501(C)(3)	25,000.	0.			TO SUPPORT IN-PERSON AND VIRTUAL FREE ACCESS INITIATIVES.
SUGAR HILL COMMUNICATIONS INC 1925 SEVENTH AVENUE STE 6G NEW YORK, NY 10026	26-0491531	501(C)(3)	10,000.	0.			TO SUPPORT PUBLIC PROGRAMS OF THE 20TH ANNUAL ARTS AND JAZZFEST NYC(TM) AS WELL AS END OF
TECHROW FUND 244 FIFTH AVE STE T241 NEW YORK, NY 10001	83-1185448	501(C)(3)	8,500.	0.			TO SUPPORT VIRTUAL REALITY TECHNOLOGIES AND MEDIA TO PROVIDE STUDENTS AT NEW DESIGN MIDDLE
THE BROTHERHOOD SISTER SOL 140 HAMILTON PLACE NEW YORK, NY 10031	13-3857387	501(C)(3)	22,500.	0.			TO SUPPORT WRAPAROUND PROGRAMMING FOR MCB9 YOUTH MAKE SPACE FOR YOUTH TO EXAMINE THEIR
THE CATHEDRAL OF ST JOHN THE DIVINE - 1047 AMSTERDAM AVENUE - NEW YORK, NY 10025	13-1623934	501(C)(3)	22,500.	0.			TO SUPPORT THE FINANCIAL AID TO FAMILIES RESIDING IN MCB9 TO PARTAKE IN THE COMMUNITY OF TOMORROW

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE CHILDREN'S ART CARNIVAL 62 HAMILTON TERRACE NEW YORK, NY 10031	13-2735153	501(C)(3)	20,000.	0.			TO SUPPORT THE "WEST HARLEM ARTS INITIATIVE," A YEAR-AROUND PROGRAM TARGETING LOCAL ARTISTS
THE CLASSICAL THEATRE OF HARLEM 8 WEST 126 ST - APT 5G NEW YORK, NY 10027	13-4046782	501(C)(3)	15,000.	0.			TO SUPPORT ARTS EDUCATION PROGRAMMING AT MCB9 SCHOOLS DURING THE SCHOOL YEAR.
THE COMMUNITY INITIATIVES OF HARLEM - 2293 ADAM CLAYTON POWELL JR. - NEW YORK, NY 10030	81-3983435	501(C)(3)	7,500.	0.			TO SUPPORT YOUTH PRIMARILY LIVING IN GRANT AND MANHATTANVILLE WITH ALTERNATIVES TO VIOLENCE
THE FAMILY ANNEX 560 WEST 113TH STREET NEW YORK, NY 10025	13-3083081	501(C)(3)	15,000.	0.			TO SUPPORT PARTIAL TUITION NEED-BASED SCHOLARSHIPS FOR CHILDREN FROM MCB9 FAMILIES.
THE GATEKEEPERS COLLECTIVE, INC. 730 RIVERSIDE AVENUE NEW YORK, NY 10031	47-3674766	501(C)(3)	10,000.	0.			TO SUPPORT "LEARNING TO LOVE," A PUBLIC ART AND THEATRICAL NARRATIVE DEVELOPMENT INITIATIVE
THE GREATER HARLEM CHAMBER OF COMMERCE - 200A WEST 136TH STREET - NEW YORK, NY 10030	80-0790349	501(C)(3)	35,000.	0.			PRESENTING SPONSOR AND PRODUCER OF THE 2022 UPPER MANHATTAN JOBS AND CAREER FAIR HELD IN AUG
THE HARLEM CHAMBER PLAYERS, INC 191 CLAREMONT AVENUE 25 NEW YORK, NY 10027	45-2160781	501(C)(3)	20,000.	0.			TO SUPPORT YEAR-AROUND CONCERT SERIES IN WEST HARLEM.
THE HORTICULTURAL SOCIETY OF NEW YORK - 148 WEST 37TH ST 13TH FLOOR - NEW YORK, NY 10018	13-0854930	501(C)(3)	22,500.	0.			TO SUPPORT PUBLIC PROGRAMS AT THE GREENHOUSE AND EDUCATION CENTER'S OUTDOOR LEARNING
THE JAZZ DRAMA PROGRAM 579 W 215TH ST # 7G NEW YORK, NY 10034	06-1722131	501(C)(3)	7,500.	0.			TO SUPPORT INTERGENERATIONAL JAZZ POWER JAM CONCERTS PROVIDING FREE,

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MORNINGSIDE PLAYERS 100 LA SALLE ST NEW YORK, NY 10027	13-3316951	501(C)(3)	9,000.	0.			TO SUPPORT THE STAGED READINGS AND EVENTUAL PRODUCTION OF "WE HAVE TO DO SOMETHING,"
THE TAU OMEGA CHARITABLE TRUST FUND - 2214 FREDERICK DOUGLAS BLVD STE 250 - NEW YORK, NY 10032	23-7003087	501(C)(3)	6,250.	0.			TO SUPPORT THE "MAKING IT THROUGH" PROJECT WITH THE CREAON OF RELEVANT VIDEOS AND WORKSHOPS ADDRESSING
THE URBAN ASSEMBLY 90 BROAD STREET, SUITE 2101 NEW YORK, NY 10004	11-0332039	501(C)(3)	25,000.	0.			TO SUPPORT IN-SCHOOL RESIDENCIES FOR STUDENTS HAT COMBINE DIFFERENT ARTISTIC DISCIPLINES.
THREE AND A HALF ACRES YOGA P.O.BOX 32 ANDES, NY 13731	47-3289027	501(C)(3)	10,000.	0.			TO SUPPORT THE TRAUMA-INFORMED YOGA PROGRAM DEDICATED TO IMPROVING ACCESS TO YOGA,
UPTOWN INNER CITY LEAGUE 1479 AMSTERDAM AVENUE NEW YORK, NY 10031	13-3823616	501(C)(3)	12,500.	0.			TO SUPPORT THE YOUTH SPORTS AND HEALTHY LIVING INITIATIVES BY HELPING MCB9 YOUTH AND PARENTS TO
USA MALI CHARITABLE ASSOCIATION OF NYC - 3130 VILLA AVE - BRONX, NY 10468	26-1805327	501(C)(3)	9,000.	0.			TO SUPPORT "SOUNDS OF THE SOUTH," A TRAINING OF TRADITIONAL MUSICAL INSTRUMENTS AND MUSIC OF
WE ALL REALLY MATTER 8 WEST 126TH STREET NEW YORK, NY 10027	45-2455836	501(C)(3)	22,500.	0.			TO SUPPORT HIGH-QUALITY DOMESTIC VIOLENCE COMMUNITY EDUCATION AND AWARENESS AS WELL AS
WENDY HILLIARD FOUNDATION 550 W 155TH ST NEW YORK, NY 10032	13-3879321	501(C)(3)	25,000.	0.			TO SUPPORT GYMNASTICS CLASSES AND LIFESTYLE WORKSHOPS FOR MCB9 YOUTH WITH A FOCUS ON HEALTHY
WEST HARLEM ENVIRONMENTAL ACTION 1854 AMSTERDAM AVENUE; 2ND FLOOR NEW YORK, NY 10031	13-3800068	501(C)(3)	15,000.	0.			TEAM UP TO CLEAN UP GRANT

Schedule I (Form 990)





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

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

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: 4WARD INCLUSION CONSULTING INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE WEEKLY "YOUTH ADULT LEADERS" (YAL) PROGRAM IN WEST HARLEM TO ADDRESS RACIAL GRIEF AND TRAUMA

NAME OF ORGANIZATION OR GOVERNMENT: AFRICAN DIASPORA FILM FESTIVAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SCREENING AND CONVERSATIONIS PRESENTED BY THE AFRICAN DIASPORA INTERNATIONAL FILM FESTIVAL, AS PART OF ITS 30TH ANNIVERSARY PROGRAM IN WEST HARLEM

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: AFRICAN VOICES COMMUNICATIONS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AFRICAN VOICES' WILL KICK-OFF REEL SISTERS 25TH ANNIVERSARY, AND OFFER A SEASON OF FILM SCREENINGS, INDUSTRY TALKS AND WORKSHOPS TARGETING INDEPENDENT HARLEM FILMMAKERS AND RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT: AMERICA SCORES, NEW YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT "LITERACY IN ACTION" A YEAR -ROUND CORE SOCCER, LITERACY, AND CIVIC ENGAGEMENT PROGRAM IN MCB9 SCHOOLS DURING SCHOOL YEAR.

NAME OF ORGANIZATION OR GOVERNMENT: ARTISTIC DREAMS INTERNATIONAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT "THE GLOBAL CITIZENS THROUGH THE ARTS" PROJECT, A COLLABORATION WITH HARLEM DOWLING TO OFFER AFTER-SCHOOL EDUCATION WORKSHOPS AT MCB9 SCHOOLS DURING THE SCHOOL YEAR.

NAME OF ORGANIZATION OR GOVERNMENT: ARTS & MINDS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PUBLIC PROGRAMS WITH WEST HARLEM COMMUNITY PARTNERS TO IMPROVE WELL-BEING FOR OLDER ADULTS WITH DEMENTIA AND THEIR CARE PARTNERS THROUGH MEANINGFUL ENGAGEMENT WITH ART.

NAME OF ORGANIZATION OR GOVERNMENT: ATLANTIC THEATER COMPANY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT "STAGING SUCCESS," AN IN-SCHOOL RESIDENCY USING THEATER TO REINFORCE ACADEMICS AND SERVING STUDENTS AT A. PHILIP RANDOLF CAMPUS HIGH SCHOOL DURING THE SCHOOL YEAR.

NAME OF ORGANIZATION OR GOVERNMENT: BANK STREET COLLEGE OF EDUCATION

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT LIBERTY LEADS' TO SUPPORT FAMILY ENGAGEMENT WORK REGARDING FAFSA-RELATED WORKSHOPS DURING THE SCHOOL YEAR.

NAME OF ORGANIZATION OR GOVERNMENT: BEHIND THE BOOK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT CLASS CURRICULUM AND NEXT GENERATION LEARNING STANDARDS LITERACY ENGAGEMENT PROGRAMS AT P.S.125.

NAME OF ORGANIZATION OR GOVERNMENT: BIOBUS, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT OPPORTUNITIES TO DISCOVER, EXPLORE, AND PURSUE SCIENCE THROUGH MOBILE LABORATORY PROGRAMS AT MCB9 SCHOOLS AND INTERNSHIP PROGRAMS AT BIOBASE HARLEM DURING THE SCHOOL YEAR.

NAME OF ORGANIZATION OR GOVERNMENT: BLACKBERRY PRODUCTIONS, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE NEXT PHASE OF THE COPP (COMMONALITIES, OPPOSITES, PARTNERSHIP FOR PEACE) INTERVENTION THROUGH A TOURING OF A 30-MINUTE DOCUMENTARY AT MCB9 SCHOOLS AND CBOS.

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUB OF HARLEM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE "OUT OF SCHOOL TIME" (OST) PROGRAM., WHICH PROMOTES ACADEMIC SUCCESS, GOOD HEALTH AND WELLNESS AND STRONG CHARACTER AND LEADERSHIP SKILLS FOR MCB9 STUDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUB OF HARLEM

(H) PURPOSE OF GRANT OR ASSISTANCE: PROVIDE IN -PERSON ACADEMIC ENRICHMENT, CAREER AND CIVICS TRAINING COMPONENT OF ARISE! SUMMER PROGRAM

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: BROADWAY COMMUNITY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT BROADWAY COMMUNITY'S PROGRAM ADDRESSING FOOD INSECURITY AND THE CHRONIC AILMENTS RELATED TO POOR NUTRITION BY PROVIDING HEALTHY MEALS AND GROCERIES TO LOW -INCOME AND HOMELESS NEIGHBORS.

NAME OF ORGANIZATION OR GOVERNMENT: BROADWAY HOUSING COMMUNITIES, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE HOMEWORK CLUB TO PROVIDE MCB9 YOUTH WITH ACADEMIC SUPPORT, HOMEWORK HELP, ONE-ON-ONE TUTORING, AND WELCOMING, SAFE SPACE DURING THE SCHOOL YEAR.

NAME OF ORGANIZATION OR GOVERNMENT:

BROADWAY PRESBYTERIAN CHURCH NURSERY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT NEED-BASED TUITION ASSISTANCE TO MCB9 FAMILIES FOR CHILDREN DURING THE SCHOOL YEAR.

NAME OF ORGANIZATION OR GOVERNMENT: CENTRO CIVICO CULTURAL DOMINICANO

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT YEAR-AROUND VIRTUAL AND IN-PERSON PUBLIC PROGRAMS SHOWCASING ARTS AND CULTURE AS WELL AS PROMOTING WELLNESS AND PRODUCING AN ANNUAL HEALTH FAIR

NAME OF ORGANIZATION OR GOVERNMENT: CITYARTS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE "OUR VOICES II MURAL PROJECT" ON THE RETAINING WALL AT ALEXANDER HAMILTON PLAYGROUND IN COLLABORATION WITH MCB9 LEAD ARTIST, YOUTH AND COMMUNITY VOLUNTEERS.

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY IMPACT AT COLUMBIA UNIVERSITY

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE COMMUNITY LUNCH EXPANSION PROJECT SERVING HOT MEALS AND PROVIDING HIGH-QUALITY SOCIAL SERVICES AND EDUCATIONAL PROGRAMS

NAME OF ORGANIZATION OR GOVERNMENT:

CREATIVE ARTS WORKS (FORMERLY CREATIVE ARTS WORKSHOP)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT IN-SCHOOL VISUAL AND MULTIMEDIA ART PROGRAMS AT A. PHILIP RANDOLPH CAMPUS HS, HAMILTON GRANGE MS, P.S. 153, AND THE WILLIAM LYNCH SCHOOL DURING THE SCHOOL YEAR.

NAME OF ORGANIZATION OR GOVERNMENT: DANCES FOR A VARIABLE POPULATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT "DANCE CONNECTS SENIORS," A YEAR-AROUND INITIATIVE OF FREE DANCE ACTIVITIES IMPACTING HEALTH, POSITIVE SENSE OF SELF, AND SOCIAL CONNECTION, IN PARTNERSHIP WITH MCB9 VENUES.

NAME OF ORGANIZATION OR GOVERNMENT: DOING ART TOGETHER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT STEAM (SCIENCE, TECHNOLOGY, ENGINEERING, ARTS AND MATH) PROGRAMS AT P.S. 36, P.S. 125 AND P.S 161 DURING THE SCHOOL YEAR.

NAME OF ORGANIZATION OR GOVERNMENT: EVERY VOICE CHOIRS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT COMMUNITY SIGNING EVENTS IN MCB9 ALONG WITH THE CREATION OF AN INTERGENERATIONAL CHOIR BASED AT GRANTS HOUSES AND SCHOLARSHIPS FOR MCB9 YOUTH DURING THE SCHOOL YEAR .

NAME OF ORGANIZATION OR GOVERNMENT: FACES OF HARLEM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PUBLIC PROGAMMING

**Part IV** Supplemental Information

CONNECTED TO FACES OF HARLEM, AN ANNUAL PUBLIC ART INITIATIVE CELEBRATING HARLEM THROUGH THE LENS OF 10 CONTEMPORARY PHOTOGRAPHERS.

NAME OF ORGANIZATION OR GOVERNMENT:

FCBC COMMUNITY DEVELOPMENT CORPORATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT "SENIOR CONNECT" (SC), A BI-MONTHLY VIRTUAL AND IN-PERSON SENIOR FOCUSED TECHNOLOGICAL PROGRAMMING.

NAME OF ORGANIZATION OR GOVERNMENT: FIGURE SKATING IN HARLEM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT "I CAN EXCEL" THAT PROVIDES WEST HARLEM GIRLS WITH ACCESS TO FIGURE SKATING ALONG WITH TUTORING, ACADEMIC AND LEADERSHIP CLASSES, AND COLLEGE/CAREER EXPLORATION DURING THE SCHOOL YEAR.

NAME OF ORGANIZATION OR GOVERNMENT: FRIENDS OF MORNINGSIDE PARK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE "YOUTH GARDENER PROGRAM (HYGP), , " A STEM LEARNING AND EMPLOYMENT PROGRAM IN ST. NICHOLAS AND MORNINGSIDE PARK FOR WEST HARLEM TEENS

NAME OF ORGANIZATION OR GOVERNMENT: GENERATION CITIZEN NEW YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT YOUNG PEOPLE AND SCHOOLS, EDUCATORS AND COMMUNITY ORGANIZATIONS IN MCB9-IN ACTIVE DEMOCRATIC ENGAEMENT DURING SCHOOL YEAR..

NAME OF ORGANIZATION OR GOVERNMENT: GRAHAM WINDHAM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE MANHATTANVILLE CORNERSTONE'S PROGRAMS WITH HANDS ON TECHNOLOGY TRAINING FOR YOUTH DURING

Part IV Supplemental Information

SCHOOL YEAR..

NAME OF ORGANIZATION OR GOVERNMENT: HARLEM ADVOCATES FOR SENIORS (HAS)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A SERIES OF EDUCATION WORKSHOPS AND SOCIAL, CULTURAL AND RECREATIONAL TRIPS/ACTIVITIES FOR OLDER ADULTS IN PARTNERSHIP WITH MCB9 COMMUNITY ORGANIZATIONS.

NAME OF ORGANIZATION OR GOVERNMENT: HARLEM EDUCATIONAL ACTIVITIES FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT HEAF CONTINUUM, A YEAR-AROUND PROGRAM OFFERING COLLEGE ACCESS/SUCCESS, YOUTH DEVELOPMENT, AND CAREER DEVELOPMENT PROGRAMS TO MCB9 YOUTH DURING THE 2022-2023 SCHOOL YEAR.

NAME OF ORGANIZATION OR GOVERNMENT: HARLEM JUNIOR TENNIS & EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE EDUCATION RESOURCE CENTER THAT DEVELOPS CHAMPS - ON THE COURTS THROUGH TENNIS, AND, OFF THE COURTS, BY PROVIDING WELLNESS, TUTORING AND LIFE SKILLS TRAINING DURING SCHOOL YEAR.

NAME OF ORGANIZATION OR GOVERNMENT: HARLEM LATE NIGHT JAZZ INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A YEAR-AROUND MUSIC INITIATIVE "GO WEST" FEST DESIGNED TO REGENERATE A STRONG, LIVE MUSIC SCENE IN WEST HARLEM.

NAME OF ORGANIZATION OR GOVERNMENT: HARLEM MEDIA GROUP, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PRODUCTION OF "WHAT'S EATING HARLEM" EPISODES SHOWCASING MCB9 BUSINESSES, AND STREAMED ON NYC LIFE TV NEW YORK CITY'S PBS STATION, SHOWMETV AND GOTRAVEL.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: HARLEM ONE STOP, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TTO SUPPORT ARTISTIC AND CREATIVE ENGAGEMENT OPPORTUNITIES WHILE BUILDING AWARENESS OF WEST HARLEM'S HERITAGE AND CULTURE THROUGH ACTIVATION OF PUBLIC SPACES AND A ONE-DAY CONFERENCE.

NAME OF ORGANIZATION OR GOVERNMENT: HARLEM OPERA THEATER, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT "OPERA IN HARLEM" CONCERTS OF CLASSICAL MUSIC, OPERA AND IN-SCHOOL PERFORMANCES ON THE VIRTUAL AND LIVE STAGES IN WEST HARLEM SHOWCASING WORKS BY AFRICAN-AMERICAN MUSICAL ARTISTS.

NAME OF ORGANIZATION OR GOVERNMENT: HARLEM PRIDE INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE ANNUAL HARLEM PRIDE CELEBRATION MONTH CELEBRATING HARLEM LGBTQ HISTORY AND PRIDE, AS WELL AS BRINGING VITAL PROGRAMS AND SERVICES TO THE HARLEM LGBTQ COMMUNITY.

NAME OF ORGANIZATION OR GOVERNMENT:

HARLEM RENAISSANCE EDUCATION PIPELINE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE EXPANSION OF THE CRASEL (CULTURALLY RESPONSIVE & AFFIRMING SOCIAL-EMOTONAL LEADERSHIP) PROJECT TRAINING TO MEET THE NEEDS OF DISTRICT 5 STUDENTS DURING THE SCHOOL YEAR.

NAME OF ORGANIZATION OR GOVERNMENT: HARLEM SCHOOL OF THE ARTS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT TARGETING MCB9 STUDENTS



**Part IV** Supplemental Information

FOR THE CHILDREN'S ENRICHMENT PROGRAM DURING THE SCHOOL YEAR.

NAME OF ORGANIZATION OR GOVERNMENT: HARLEM STAGE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT COMMUNITY ARTS ENGAGEMENT IN CD9 AS WELL AS IN-SCHOOL AND HARLEM STAGE-BASED ARTS EDUCATION PROGRAMS FOR STUDENTS AT A. PHILLIP RANDOLPH HIGH SCHOOL WITH SOUND BUSINESS INC.

NAME OF ORGANIZATION OR GOVERNMENT: HIT THE BOOKS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT AN EXTENDED DAY PROGRAM FOR MCB9 KIDS THAT EMPLOYS A SPORTS-BASED YOUTH DEVELOPMENT APPROACH WITH ACADEMICS AS THE CORE AND MIXED MARTIAL ARTS AS THE HOOK DURING SCHOOL YEAR.

NAME OF ORGANIZATION OR GOVERNMENT: HYPOTHEKIDS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT "HYPOTHEKIDS SCIENCE CLUBS" THAT BRING HANDS-ON SCIENCE TO ELEMENTARY-AGED STUDENTS IN MCB9 SCHOOLS AND COMMUNITY HUBS DURING THE SCHOOL YEAR .

NAME OF ORGANIZATION OR GOVERNMENT: IBREA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT WEEKLY HOLISTIC BRAIN TRAINING SESSIONS TO IMPROVE WELL-BEING TO YOUTH IN MCB9 INCLUDING A 2-DAY CAMP FOR OUTSTANDING STUDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: KOTA ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PROGRAMS TO IMPROVE GENDER EQUALITY, AND EMPOWER WOMEN THROUGH IMPACTFUL COLLABORATION, INCLUDING COMPUTER & DIGITAL LITERACY WORKSHOPS FOR LOW-INCOME WOMEN IN

**Part IV** Supplemental Information

WEST HARLEM.

NAME OF ORGANIZATION OR GOVERNMENT: LADIES OF HOPE MINISTRIES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE DELIVERY OF FREE AND HEALTHY GROCERIES FROM LOCAL PROVIDERS AND SUPPLEMENT WITH ADDITIONAL FOOD STAPLES OFFERED TO MCB9 FAMILIES AFFECTED BY INCARCERATION.

NAME OF ORGANIZATION OR GOVERNMENT: LIFEFORCE IN LATER YEARS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT HEALTH, SAFETY AND CONNECTIVITY OF COMMUNITY ELDERS IN MORNINGSIDE HEIGHTS AND WEST HARLEM SO THEY CAN AGE COMFORTABLY AT HOME.

NAME OF ORGANIZATION OR GOVERNMENT: MAMA FOUNDATION FOR THE ARTS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE "HARLEM HEALING PROJECT" THAT OFFERS IN-CLASS MUSIC EDUCATION IN MCB9 SCHOOLS DURING THE SCHOOL YEAR.

NAME OF ORGANIZATION OR GOVERNMENT: MODARTS DANCE COLLECTIVE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE 8TH ANNUAL COLLECTIVE THREAD DANCE FESTIVAL, PRESENTED BY MODARTS DANCE COLLECTIVE IN WEST HARLEM, THAT CELEBRATES BIPOC FEMALE IDENTIFYING CHOREOGRAPHERS.

NAME OF ORGANIZATION OR GOVERNMENT:

MORNINGSIDE HEIGHTS COMMUNITY COALITION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT "JUST HOUSING" CAMPAIGN ADVOCATING TO PRESERVE AND INCREASE THE STOCK OF LOCAL, PERMANENT AFFORDABLE HOUSING.

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

MORNINGSIDE RETIREMENT AND HEALTH SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE CLUSTER CARE PROJECT TO ENABLE ELDERLY RESIDENTS OF MORNINGSIDE GARDENS TO REMAIN LIVING SAFELY IN THEIR OWN HOMES BY PROVIDING ACCESS TO HOME CARE.

NAME OF ORGANIZATION OR GOVERNMENT: NATIONAL JAZZ MUSEUM IN HARLEM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT "THE WEST HARLEM JAZZ EXPERIENCE," A SERIES OF YEAR-AROUND JAZZ PERFORMANCES AND EDUCATIONAL EVENTS IN WEST HARLEM.

NAME OF ORGANIZATION OR GOVERNMENT: NEW YORK AFRICAN CHORUS ENSEMBLE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE PLANNING, CREATION AND PRODUCTION OF THE 14TH ANNUAL NYC MULTICULTURAL FESTIVAL HELD ON ST. NICHOLAS AVE. AND JACKIE ROBINSON PARK, RESPECTIVELY.

NAME OF ORGANIZATION OR GOVERNMENT: NEW YORK CITY URBAN DEBATE LEAGUE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT ACADEMIC DEBATE PROGRAMS IN MCB9 SCHOOLS ALONG WITH PARTICIPATION IN TOURNAMENTS DURING SCHOOL YEAR.

NAME OF ORGANIZATION OR GOVERNMENT: NORTHERN MANHATTAN ARTS ALLIANCE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE 21ST ANNUAL UPTOWN ARTS STROLL/PASEO DE LAS ARTES (JUNE 2023) PUBLIC PROGRAMS IN WEST HARLEM.

NAME OF ORGANIZATION OR GOVERNMENT:

NORTHERN MANHATTAN IMPROVEMENT CORPORATION

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT COMMUNITY BASED CULTURALLY AND LINGUISTICALLY COMPETENT OUTREACH, AND EDUCATION EFFORTS ON A RANGE OF SERVICES AVAILABLE TO MCB9 RESIDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: NOTES IN MOTION INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT INCLUSIVE DANCE EDUCATION PROGRAMS DURING SCHOOL YEAR FOR 9TH-12TH GRADE STUDENTS AT URBAN ASSEMBLY FOR THE PERFORMING ARTS.

NAME OF ORGANIZATION OR GOVERNMENT: NYC KIDSFEST

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE NYC KIDSFEST, A 2-DAY PERFORMING ARTS FESTIVAL ON W.113TH STREET AND MORNINGSIDE AND JACKIE ROBINSON PARK.

NAME OF ORGANIZATION OR GOVERNMENT: OPERA ON TAP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT "PLAYGROUND OPERA," A SCHOOL DAY RESIDENCY PROGRAM WITH IN-PERSON AND VIRTUAL PROGRAMS THAT IMMERSSES MCB9 STUDENTS IN THE PRODUCTION AND PERFORMANCE OF AN OPERA.

NAME OF ORGANIZATION OR GOVERNMENT: POLICE ATHLETIC LEAGUE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE HARLEM CENTER HUB OPERATING AFTER-SCHOOL, LATE EVENING, AND WEEKEND HOURS, SERVING MCB9 YOUTH AND OFFERING EDUCATIONAL/CAREER OPPORTUNITIES AND ACCESS TO HEALTH CARE SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT: READING TEAM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE HARLEM CENTER HUB OPERATING AFTER-SCHOOL, LATE EVENING, AND WEEKEND HOURS, SERVING MCB9

**Part IV** Supplemental Information

YOUTH AND OFFERING EDUCATIONAL/CAREER OPPORTUNITIES AND ACCESS TO HEALTH CARE SERVICES.

NAME OF ORGANIZATION OR GOVERNMENT: RIVERSIDE PARK CONSERVANCY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE TEEN CORPS PROGRAM, AN EDUCATIONAL 8-WEEK SUMMER PAID INTERNSHIP FOR WEST HARLEM TEENS.

NAME OF ORGANIZATION OR GOVERNMENT: ROADS TO SUCCESS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE EXPANSION OF THE DYNAMIC, YOUTH-EMPOWERING PATHWAYS PROGRAM TO PREPARE YOUTH FOR EMPLOYMENT PROGRAMS AT NEW DESIGN MIDDLE SCHOOL DURING THE SCHOOL YEA.R

NAME OF ORGANIZATION OR GOVERNMENT: SCIENCE AND ARTS ENGAGEMENT NY, INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE MENTORING PROGRAM TO STRENGTHEN THE EMOTION/SOCIAL SKILLS AND PROVIDE ACADEMIC SUPPORT FOR MCB9 STUDENTS.

NAME OF ORGANIZATION OR GOVERNMENT: SISTERS IN SHARQUI INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE "HARLEM HAFLA", AN ANNUAL ONE DAY PUBLIC PROGRAM SHOWCASING NORTH AFRICAN DANCE IN WEST HARLEM WITH BIPOC PERFORMERS.

NAME OF ORGANIZATION OR GOVERNMENT: SOHARLEM, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT SOHARLEM'S DESIGNERS' STUDIO AND THEIR WORK WITH LOCAL BUSINESS OWNERS OF COLOR IN FASHION AND OTHER RELATED INDUSTRIES.

NAME OF ORGANIZATION OR GOVERNMENT:

**Part IV** Supplemental Information

SR SOCIALLY RELEVANT FILM FESTIVAL INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE 10TH ANNIVERSARY PUBLIC PROGRAMMING IN WEST HARLEM FOCUSED ON BIPOC FILMS AND FILMMAKERS.

NAME OF ORGANIZATION OR GOVERNMENT: STAGE AURORA NY INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THEATER THAT REFLECTS THE BLACK AND FAITH-BASED EXPERIENCE IN RELATION TO THE HUMAN EXPERIENCE AT THE SAINT JAMES PRESBYTERIAN CHURCH.

NAME OF ORGANIZATION OR GOVERNMENT: STEFANIE NELSON DANCEGROUP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE TMMP; THE MOVING MEMORY PROJECT, AT CITY COLLEGE (OCT 2022), TO RAISE ALZHEIMER'S & DEMENTIA AWARENESS THROUGH DANCE PERFORMANCES, WORKSHOPS, AND MODERATED DISCUSSIONS.

NAME OF ORGANIZATION OR GOVERNMENT: SUGAR HILL COMMUNICATIONS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PUBLIC PROGRAMS OF THE 20TH ANNUAL ARTS AND JAZZFEST NYC(TM) AS WELL AS END OF THE YEAR EVENTS IN WEST HARLEM.

NAME OF ORGANIZATION OR GOVERNMENT: TECHROW FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT VIRTUAL REALITY TECHNOLOGIES AND MEDIA TO PROVIDE STUDENTS AT NEW DESIGN MIDDLE SCHOOL AND CB9 WITH RICH COLLEGE DISCOVERY AND ADMISSIONS EDUCATION.

NAME OF ORGANIZATION OR GOVERNMENT: THE BROTHERHOOD SISTER SOL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT WRAPAROUND PROGRAMMING FOR MCB9 YOUTH MAKE SPACE FOR YOUTH TO EXAMINE THEIR ROOTS, DEFINE THEIR

**Part IV** Supplemental Information

STORY AND AWAKEN THEIR AGENCY.

NAME OF ORGANIZATION OR GOVERNMENT: THE CATHEDRAL OF ST JOHN THE DIVINE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE FINANCIAL AID TO FAMILIES RESIDING IN MCB9 TO PARTAKE IN THE COMMUNITY OF TOMORROW (ACT) PRE-SCHOOL, AFTER-SCHOOL, AND CAMP PROGRAMS.

NAME OF ORGANIZATION OR GOVERNMENT: THE CHILDREN'S ART CARNIVAL

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE "WEST HARLEM ARTS INITIATIVE," A YEAR-AROUND PROGRAM TARGETING LOCAL ARTISTS AND FACILITATING COMMUNITY ENGAGEMENT.

NAME OF ORGANIZATION OR GOVERNMENT: THE COMMUNITY INITIATIVES OF HARLEM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT YOUTH PRIMARILY LIVING IN GRANT AND MANHATTANVILLE WITH ALTERNATIVES TO VIOLENCE AND LEARN VALUABLE LIFE SKILLS THROUGH AN AFTERSCHOOL RITES OF PASSAGE AND WORKFORCE/ ENTREPRENEUR WORKSHOPS.

NAME OF ORGANIZATION OR GOVERNMENT: THE GATEKEEPERS COLLECTIVE, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT "LEARNING TO LOVE," A PUBLIC ART AND THEATRICAL NARRATIVE DEVELOPMENT INITIATIVE HIGHLIGHTING THE WORK OF EMERGING SAME GENDER LOVING, QUEER AND GENDER NONCONFORMING ARTISTS.

NAME OF ORGANIZATION OR GOVERNMENT:

THE GREATER HARLEM CHAMBER OF COMMERCE

(H) PURPOSE OF GRANT OR ASSISTANCE: PRESENTING SPONSOR AND PRODUCER OF THE 2022 UPPER MANHATTAN JOBS AND CAREER FAIR HELD IN AUG 2022

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: THE HORTICULTURAL SOCIETY OF NEW YORK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT PUBLIC PROGRAMS AT THE GREENHOUSE AND EDUCATION CENTER'S OUTDOOR LEARNING GARDEN FOR MCB9 YOUTH, SENIORS, AND FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: THE JAZZ DRAMA PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT INTERGENERATIONAL JAZZ POWER JAM CONCERTS PROVIDING FREE, FAMILY-FRIENDLY PUBLIC PERFORMANCES FOR AUDIENCES OF ALL AGES IN WEST HARLEM.

NAME OF ORGANIZATION OR GOVERNMENT: THE MORNINGSIDE PLAYERS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE STAGED READINGS AND EVENTUAL PRODUCTION OF "WE HAVE TO DO SOMETHING," DRAMATIZING THE ORIGIN OF MORNINGSIDE GARDENS AND GRANT HOUSES.

NAME OF ORGANIZATION OR GOVERNMENT: THE TAU OMEGA CHARITABLE TRUST FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE "MAKING IT THROUGH" PROJECT WITH THE CREAON OF RELEVANT VIDEOS AND WORKSHOPS ADDRESSING WEST HARLEM COLLEGE STUDENTS WHO MAY EXPERIENCE NON-CRISIS MENTAL HEALTH ISSUES.

NAME OF ORGANIZATION OR GOVERNMENT: THREE AND A HALF ACRES YOGA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE TRAUMA-INFORMED YOGA PROGRAM DEDICATED TO IMPROVING ACCESS TO YOGA, BREATHING, AND MINDFULNESS TECHNIQUES IN WEST HARLEM.

NAME OF ORGANIZATION OR GOVERNMENT: UPTOWN INNER CITY LEAGUE



**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE YOUTH SPORTS AND HEALTHY LIVING INITIATIVES BY HELPING MCB9 YOUTH AND PARENTS TO BE ACTIVE THROUGH SPORTS ACTIVITIES, HEALTHY EATING AND EDUCATION.

NAME OF ORGANIZATION OR GOVERNMENT:  
USA MALI CHARITABLE ASSOCIATION OF NYC

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT "SOUNDS OF THE SOUTH," A TRAINING OF TRADITIONAL MUSICAL INSTRUMENTS AND MUSIC OF THE MANDINGO CULTURE AT P.S. 125.

NAME OF ORGANIZATION OR GOVERNMENT: WE ALL REALLY MATTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT HIGH-QUALITY DOMESTIC VIOLENCE COMMUNITY EDUCATION AND AWARENESS AS WELL AS IDENTIFY VICTIMS AND PROVIDE THEM WITH SAFETY AND INDEPENDENCE SERVICES IN MCB9.

NAME OF ORGANIZATION OR GOVERNMENT: WENDY HILLIARD FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT GYMNASTICS CLASSES AND LIFESTYLE WORKSHOPS FOR MCB9 YOUTH WITH A FOCUS ON HEALTHY LIVING, GOOD NUTRITION, TIME MANAGEMENT, TEAM WORK, AND READING & LITERACY.

NAME OF ORGANIZATION OR GOVERNMENT:

WEST HARLEM ENVIRONMENTAL ACTION (WEACT)

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT MCB9 RESIDENTS WITH TRAINING TOWARDS EMPLOYMENT IN THE GREEN INDUSTRY IN PARTNERSHIP WITH SOLAR ONE.

NAME OF ORGANIZATION OR GOVERNMENT: WHILE WE ARE STILL HERE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT THE 6TH ANNUAL SUGAR HILL

**Part IV** Supplemental Information

MUSIC FESTIVAL (SHMF) AND SIGNS OF THE TIMES | HARLEM HERITAGE MARKERS  
PROJECT IN WEST HARLEM.

NAME OF ORGANIZATION OR GOVERNMENT: YOUTH CONSTRUCT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT A RIGOROUS 11-MONTH  
DEVELOPMENT PROGRAM, INCLUDING 8 MONTHS OF EDUCATIONAL TRAINING AND A  
3-MONTH PAID INTERNSHIP IN THE CONSTRUCTION INDUSTRY FOR MCB9 YOUTH.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**WEST HARLEM DEVELOPMENT CORPORATION**

Employer identification number

**45-0722514**

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ZEAD RAMADAN EXECUTIVE DIRECTOR	(i)	161,923.	0.	0.	3,407.	0.	165,330.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

WEST HARLEM DEVELOPMENT CORPORATION

Employer identification number

45-0722514

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

COMMUNITY.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CULTURE, COMMUNITY FACILITIES, HISTORICAL PRESERVATION AND THE OVERALL  
ECONOMIC AND SOCIAL IMPROVEMENT OF THE COMMUNITY AND RESIDENTS OF  
MANHATTAN COMMUNITY DISTRICT 9 (MCD9), OTHERWISE KNOWN AS WEST HARLEM.

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

SENIOR SERVICES - THROUGH ITS SUMMER SENIOR EMPLOYMENT PROGRAM, WEST  
HARLEM DEVELOPMENT HAS PLACED HUNDREDS OF OLDER WEST HARLEM RESIDENTS  
(55+ YEARS) IN PART-TIME, STIPEND PAID POSITIONS AT LOCAL NONPROFITS  
AND PUBLIC AGENCIES GIVING PARTICIPANTS THE OPPORTUNITY TO CONTRIBUTE  
MEANINGFUL SERVICE TO THEIR COMMUNITY AND HELPING UNDER-RESOURCED  
ORGANIZATIONS MEET STAFFING GAPS.

EXPENSES \$ 126,141. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11B:

A DRAFT OF THE TAX RETURN IS PROVIDED TO THE EXECUTIVE DIRECTOR AND THE  
AUDIT COMMITTEE FOR REVIEW. THEN IT IS DISCUSSED WITH THE OTHER BOARD  
MEMBERS.

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

THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR CIRCULATING THE CONFLICT OF  
INTEREST POLICY TO ALL BOARD MEMBERS ON AN ANNUAL BASIS FOR THE PURPOSE OF  
OBTAINING SIGNATURE FOR CONSENT AND UNDERSTANDING THE CONFLICT OF INTEREST

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

Schedule O (Form 990) 2022

Name of the organization

WEST HARLEM DEVELOPMENT CORPORATION

Employer identification number

45-0722514

POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF THE EXECUTIVE DIRECTOR WAS DETERMINED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 18:

THE AFOREMENTIONED FORMS ARE AVAILABLE ON REQUEST. FORM 990 IS AVAILABLE ON WWW.WESTHARLEMDC.ORG.

FORM 990, PART VI, SECTION C, LINE 19:

THE AFOREMENTIONED DOCUMENTS ARE AVAILABLE ON REQUEST.

FORM 990 PART XII. QUESTION 2(C)

THE ORGANIZATION'S FINANCE COMMITTEE MEETS REGULARLY AND IS RESPONSIBLE FOR THE OVERSIGHT AND SELECTION OF THE INDEPENDENT AUDITOR.

FORM 990 PART VI, SECTION B, LINE 13

THE ORGANIZATION HAS ADOPTED A WHISTLEBLOWER POLICY.

FORM 990 PART VI, SECTION B, LINE 14

THE ORGANIZATION HAS ADOPTED A DOCUMENT RETENTION POLICY.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

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

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Name of the organization **WEST HARLEM DEVELOPMENT CORPORATION** Employer identification number **45-0722514**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
124TH HOUSING LLC - 84-2254090 423 W 127TH ST NEW YORK, NY 10027	LOW-INCOME AFFORDABLE HOUSING	DELAWARE	84,977.	2,328,952.	WEST HARLEM DEVELOPMENT CORPORATION

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

Schedule R (Form 990) 2022





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

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

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

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity .....
- b** Gift, grant, or capital contribution to related organization(s) .....
- c** Gift, grant, or capital contribution from related organization(s) .....
- d** Loans or loan guarantees to or for related organization(s) .....
- e** Loans or loan guarantees by related organization(s) .....
- f** Dividends from related organization(s) .....
- g** Sale of assets to related organization(s) .....
- h** Purchase of assets from related organization(s) .....
- i** Exchange of assets with related organization(s) .....
- j** Lease of facilities, equipment, or other assets to related organization(s) .....
- k** Lease of facilities, equipment, or other assets from related organization(s) .....
- l** Performance of services or membership or fundraising solicitations for related organization(s) .....
- m** Performance of services or membership or fundraising solicitations by related organization(s) .....
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....
- o** Sharing of paid employees with related organization(s) .....
- p** Reimbursement paid to related organization(s) for expenses .....
- q** Reimbursement paid by related organization(s) for expenses .....
- r** Other transfer of cash or property to related organization(s) .....
- s** Other transfer of cash or property from related organization(s) .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>1c</b>		
<b>1d</b>		
<b>1e</b>		
<b>1f</b>		
<b>1g</b>		
<b>1h</b>		
<b>1i</b>		
<b>1j</b>		
<b>1k</b>		
<b>1l</b>		
<b>1m</b>		
<b>1n</b>		
<b>1o</b>		
<b>1p</b>		
<b>1q</b>		
<b>1r</b>		
<b>1s</b>		

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

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







WEST HARLEM DEVELOPMENT CORPORATION

CHAR500

Annual Filing Checklist

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
- Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$1,000,000
Audit Report if you received total revenue and support greater than \$1,000,000 and the fiscal year begins on or after July 1, 2021. If the fiscal year begins before that date, an Audit Report is required if total revenue and support is greater than \$750,000
No Review Report or Audit Report is required because total revenue and support is less than \$250,000
We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
\$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
\$25, if the NET WORTH is less than \$50,000
\$50, if the NET WORTH is \$50,000 or more but less than \$250,000
\$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
\$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
\$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
\$1500, if the NET WORTH is \$50,000,000 or more

Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General
Charities Bureau Registration Section
28 Liberty Street
New York, NY 10005

Need Assistance?

Visit: www.CharitiesNYS.com
Call: (212) 416-8401
Email: Charities.Bureau@ag.ny.gov

Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

DUAL filers are registered under both 7A and EPTL.

EXEMPT filers have registered with the NY Charities Bureau and meet conditions in Schedule E - Registration Exemption for Charitable Organizations. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com.

Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
IRS Form 990 EZ Part I, line 21
IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).