Form	990
Departe	nent of the Tressur

Return of Organization Exempt From Income Tax

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

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public

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OMB No. 1545-0047

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Department of the Treasury	
Internal Revenue Service	

Information about Form 990 and its instructions is at www.irs.gov/form990

		The 2019 calendar year, or tax year beginning $10/01$, 2019, and endi	<u> </u>	01110000.	09/30			
	or th		ng	D Employer id				
В с	heck if ap	C Name of organization		D Employer la	enuncation	number		
	Addre	MADISON SQUARE BOYS & GIRLS CLUB, INC.		10 550	C 7 0 0			
	chang	ge Doing Business As		13-5596792 E Telephone number				
	Name	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		•				
	Initial	return 250 BRADHURST AVENUE		(212) 76	0-9600			
	-	City or town, state or province, country, and ZIP or foreign postal code					1 0 1	
	Amer return			G Gross receip		13,970,		
	pendi			H(a) Is this a gro subordinates			X No	
		250 BRADHURST AVENUE, NEW YORK, NY 10039		H(b) Are all subord		Yes	No	
<u> </u>			27	If "No," atta	ch a list. (see ir	nstructions)		
		ite: WWW.MADISONSQUARE.ORG		H(c) Group exem	-			
			of formati	on: 1946 M	State of lega	al domicile:	NY	
P	art I	Summary						
	1	Briefly describe the organization's mission or most significant activities: TO SAVE AND			VES_OF	NYC BO	YS	
Ce		AND GIRLS WHO BY MEANS OF ECONOMIC AND/OR SOCIAL FACTOR	S ARE	MOST IN				
nar		NEED OF ITS SERVICES.						
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or disposed of more the	nan 25%	of its net asset	S.			
	3	Number of voting members of the governing body (Part VI, line 1a)			3		62.	
s S	4	Number of independent voting members of the governing body (Part VI, line 1b)			4		62.	
itie	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)			5		247.	
Activities &	6	Total number of volunteers (estimate if necessary)			6		75.	
Ā	7a	Total unrelated business revenue from Part VIII, column (C), line 12			7a		0	
	b	Net unrelated business taxable income from Form 990-T, line 34			7b		0	
				Prior Year		Current Ye		
e	8	Contributions and grants (Part VIII, line 1h)	<u>ا</u> ل	7,709,92		7,762	,198	
enu	9	Program service revenue (Part VIII, line 2g) COPY FOR PUBLIC INSPECTION		214,60			,522	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)]	7,841,62	29.	3,781		
Ľ.	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-532,80		-170	,983	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		15,233,35	55.	11,403	,395	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		588,85	59.	752	,355	
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.		0	
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,706,829.		8,372	,381	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,453,228.			0.		0	
- dx	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,453,228.						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		6,554,46	51.	6,551	,761	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		14,850,14	19.	15,676	,497	
	19	Revenue less expenses. Subtract line 18 from line 12		383,20	06.	-4,273	,102	
Net Assets or Fund Balances			Begini	ning of Current	Year	End of Year		
sets alan	20	Total assets (Part X, line 16)	1	05,626,74		05,604	,017	
Asd	21	Total liabilities (Part X, line 26)		3,152,28	38.	4,615	,909	
Fun	22	Net assets or fund balances. Subtract line 21 from line 20	1	02,474,45	56. 1	00,988	,108	
Pa	art II	Signature Block						
Un	der pei	nalties of perjury, I declare that I have examined this return, including accompanying schedules and state	ements, a	nd to the best o	f my knowle	dge and bel	ief, it is	
	e, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of which preparer h	as any kn	lowiedge.				
•								
Sig		Signature of officer		Date				
Не	re							
		Type or print name and title						
		Print/Type preparer's name Preparer's signature Date		Check	if PTIN			
Paic		AARON SHAPIRO		self-employ	red P01	333816		
	parer Only	Firm's name 🕨 BKD, LLP		Firm's EIN 🕨	44-0160	0260		
		Firm's address 🕨 1155 AVENUE OF THE AMERICAS #1200 NEW YORK, NY 10036		Phone no.	212.86	7.4000		
Мау	/ the I	RS discuss this return with the preparer shown above? (see instructions)			Х	Yes	No	

	• •	``	/ · · · · · · · · · · · · · · · · · · ·	
For Paperwork Red	uction Act Notice, see the separate	instructions.	Form 990 (2019)	i

For	n 990 (2019) Page
Pa	Int III Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III Z
1	TO SAVE AND ENHANCE THE LIVES OF NYC BOYS AND GIRLS WHO BY MEANS OF
	ECONOMIC AND/OR SOCIAL FACTORS ARE MOST IN NEED OF ITS SERVICES.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	prior Form 990 or 990-EZ? Yes X N 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?X Yes
	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 expenses. Section $501(c)(3)$ and $501(c)(4)$ organizations are required to report the amount of grants and allocations to othe
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$3,356,790. including grants of \$) (Revenue \$)
	HEALTHY LIFESTYLES: ENCOURAGES OUR MEMBERS TO ADOPT A HEALTHY DIET
	PRACTICE POSITIVE LIFESTYLE CHOICES AND MAKE A LIFELONG COMMITMENT
	TO FITNESS. MEMBERS PARTICIPATE IN DAILY FITNESS CHALLENGES, AND ENJOY A WIDE RANGE OF INTRAMURAL SPORTS ACTIVITIES IN THE CLUB
	GYMS, POOLS AND DANCE FACILITIES. THE CLUBS PROVIDE HEALTHY FOOD
	TO OUR MEMBERS EVERY DAY, HELP YOUNG PEOPLE MAKE NUTRITION AND
	WELLNESS HABITS A DAILY PRACTICE, AND EMPOWER YOUTH TO AVOID
	TOBACCO, ALCOHOL AND DRUGS. IN 2020, 4,829 MEMBERS PARTICIPATED IN
	OUR HEALTHY LIFESTYLES PROGRAMS AND 90% ENGAGED IN REGULAR PHYSICAL ACTIVITY
4b	(Code:) (Expenses \$1,820,186. including grants of \$) (Revenue \$)
	ATTACHMENT 1
4c	(Code:) (Expenses \$ 5,030,646. including grants of \$ 752,355.) (Revenue \$ 30,522.)
	ATTACHMENT 2
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
-	Total program service expenses ► 10,207,622.
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Farm 0	MADISON SQUARE BOYS & GIRLS CLUB, INC. 13-559	6792		2
Part	90 (2019) Checklist of Required Schedules		ŀ	Page 3
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
•	complete Schedule A.	1	X X	<u> </u>
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2	Λ	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	5		
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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? If			
_	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
8	the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes,"</i>	7		
0	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
-	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	<u> </u>
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"		Х	
h	<i>complete Schedule D, Part VI</i> Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	11a	Λ	
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			
Ū	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	L
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)? If "Yes," complete Schedule D, Part X	11f		X
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	4.0		v
h	Schedule D, Parts XI and XII. Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		X
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		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? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	4.0		х
17	assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		
17	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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-	90 (2019)		F	Page 4
Part	V Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		37	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated		v	
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			v
	through 24d and complete Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			37
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			х
	persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
_	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	20-		Х
L	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		х
20	"Yes," complete Schedule L, Part IV	28c 29	x	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization reducate, terminate, or dissolve and cease operations? If res, complete schedule N, Part P Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	51		
52	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
55	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
04	or IV, and Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	х	
Part		I		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 33			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0.			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		<u> </u>
JSA 9E1030	2.000	Form	990	(2019)
	2018NY V01B 8/13/2021 3:45:05 PM V 19-8.5F 1181375			

Text V Statements Regarding Other IRS Filings and Tax Compliance (continued) ver No 2a Ener the number of employees reported on Form W-3. Transmital of Wage and Tax. 2a 247 bit at least one is reported on line 2.a., did the organization file all required tederal employment tax returns. 2a 2a 3a Did the organization have uncelled business gross income of \$1,000 or more during the year?. 3a 3a bit Tyes, "has if field of Form 990-17 for thy year? If Mor'to line 3b, provide an explonation on Schedule 0. 3b 3a bit Tyes, "near the name of the toring noticity of Mor'to line 3b, provide an explonation on Schedule 0. 3b 3c bit Tyes, "near the name of the toring noticity of Mor'to line 3b, provide an explonation on Schedule 0. 3b 3c bit Tyes," and the during the calendar year. did the organization have schedule framedial account; business gross income a line acto and the tax year?. 4a xx bit Tyes," and the schere 3b, did the organization that it was or is a party to a prohibited tax schere transaction 3c, the organization schere anon transaction acto and the organization and year or tax deductible form 8886-77. 7b 7a x bit Tyes," did the organization include with every solicitation an express statement that such contributions of gifts were to tax deductible? 7a x bit Tyes," did the organization notity the doro of the value of the goods or services	Form	990 (2019)		Р	age 5
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 247 bit of teleschool is reported on line 2a, differed ending the year. 2a 247 bit of teleschool is reported on line 2a, differed feeral employment tax returns? 2b X Note: If the sum of lines ta and 2a is greater than 250, you may be required to e-file (see instructions). 3a X bit 1 Yes," has if filed a form 390-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0 3b 3b bit 1 Yes," has if filed a form 390-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0 3b 4 bit 1 Yes," has if filed a form 390-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0 3b 4 Su was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization nectwere not tax deductible excharables contributions or gifts were not tax deductible contributions at were received scheductible contributions and partly for goods at manual parts in receive a payment in exerses of \$75 made partly as a contribution and partly for goods at metal excharable part on the were schedule at the organization nectwere any to the wise dispose of tangible personal property for which it was required to file form 388.67 7c X bit If 'yes, 'idd th	Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
Statements, filed for the calendar year ending with or within the year covered by this return. 2a 247 247 Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>effe</i> (see instructions). 3a Xa 3b Xa 3b Xa 3b Xa 3b Xa 3b Xa Xa Xb 17 Yes, 'has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0				Yes	No
b if at least nois is reported on line 2a, did the organization file all required to afread employment tax returns? 2b X b if at least nois is reported on lines 5a, and 2a is greater than 250, you may be required to efficient employment tax returns? 2b X b if the sum of lines 5a and 2a is greater than 250, you may be required to efficient employment tax returns? 3b X 3b b if Yes, "has if field a form 300-T for the year? If 'No' to line 3b, provide an explanation on Schedule 0 3b 3b b if Yes, "has if field a form 300-T for the year? If 'No' to line 3b, provide an explanation on Schedule 0 3b 4 b if Yes, "has if field a form 300-T for the year? If 'No' to line 3b, provide an explanation or other financial account)? 4 X b If Yes, 'Inter the name of the foreign country is an interest in, or adjunct to or other financial Accounts (FBAR). 5a X b W any taxable party notify the organization file from 8886-T? 5a X 5b 5c 5c c B Dest the organization solid any contributions that were not tax doductible as chritabulans? 5a X 5b b If Yes, 'Id the organization notify the the organization and prevery solication and prevery for which it was not adductible as chritabulans. 7a X b If Yes, 'Id the organization notify the donor of the value of the godo serevices provide? 7a	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
b In each one of leptons of marks and 2s is greater than 250, you may be required to e-file Gee instructions) 3a 3a Did the organization have unrelated business gross income of \$1,000 or more during the year, 3a b If Yes, inst file a Form Solo Torin ty early if 'No' to line So, provide ar explanation on Schedule O 3a b If Yes, inst file a Form Solo Torin ty early if 'No' to line So, provide ar explanation are or other authority over, and an analy inter during the calendar year, did the organization have an interest in, or a signature or other authority over, and innocial accountly. X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? Sa c Did any taxable party notify the organization Bask and Event and Solo (00, 00, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). Ba Did any cancitation neally ever during the year. Cd Cd Did the organization neally explored of the year solicitation an express statement that such contributions or gifts were not tax deductible contributions under section 170(c). Ba Did the organization neally explored of the year solicitation and partly for goods and sarkdarg provided to the goor? Ta Y Organizations sele any tuxb, directly or indirectly, on a personal benefit contract? Ta <td></td> <td>Statements, filed for the calendar year ending with or within the year covered by this return 2a 247</td> <td></td> <td></td> <td></td>		Statements, filed for the calendar year ending with or within the year covered by this return 2a 247			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?. 3a X bif "yes," has it liked a Form 90-To this year? if "Not or bins a bank account, securities account, or other funncial account)? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other autority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X bif "yes," enter the name of the foreign country > See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bark and Francial Accounts (FBAR). 5a X bif dany taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c Se cit "yes' to line 5a or 5b, dit the organization infe Form 8868-77 Se Se Se cit "yes' to lar optication include with ever solicitation an express statement that such contributions or glifs were not tax deductible accharitable contributions and partly for goods and services provided to the payor? 7a X 7 Organization stat may receive deductible contributions and partly for goods and accouse a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7d X 7 U fif'yes,' did the organization actifyes or otherwise dispose of tangible personal property for which it was required to file form 8282? 7d X 7d 1f 'ye	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
a bit West, Substrate Usatilizes of USANDER O		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a x b If 'Yes, 'net the name of the foreign county ▶ See instructions for financial account? 5a X b U any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the sky as? 5a X b If 'Yes,' di the organization include with the very solicitation an express statement that such contributions? 5a X b If 'Yes,' di the organization include with every solicitation an express statement that such contributions of gits were not tax deductible contribution and party for goods and services provided to the pagor? 6b 7a X b If 'Yes,' did the organization neally the donor of the value of the goods or services provided to the pagor? 7b X c Did the organization receive a payment in excess of \$75 made party as a contribution and party for which it was required to life Form \$22? 7c X d If 'Yes,' did the organization neally directly or indirectly, or apersonal benefit contrad? 7f X d Did the organization neal year, pay premiums, directly or indirectly, or apersonal benefit contrad? 7f X d If 'Yes,' indicate the number of Forms \$228 lited during the year? 7d 1d <td< td=""><td>3a</td><td>Did the organization have unrelated business gross income of \$1,000 or more during the year?</td><td>3a</td><td></td><td>Х</td></td<>	3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
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excess parachute payment(s) during the year?			140		
If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	15		15		v
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O. Image: Complete Form 4720, Schedule C. Image: Complete Form 4720, Sche			15		A
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MADISON SQUARE BOYS & GIRLS CLUB, INC.

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 instruction	ns.
	Check if Schedule O contains a response or note to any line in this Part VI	Х
Section A	A. Governing Body and Management	

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 62			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 62			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			37
	one or more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,		v	
	stockholders, or persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	80	Х	
a	The governing body?	8a 8b	X	
b	Each committee with authority to act on behalf of the governing body?	00		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	-)	
		0000	Yes	No
102	Did the organization have local chapters, branches, or affiliates?	10a	Х	
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
~	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	160		х
-	with a taxable entity during the year?	16a		21
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	ion C. Disclosure	100		I
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright^{\rm MY}$,			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(900	tion F	01(~)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(380	0011 3	01(0)
	X Own website Another's website X Upon request Other (explain on Schedule O)			
10		f :to.		

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 ► JEFREY DOLD 250 BRADHURST AVENUE NEW YORK, NY 10039 212-760-9600

Page **7**

Part VII	Compensation Independent C			Directors,	Trustees,	Key	Employees,	Highest	Compe	nsated	Emp	loyees,	and
	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 Comple	ete this table for	all	nersons rea	nuired to be	listed Rep	ort co	mpensation fo	r the cale	ndar vear	ending	with	or withi	n the

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

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

(**a**)

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

(A) Name and the Name and the <th></th> <th></th> <th colspan="6">(C)</th> <th></th> <th></th> <th></th>			(C)								
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(7) VICTOR F. GANZI 1.00 x x 0. <td>(6) KENDRA WILSON</td> <td>35.00</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	(6) KENDRA WILSON	35.00									
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CO-PRESIDENT .25 X X 0.		.25	Х		Х				0.	0.	0.
(14) RICHARD EADDY 1.00	<u>, , , , , , , , , , , , , , , , , , , </u>										
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CO-PRESIDENT 0. X X 0.	<u></u>										
	CO-PRESIDENT	0.	Х		Х				0.	0.	0.

JSA

Form 990 (2019)

	(A)	(D)			10	2)				(E)		(E)
	(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unles er and	Pos neck is pe	more erson	e than o is both or/trust. Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportat compensatio related organizati (W-2/1099-1	n from I ons	(F) Estimated amount of other compensation from the organization and related organizations
15) JOSEPH GANTZ	1.00		ee			sated					
	VICE PRESIDENT	0.	x		Х				0.		0.	
16) JOHN BINNIE	1.00	- 21		21				0.	•	0.	
	TREASURER/SEC (THROUGH 8/31)	.25	Х		Х				0.		0.	
17) NICHOLAS F. TOMMASINO	1.00										
	TREASURER/SEC (STARTED 9/1)	0.	Х		Х				0.		0.	
18) FRANK FORTINO	1.00										
_	DIRECTOR	0.	X						0.		0.	
19) PATRICK GALLAGHER	1.00										
	DIRECTOR	0.	Х						0.		0.	
20) DANIEL L. MOSLEY	1.00										
	DIRECTOR	0.	Х						0.		0.	
21) GINA BRUZZICHESI	1.00										
	DIRECTOR	0.	Х						0.		0.	
22) BRIAN HOESTEREY	1.00										
	DIRECTOR	0.	Х						0.		0.	
23) KENNETH B. MARLIN	1.00										
	DIRECTOR	0.	Х						0.		0.	
24) RONALD PORTER	1.00										
	DIRECTOR	0.	Х						0.		0.	
25) ADAM L. REEDER	1.00										
	DIRECTOR	0.	Х						0.		0.	
11	Sub-total							►	1,149,273.		0.	288,856
	: Total from continuation sheets to Part VII, S	ection A						►	0.		0.	C
(Total (add lines 1b and 1c)								1,149,273.		0.	288,856
2	Total number of individuals (including but not reportable compensation from the organization		hose 6		d al	bove	e) who	o re	ceived more than	\$100,000 o	f	
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											Yes No 3 X
4	For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	0,00	00?	If	"Yes	;," (complete Schedu	le J for s	uch	4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5 X
	ection B. Independent Contractors											
1	Complete this table for your five highest com compensation from the organization. Report c year.											
									(B)			

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 5

Name and tille Average werk (till any box, unless person is both and organization their and affector/metal affector/metal affector/metal expansion and affector/metal affector/metal expansion and affector/metal affector/metal expansion and affector/metal affector/metal affector/metal expansion affector/metal affector/metal affector/metal affector/metal affector/metal expansion affector/metal affector/met	Part VII Section A. Officers, Director (A)	(B)			(0				(D)	(E)		(F)	
hours jer week (in the check more than the bours for integratications) idea rad a direct of trustee) integratications (integratications) integratications (integratications) (V-2/1099-MISC) integratication (V-2/1099-MISC) amount organizations (V-2/1099-MISC) amount organizations (V-2/1099-MISC) amount organizations (V-2/1099-MISC) amount organizations (V-2/1099-MISC) amount organizations (V-2/1099-MISC) amount organizations (V-2/1099-MISC) amount organizations (V-2/1099-MISC) amount organizations (V-2/1099-MISC) 26) JOHN H. STARR 1.00 0. X 0.0.0. 0.0.0. 27) BARBARA A. TAYLOR 0.00 0. X 0.0.0. 0.0.0. 27) BARBARA A. TAYLOR 0.00 0.0.0. X 0.0.0.0. 0.0.0. 28) LEO P. ARNABOLDI III DIRECTOR 0.0.0.0.0.0.0.0.0. X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.											E٤		
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related									from	related			
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30) POPPY HARLOW 1.00 0. X 0. 0. DIRECTOR 0. X 0. 0. 0. 31) DAN DONNELLY 1.00 0. X 0. 0. DIRECTOR 0. X 0. 0. 0. 32) WILLIAM FEEHAN 1.00 0. X 0. 0. DIRECTOR 0. X 0. 0. 0. 33) KEITH FLEISCHMAN 1.00 0. 0. 0. DIRECTOR 0. X 0. 0. 0. 34) THOMAS FORTIN 1.00 0. 0. 0. DIRECTOR 0. X 0. 0. 0. 35) STEPHEN GALLUCCI 1.00 0. 0. 0. DIRECTOR 0. X 0. 0. 0. Cotal from continuation sheets to Part VII, Section A • 0. 0. Cotal (add lines 1b and 1c) 0. 0. 0. 0.			x						0	0.			
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31) DAN DONNELLY 1.00 x 0 0. 32) WILLIAM FEEHAN 1.00 x 0 0. 32) WILLIAM FEEHAN 1.00 x 0 0. 33) KEITH FLEISCHMAN 1.00 x 0 0. 34) THOMAS FORTIN 0.0 x 0 0. DIRECTOR 0. x 0 0. 0. 35) STEPHEN GALLUCCI 1.00 x 0 0. DIRECTOR 0. x 0 0. 0. 36) ROBBIN MELE GAUDIERI 1.00 x 0 0. DIRECTOR 0. x 0 0. 0. DIRECTOR 0. x 0 0. 0. 36) ROBBIN MELE GAUDIERI 1.00 x 0.0 0. DIRECTOR 0. x 0.0 0. 0. 0. d Total (add lines 1b and 1c)			x						0	0			
DIRECTOR 0. X 0. 0. 32) WILLIAM FEEHAN 1.00 0. 0. 0. DIRECTOR 0. X 0. 0. 33) KEITH FLEISCHMAN 1.00 0. 0. 0. DIRECTOR 0. X 0. 0. 34) THOMAS FORTIN 1.00 0. 0. 0. DIRECTOR 0. X 0. 0. 35) STEPHEN GALLUCCI 1.00 0. 0. 0. DIRECTOR 0. X 0. 0. 36) ROBBIN MELE GAUDIERI 1.00 X 0. 0. DIRECTOR 0. X 0. 0. DIRECTOR 0. X 0. 0. 36) ROBBIN MELE GAUDIERI 1.00 X 0. 0. DIRECTOR 0. X 0. 0. 0. C Total from continuation sheets to Part VII, Section A 0. 0. 0. 0. 2 Total (add lines 1b and 1c) 0. 0. 0. 0. 0. <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>0</td> <td></td> <td></td> <td></td> <td></td>									0				
32) WILLIAM FEEHAN 1.00 x 0.0.0. 33) KEITH FLEISCHMAN 1.00 0.0.0. 34) THOMAS FORTIN 1.00 0.0.0. 34) THOMAS FORTIN 1.00 0.0.0. 35) STEPHEN GALLUCCI 1.00 0.0.0. DIRECTOR 0.X 0.0.0. 36) ROBBIN MELE GAUDIERI 1.00 0.0.0. DIRECTOR 0.X 0.0.0. 36) ROBBIN MELE GAUDIERI 1.00 0.0.0. DIRECTOR 0.X 0.0.0. 36) ROBBIN MELE GAUDIERI 1.00 0.0.0. DIRECTOR 0.X 0.0.0. 37 Total from continuation sheets to Part VII, Section A 0.0.0. C Total from continuation sheets to Part VII, Section A 0.0.0. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 6 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated			v						0	0			
DIRECTOR 0. X 0. 0. 33) KEITH FLEISCHMAN 1.00 0. 0. 0. 34) THOMAS FORTIN 1.00 0. 0. 0. 34) THOMAS FORTIN 1.00 0. 0. 0. 35) STEPHEN GALLUCCI 1.00 0. 0. 0. 36) ROBBIN MELE GAUDIERI 1.00 0. 0. 0. 36) ROBBIN MELE GAUDIERI 0. 0. 0. 0. 36) ROBBIN MELE GAUDIERI 0. 0. 0. 0. 10 DIRECTOR 0. X 0. 0. 0. 36) ROBBIN MELE GAUDIERI 1.00 0. 0. 0. 0. 10 DIRECTOR 0. X 0. 0. 0. 0. 2 Total from continuation sheets to Part VII, Section A 0. 0. 0. 0. 0. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization list any former officer, director, or trustee, key employee, or highest compensated Yes									0				
33) KEITH FLEISCHMAN 1.00 0.0. DIRECTOR 0.0. 0.0. 34) THOMAS FORTIN 1.00 0.0. DIRECTOR 0.0. 0.0. 35) STEPHEN GALLUCCI 1.00 0.0. DIRECTOR 0.0. 0.0. 36) ROBBIN MELE GAUDIERI 1.00 0.0. DIRECTOR 0.0. 0.0. 36) ROBBIN MELE GAUDIERI 1.00 0.0. DIRECTOR 0.0. 0.0. 36) ROBBIN MELE GAUDIERI 1.00 0.0. DIRECTOR 0.0. 0.0. 2 Total from continuation sheets to Part VII, Section A. 0.0. d Total (add lines 1b and 1c). 0.0. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 6 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated Yes			v						0	0			
DIRECTOR 0. X 0. 0. 34) THOMAS FORTIN 1.00 0. 0. 0. DIRECTOR 0. X 0. 0. 35) STEPHEN GALLUCCI 1.00 0. 0. 0. JIRECTOR 0. X 0. 0. 0. 36) ROBBIN MELE GAUDIERI 1.00 0. 0. 0. 0. JIRECTOR 0. X 0. 0. 0. 0. 36) ROBBIN MELE GAUDIERI 1.00 0. 0. 0. 0. 0. DIRECTOR 0. X 0. 0. 0. 0. 0. 0. 1b Sub-total 0. 0. 0. 0. 0. 0. 0. 0. c Total from continuation sheets to Part VII, Section A • • 0. <									0				
34) THOMAS FORTIN 1.00 0. X 0. 0. DIRECTOR 0. X 0. 0. 0. 35) STEPHEN GALLUCCI 1.00 0. 0. 0. DIRECTOR 0. X 0. 0. 0. 36) ROBBIN MELE GAUDIERI 1.00 0. 0. 0. DIRECTOR 0. X 0. 0. 0. 36) ROBBIN MELE GAUDIERI 1.00 0. 0. 0. DIRECTOR 0. X 0. 0. 0. 1b Sub-total 0. 0. 0. 0. c Total from continuation sheets to Part VII, Section A > > d Total (add lines 1b and 1c) 6 > 100,000 of reportable compensation from the organization > 6 Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated Yes			v						0	0			
DIRECTOR 0. X 0. 0. 0. 35) STEPHEN GALLUCCI 1.00 0. 0. 0. 0. DIRECTOR 0. X 0. 0. 0. 0. 36) ROBBIN MELE GAUDIERI 1.00 0. 0. 0. 0. 0. DIRECTOR 0. X 0. 0. 0. 0. 0. 36) ROBBIN MELE GAUDIERI 1.00 0. 0. 0. 0. 0. DIRECTOR 0. X 0. 0. 0. 0. 0. 1b Sub-total 0. 0. 0. 0. 0. 0. 0. c Total from continuation sheets to Part VII, Section A > 0. 0. 0. 0. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 6 Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated 1			~						0	0.			
35) STEPHEN GALLUCCI 1.00 0. 0. DIRECTOR 0. X 0. 0. 0. 0. 36) ROBBIN MELE GAUDIERI 1.00 0. 0. DIRECTOR 0. X 0. 0. 0. 0. 1b Sub-total 0. 0. 0. 0. c Total from continuation sheets to Part VII, Section A 0. 0. 0. d Total (add lines 1b and 1c) 0. 0. 0. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 6 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated Yes			v						0	0			
DIRECTOR 0. X 0. 0. 36) ROBBIN MELE GAUDIERI 1.00 0. 0. DIRECTOR 0. X 0. 0. 1b Sub-total 0. 0. 0. 0. c Total from continuation sheets to Part VII, Section A 0. 0. d Total (add lines 1b and 1c) 0. 0. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 6 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated Yes									0	. 0.			
36) ROBBIN MELE GAUDIERI 1.00 0.0.0. DIRECTOR 0.0.0. 0.0.0. 1b Sub-total 0.0.0. c Total from continuation sheets to Part VII, Section A 0.0.0. d Total (add lines 1b and 1c) 0.0.00. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 6 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated Yes			37						0	0			
DIRECTOR 0. X 0. 0. 0. 1b Sub-total 0. 0. 0. 0. 0. c Total from continuation sheets to Part VII, Section A > 0. 0. 0. d Total (add lines 1b and 1c) > > 0. 0. 0. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization > 6 Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated Yes			X						0	. 0.			
1b Sub-total > 0. 0. c Total from continuation sheets to Part VII, Section A > > 0. d Total (add lines 1b and 1c) > > 0. 0. 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 6 Yes 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated Yes		+											
c Total from continuation sheets to Part VII, Section A ▶ Image: Content of the system of the	DIRECTOR	0.	Х										
d Total (add lines 1b and 1c) ▶ ■ 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 6 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated Yes	1b Sub-total								0.	0.			C
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 6 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated		<i>,</i> .											
reportable compensation from the organization ▶ 6 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated Yes	· · · ·				• •	• •							
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated					d at	oove	e) who	o re	ceived more than	\$100,000 of			
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated												Yes	No
	3 Did the organization list any former	officer directo	or or	tri	ister	ے ا	kev e	مسر	lovee or highes	t compensated			
											3		Х
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the											-		
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such	5	0									4	X	
				• •	• • •	• •		• •				<u> </u>	_

for services rendered to the organization? *If "Yes," complete Schedule J for such person* **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received	

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Form	990	(2019)	

Γ¢	rt VII Section A. Officers, Directors, Tru	istees, Ke	y En	plo	yee	es, a	and F	ligi	nest Compensat	ed Employees (c	ontinued	<i>1)</i>	
	(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unless	s per	tion more son i	than o is both pr/truste	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	Esti amo o	(F) mated ount of ther ensatio	 า
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	fro orga and	m the nization related nizations	
37	JOHN GELB	1.00											
	DIRECTOR	0.	Х						0.	0.			
38	DAVID J. GOLDRING	1.00											
	DIRECTOR	0.	Х						0.	0.			
39	JOHN MCDONOUGH	1.00											
	DIRECTOR	0.	Х						0.	0.			
0		1.00	-										
	DIRECTOR	0.	Х						0.	0.			
1	JOSHUA NOVAK	1.00											
	DIRECTOR	0.	Х						0.	0.			
2	DAVID J. PECKER	1.00											
	DIRECTOR	0.	Х						0.	0.			
3	MATTHEW PETERSEN	1.00											
	DIRECTOR	0.	Х						0.	0.			
4	MICHAEL PUGH	1.00											
	DIRECTOR	0.	Х						0.	0.			
5	BARRY RODRIGUES	1.00											
	DIRECTOR	0.	Х						0.	0.			
6	MAURO C. ROMITA	1.00											
	DIRECTOR	0.	Х						0.	0.			
7	NICK RUDD	1.00											
	DIRECTOR	0.	Х						0.	0.			
C	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)								0.	0.			
2	Total number of individuals (including but not reportable compensation from the organization		hose 6	-	d ab	ove	e) who	o re	ceived more than	\$100,000 of		Yes	N
3	Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu										3	163	X
4	For any individual listed on line 1a, is the sorganization and related organizations graindividual	eater than	\$15	60,00)0?	lf	"Yes	," (complete Schedu	sation from the le J for such	4	X	
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue col	mpen	satio	on fr	rom	any	uni	related organization		5		Х
	ction B. Independent Contractors												
1	Complete this table for your five highest com compensation from the organization. Report c												

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►		

	(A) Name and title	(B) Average hours per week (list any hours for	box, office	not ch unless er and	s per a di	ition more rson	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reporta compensatio relate organizat	on from d	(F) Estimated amount of other compensation
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-	MISC)	from the organization and related organizations
48)	MITCHELL SCHERZER DIRECTOR	1.00	x						0.		0.	
10)	PETER SERPICO	1.00			_				0.	•	0.	
	DIRECTOR	0.	x						0		0.	
50)	JERRY M. SESLOWE	1.00			_				0.	•	0.	
	DIRECTOR	0.	x						0		ο.	
(1)	PETER SCHEMAN	1.00			_					•	0.	
	DIRECTOR	0.	x						0		ο.	
2)	NATHAN SLEEPER	1.00			_					•	0.	
	DIRECTOR	0.	x						0		ο.	
3)	ELIZABETH VELEZ	1.00										
	DIRECTOR	0.	x						0		ο.	
4)	JEFFREY VOLLING	1.00										
	DIRECTOR	.25	x						0		ο.	
5)	ROY WEATHERS	1.00			_					•	0.	
	DIRECTOR	0.	x						0		ο.	
6)	SEAN WOODROFFE	1.00								•		
	DIRECTOR	0.	x						0		ο.	
7)	FRED ARGIR	1.00										
	DIRECTOR	0.	x						0		ο.	
8)	HEATHER BELLINI	1.00										
	DIRECTOR	0.	x						0		ο.	
		0.						L	0.	•	0.	
С	Sub-total Total from continuation sheets to Part VII, S Total (add lines 1b and 1c)						· · ·					
2	Total number of individuals (including but not reportable compensation from the organization		hose (d ab	ove	e) who	o re	ceived more than	\$100,000 (of	
3	Did the organization list any former office employee on line 1a? If "Yes," complete Sched											Yes N 3 ♪
4	For any individual listed on line 1a, is the organization and related organizations gr individual	eater than	\$15	0,00)0?	lf	"Yes	s," (nd other compens complete Schedu	sation from le J for s	the such	4 X
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Y											5 2
Se	ction B. Independent Contractors											
1	Complete this table for your five highest con compensation from the organization. Report year.											
	(A)								(B) Description of se		Cc	(C)

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

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	rt VII Section A. Officers, Directors, T		<u></u>								
	(A) Name and title	(B) Average hours per week (list any hours for	box, office	unles er and	ss per d a di	tion more rson irect	e than o is both or/trust	an ee)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
59	KEITH E. DURST DIRECTOR	1.00	x						0	0.	
60	STEVEN S. ELBAUM	1.00									
	DIRECTOR	0.	x						0	0.	
51	T. KENNETH FARRELL	1.00							0		
	DIRECTOR		x						0	0.	
:2	STUART LEMPERT	1.00							0.		
	DIRECTOR	0.	v						0	0.	
			X						0.	. 0.	
	FRED PICCIRILLO	1.00							0		
	DIRECTOR	0.	X						0.	0.	
4	VANESSA TOUMA	1.00									
	DIRECTOR	.25	X						0.	. 0.	
55	JARRETT TURNER	1.00							_		
	DIRECTOR	0.	Х						0 .	0.	
6	DAVID FIELDS	1.00									
	DIRECTOR	0.	Х						0 .	0.	
57	PATRICK GADSON	1.00									
	DIRECTOR	0.	Х						0 .	0.	
8	KENNETH HALCOM	1.00									
	DIRECTOR	0.	X						0.	0.	
59	JUSTIN NUNEZ	1.00									
	DIRECTOR	0.	Х						0.	0.	
1b	Sub-total								0.	0.	
	Total from continuation sheets to Part VII,	Section A	• • •	• •		• •	• • •	5			
	Total (add lines 1b and 1c)							5			
2	Total number of individuals (including but no								ceived more than	\$100.000 of	
-	reportable compensation from the organizati			5	uu		<i>,</i> , , , , , , , , , , , , , , , , , ,	, 10		¢100,000 01	
				-							Yes N
2	Did the experimetion list any former off	ioor dirooto		4		~ 1			loves or highest	t componented	
3	Did the organization list any former off employee on line 1a? If "Yes," complete Sche										3 2
4	For any individual listed on line 1a, is the	sum of rer	ortah	le c	nm	nen	sation	ງຊາ	nd other company	sation from the	
-	organization and related organizations of	reater than	\$15	50.0	00?	lf	"Yes	." i	complete Schedu	le J for such	
	individual										4 X
5	Did any person listed on line 1a receive of										
	for services rendered to the organization? If '										5 Z
	ction B. Independent Contractors	,					20.011	12.21			

compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received	

Form 990 (2019)

Part VIII Statement of Revenue

		Check if Schedule O co	ontains a respor	se or note to any	v line in this Part V	/		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
រ រ	1a	Federated campaigns	1a	59.				
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
۵, G	с	Fundraising events		2,430,647.				
ifts ar A	d	Related organizations						
nila	е	Government grants (contribu		1,493,373.				
Sins	f	All other contributions, gifts,						
er utio		and similar amounts not include	d above . 1f	3,838,119.				
Į Į Į	g	Noncash contributions inclue	ded in					
d		lines 1a-1f.		\$ 473,968.				
ສັບັ	h	Total. Add lines 1a-1f		.	7,762,198.			
				Business Code				
<u>ice</u>	2a	CAMPING/PROGRAM FEES		713990	23,294.	23,294.		
Program Service Revenue	b	MEMBERSHIP DUES		900099	7,228.	7,228.		
ן Sc	c							
ran	d							
6 B	е							
5	f	All other program service rev	enue					
	g	Total. Add lines 2a-2f		<u></u> ▶	30,522.			
	3	Investment income (inclue	ding dividends,	interest, and				
		other similar amounts)		▶	986,413.			986,413.
	4	Income from investment of	tax-exempt bond	proceeds . ►	0.			
	5	Royalties			0.			
			(i) Real	(ii) Personal				
	6a	Gross rents 6a	13,700.					
	b	Less: rental expenses 6b	13,700.					
	c	Rental income or (loss) 6c						
	d	Net rental income or (loss) .			0.			
	7a	Gross amount from	(i) Securities	(ii) Other				
		sales of assets						
		other than inventory 7a	4,838,787.					
one	b	Less: cost or other basis	0 040 541					
evenue		and sales expenses 7b	2,043,541.					
2		Gain or (loss) 7c	2,795,246.		2 705 245			2,795,245.
Other	d	Net gain or (loss)		•••••	2,795,245.			2,795,245.
đ	8a		undraising					
-			2,430,647.					
		of contributions reported		338,512.				
		1c). See Part IV, line 18		509,495.				
	b c	Less: direct expenses Net income or (loss) from fu			-170,983.			-170,983.
			_		11075031			1,0,000
	9a	Gross income from activities. See Part IV, line 19	gaming 9a	0.				
	b	Less: direct expenses		0.				
	c	Net income or (loss) from g			0.			
	10a	Gross sales of invento	-					
	lua	returns and allowances		0.				
	ь	Less: cost of goods sold		0.				
	c b	Net income or (loss) from sal		· · · · · · • •	0.			
s		× -		Business Code				
e sou	11a							
an€ ≱nu	b							
eve	c							
Miscellaneous Revenue	d	All other revenue						
2	e	Total. Add lines 11a-11d	<u></u> .		0.			
	12	Total revenue. See instructio	ns		11,403,395.	30,522.		3,610,675.

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 (C) Management and (A) Total expenses (B) Program service (D) Fundraising Do not include amounts reported on lines 6b. 7b. 8b. 9b. and 10b of Part VIII. general expenses expenses expenses 1 Grants and other assistance to domestic organizations 700,000 700,000 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 52,355 52,355 individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign 0 individuals. See Part IV, lines 15 and 16 Ο 4 Benefits paid to or for members 5 Compensation of current officers, directors, 1,249,727. 420,990. 373,973. 454,764. trustees, and key employees 6 Compensation not included above to disgualified persons (as defined under section 4958(f)(1)) and 0 persons described in section 4958(c)(3)(B) 5,250,556. 4,306,146. 429,905 514,505. 7 Other salaries and wages 8 Pension plan accruals and contributions (include 404,013. 339,386. 29,282 35,345. section 401(k) and 403(b) employer contributions) 1,028,390 817,716. 88,312 122,362. 9 Other employee benefits 326,117. 51,101. 62,477. 439,695. 10 Payroll taxes 11 Fees for services (nonemployees): 0 a Management 1,937,583. 1,937,583 b Legal 95,920 95,920. c Accounting 0 d Lobbying 0 e Professional fundraising services. See Part IV, line 17 370,744. 370,744 f Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column 264,371 211,124. 7,307 45,940. (A) amount, list line 11g expenses on Schedule O.) 0 12 Advertising and promotion 831,997. 578,045. 238,756 15,196. 13 Office expenses 0 14 Information technology 0 15 Royalties 658,356. 546,199. 112,157. Occupancy 16 26,246. 25,643. 418 185. 17 Travel Payments of travel or entertainment expenses 18 0 for any federal, state, or local public officials 33,152. 21,894 6,543 4,715. 19 Conferences, conventions, and meetings 28,071. 28,071. Interest 20 0 21 Payments to affiliates 1,815,564. 1,633,382. 96,683 85,499. Depreciation, depletion, and amortization 22 390,991. 228,625. 162,283. 83. 23 Insurance 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) aBAD DEBT 98,766. 98,766. b С d e All other expenses 15,676,497. 10,207,622. 4,015,647. 1,453,228. 25 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the 26 organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if

0

1181375

following SOP 98-2 (ASC 958-720)

Form 990 (2019)

Page	1	1
Page	1	1

	Check if Schedule O contains a response or note to any line in this Pa			<u> </u>
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	453,997.	1	923,160
2	Savings and temporary cash investments.	236,952.	2	846,787
3	Pledges and grants receivable, net	9,406,385.	3	6,531,700
4	Accounts receivable, net.	262,529.	4	171,033
5	Loans and other receivables from any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0.	5	
6	Loans and other receivables from other disqualified persons (as defined			
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	
7	Notes and loans receivable, net	25,548,800.	7	25,548,800
8	Inventories for sale or use	0.	8	
9	Prepaid expenses and deferred charges	193,502.	9	257,17
-	Land, buildings, and equipment: cost or other		-	
	basis. Complete Part VI of Schedule D 10a 24,060,402.			
Ь	Less: accumulated depreciation	9,881,388.	10c	9,303,66
11	Investments - publicly traded securities.		11	59,701,38
12	Investments - other securities. See Part IV, line 11		12	
13	Investments - program-related. See Part IV, line 11.		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11	0.005.551	15	2,320,31
16	Total assets. Add lines 1 through 15 (must equal line 33)	105 606 844	16	105,604,01
17			17	1,392,20
	Accounts payable and accrued expenses		18	1,352,20
18	Grants payable		19	122,56
19	Deferred revenue.		-	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0.	21	
22	Loans and other payables to any current or former officer, director,			
22	trustee, key employee, creator or founder, substantial contributor, or 35%	0		
	controlled entity or family member of any of these persons		22	881,36
23	Secured mortgages and notes payable to unrelated third parties	-	23	
24	Unsecured notes and loans payable to unrelated third parties	0.	24	2,178,95
25	Other liabilities (including federal income tax, payables to related third			
	parties, and other liabilities not included on lines 17-24). Complete Part X	72 210	_	40.00
	of Schedule D	0 1 5 0 0 0 0	25	40,82
26	Total liabilities. Add lines 17 through 25	3,152,288.	26	4,615,90
	Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	52,658,785.	27	48,148,73
28	Net assets with donor restrictions.	49,815,671.	28	52,839,37
27 28 29 30 31 32	Organizations that do not follow FASB ASC 958, check here ► and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
	Retained earnings, endowment, accumulated income, or other funds.		30	
21			31	
31 32	Total net assets or fund balances		32	100,988,10

Form **990** (2019)

MADISON	SQUARE	BOYS	&	GIRLS	CLUB,	INC.	
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Form 99	90 (2019)				Pa	ge 12
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			03,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2			76,4	
3	Revenue less expenses. Subtract line 2 from line 1	3			73,1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10			156.
5	Net unrealized gains (losses) on investments	5		3,6	63,1	
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O).	9		-8	76,3	354.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	10)0,9	88,1	_08.
Part						
	Check if Schedule O contains a response or note to any line in this Part XII					
			ſ		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were con	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				х	
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	na			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	•		0.	х	
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	Λ	
	If the organization changed either its oversight process or selection process during the tax year, e.	kplain	on			
-	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	rth in t	the	3a	x	
	Single Audit Act and OMB Circular A-133?			Ja	- 22	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	•		3b	х	
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		วม		L

Form **990** (2019)

SCHEDULE A
(Form 990 or 990-EZ)

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.

OMB No. 1545-0047 2

		t of the Treasury /enue Service	,	► Go to www.irs.go	v/Form990 for instruction	ons and t	he latest i	nformation.	Inspection
Nam	e of the	e organization	•					Employer identifi	cation number
-				RLS CLUB, INC				13-55967	-
Pa					organizations must o			/	
			-		t is: (For lines 1 throug	-	-		
1					tion of churches desc				
2 3					. (Attach Schedule E organization described	-			
3 4			-		conjunction with a host				(iii) Entor the
4		hospital's nan	•			spilai ue	Scribeu li		
5					a college or universit	vowne	d or ope	rated by a governme	ental unit described in
•		-	-	Complete Part II.)		.,	p.	inalica by a gereinine	
6					rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7			-	-			-		om the general public
		-		(1)(A)(vi). (Comp					. .
8		A community	trust describe	ed in section 170(I	b)(1)(A)(vi). (Complete	e Part II.)			
9		An agricultura	I research or	ganization describ	ed in section 170(b)(1)(A)(ix)	operated	I in conjunction with a	land-grant college
		or university o	or a non-land-	grant college of a	griculture (see instruct	ions). E	nter the	name, city, and state o	f the college or
		university:							
10 11		receipts from support from acquired by th	activities rela gross investm ne organizatio	ted to its exempt the time to its exempt to the time and un after June 30, 1	ore than 331/3 % of its functions - subject to nrelated business tax 975. See section 509 usively to test for publi	certain e able inco (a)(2). (0	exception ome (lese Complete	s, and (2) no more tha s section 511 tax) from e Part III.)	n 331/3% of its
12		•	•		•				arry out the purposes
		of one or mo	re publicly su	pported organizat	ions described in sec	tion 509	(a)(1) or	• section 509(a)(2). S	ee section 509(a)(3).
		Check the boy	in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete lin	nes 12e, 12f, and 12g.
а		Type I. A su	upporting orga	anization operated	l, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the support	ed organizatio	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
	_	_ supporting of	organization.	You must complet	te Part IV, Sections A	and B.			
b		Type II. A s	upporting org	anization supervis	ed or controlled in co	nnectior	n with its	supported organization	on(s), by having
		control or m	nanagement o	of the supporting o	organization vested in	the sam	e persor	ns that control or man	age the supported
		-		-	, Sections A and C.				
С				- · ·	ng organization opera				lly integrated with,
			-		ns). You must comple				
d			-		porting organization of	-			
			•	• •	nization generally mus				d an attentiveness
					omplete Part IV, Sect				
е			-		a written determinatio				і, туре ш
f	Ent				tionally integrated sup		organizai	lion.	
g				-	orted organization(s).				•••••
9		me of supported		(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	()		- 3	(,	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
					above (see instructions))	docu Yes	ment? No	instructions)	instructions)
(A)									
(B)									
(C)									
(D)									
(E)									
Tota	al								
		work Reduction 4	ct Notice. see th	e Instructions for Forn	990 or 990-EZ.			Schedule A	(Form 990 or 990-EZ) 2019

Page 2

Schedule A (Form 990 or 990-EZ) 2019

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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,292,553.	13,178,598.	9,979,282.	7,709,922.	7,762,198.	51,922,553.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	13,292,553.	13,178,598.	9,979,282.	7,709,922.	7,762,198.	51,922,553.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						8,604,955.
6	Public support. Subtract line 5 from line 4						43,317,598.
	tion B. Total Support ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(a) 2017	(d) 2018	(a) 2010	
		(a) 2015 13,292,553.	(B) 2016 13,178,598.	(c) 2017 9,979,282.	(d) 2018 7,709,922.	(e) 2019 7,762,198.	(f) Total 51,922,553.
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	494,756.	731,247.	902,063.	1,191,815.	986,413.	4,306,294.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						56,228,847.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	815,430.
13	First five years. If the Form 990 is for organization, check this box and stop here.	<u> </u>		d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ▶
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2019 (lin	ne 6, column (f)	divided by line	11, column (f)).		14	77.04 %
15	Public support percentage from 2018					15	73.58%
16a	331/3% support test - 2019. If the org	ganization did n	ot check the box	x on line 13, ar	nd line 14 is 33	1/3 % or more, c	
	box and stop here. The organization qu						
b	331/3% support test - 2018. If the org						
	this box and stop here. The organization			-			
17a	10%-facts-and-circumstances test - 2	-					
	10% or more, and if the organization					-	
	Part VI how the organization meets t			-	-		
	organization						
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the orga						•
	Explain in Part VI how the organization				-		
	supported organization						
18	Private foundation. If the organization						
	instructions						<u> ► ∟</u>

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019

 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.)

Sec	tion A. Public Support				-	-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
12	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f	or the organiza	tion's first, seco	nd. third. fourth	, or fifth tax v	ear as a section	501(c)(3)
•••	organization, check this box and stop here	0	,	, ,			
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2019 (line 8		-	ımn (f))		15	%
16	Public support percentage from 2018 Sche	edule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investmen					-	
17	Investment income percentage for 2019 (li			13, column (f))		17	%
18	Investment income percentage from 2018					18	%
	331/3% support tests - 2019. If the or						
	17 is not more than 331/3%, check th	-					
b	331/3% support tests - 2018. If the org		-				
2	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•	0 1			
JSA						Schedule A (Form 9	
9E122	11.000 2018NY V01B 8/13/2021 3	:45:05 PM	V 19-8.5F	' 1	181375	-	-

Page 4

Yes No

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

10b Schedule A (Form 990 or 990-EZ) 2019

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	ule A (Form 990 or 990-EZ) 2019			Page 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b		11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If</i> "Yes," <i>explain in</i> Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	Yes	No
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>			
Cast		3		L
-	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	uns).	
a b	The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		- (!)	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	e instruc		
2	Activities Test. Answer (a) and (b) below.		Yes	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			

- reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer (a) and (b) below.
 - Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or а trustees of each of the supported organizations? Provide details in Part VI.
 - b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

2b

3a

Page 6 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 1 Net short-term capital gain 2 Recoveries of prior-year distributions 2 3 3 Other gross income (see instructions) 4 Add lines 1 through 3. 4 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior 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): 1a a Average monthly value of securities 1b b Average monthly cash balances c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 6 Multiply line 5 by .035. 7 7 Recoveries of prior-year distributions 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year 1 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 4 Enter greater of line 2 or line 3. 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

6

	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		ourrent real
2	Amounts paid to perform activity that directly furthers exen		ed	
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
•	(provide details in Part VI). See instructions.	ine erganization ie reep		
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
			(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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.)

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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

OMB No. 1545-0047

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

Employer identification number

MADISON SQUARE BOYS & GIRLS CLUB, INC.

13-5596792

Organization type (check one):

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

1181375

art I Contri	butors (see instructions). Use duplicate cop		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u> </u>		\$175,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$480,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$176,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$514,142.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$600,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
Io.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$165,448.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$219,964.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
Io.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
Io.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
a)	(b)	(c)	(d)
Io.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

Schedule	B (Forr	n 990	, 990-EZ,	or 990-P	F) (2019)		

Name of organization MADISON SQUARE BOYS & GIRLS CLUB, INC.

Employer identification number 13-5596792

Part II	Noncash Property (see instructions). Use duplicate copies of	Part II if additional space is nee	eded.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_ _ _ _ \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
		\$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

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JSA

Schedule B (Form 990, 9	990-EZ, or 990-F	PF) (2019)						Page 4
Name of organization	MADISON	SQUARE	BOYS	&	GIRLS	CLUB,	INC.	Employer identification number

Part III	Exclusively religious, charitable, etc. (10) that total more than \$1,000 for the following line entry. For organizati contributions of \$1,000 or less for the Use duplicate copies of Part III if additi	the year from any c ons completing Part e year. (Enter this inf	one contributor. C III, enter the total o ormation once. Se	Complete columns (a) through (e) and of <i>exclusively</i> religious, charitable, etc.,		
(a) No. from Part I	(b) Purpose of gift	(c) Use c		(d) Description of how gift is held		
		(e) Transfe	r of gift			
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use c	f gift	(d) Description of how gift is held		
	Transferee's name, address, ar	(e) Transfe nd ZIP + 4		nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use c	f gift	(d) Description of how gift is held		
		(e) Transfe	fer of gift			
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use c	f gift	(d) Description of how gift is held		
		(e) Transfe	r of gift			
	Transferee's name, address, ar	nd ZIP + 4	Relation	nship of transferor to transferee		
JSA				Schedule B (Form 990, 990-EZ, or 990-PF) (2019)		

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Name of the organization Endpace of the organization Part Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year			► Go to www.irs.gov			mation.	Open to Public Inspection
Part1 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year			`				
Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year	_						
1 Total number at end of year (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year (b) Funds and other accounts 2 Aggregate value of ornibutions to (during year) (b) Funds are transmission of year 3 Aggregate value of ornibutions to (during year) (b) Funds are the organization inform all grantess, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantes, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No PartII Conservation Easements. Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (ncheck all that apply). Preservation of a historically important land area Preservation of and for public use (or example, recreation or education) Preservation of a certified historic structure 2a 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements included in (c) acquired after 7/25/06, and not an a historic structure listed by conservation easements included in (c) acquired after 7/25/06, and not an a historic structure listed by conservation easements included in (c) acquired after 7/25/06, and not an a state and value the how and the Register . 3 Number of conservation easements modified, tr	Pa					or Acco	ounts.
1 Total number at end of year		Complete	if the organization answered				
2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform all grantees, donors and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 7 Montestile purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 8 Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Protection of natural habitat Preservation do gen space 2 2 2 2 2 3 1 1 1 1 1 1 1 2 2 2 2 2 2 3 2 3 2 3 1 1 1 1				(a) Donor advis	sed funds		(b) Funds and other accounts
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Aggregate value at end of year							
 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?							
funds are the organization's property, subject to the organization's exclusive legal contro?			-				
 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Partul Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (tor example, recreation or education) Preservation of a land for public use (tor example, recreation or education) Preservation of a land for public use (tor example, recreation or education) Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation a assement on the last day of the tax year. a Total number of conservation easements included in (a) cacquired after 7/25/06, and not on a historic conservation easements included in (a) cacquired after 7/25/06, and not on a historic conservation easements included in (a) cacquired after 7/25/06, and not on a historic structure listed in the National Register . Number of structure listed in the National Register . Number of structure listed in the nonitoring, inspecting, handling of violations, and enforcing conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ S looes the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements in holds? Mount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements and balance sheet, and indue, if applicable, the text of the fortonet to the organization for signal by the organization for conservation easements. Paret 1<th>5</th><th>-</th><th></th><th></th><th></th><th></th><th></th>	5	-					
only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of and for public use (tor example, recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection on natural habitat Preservation of a conservation easements. Image: Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements Za b Total acreage restricted by conservation easements. Za c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. Za 3 Number of states where property subject to conservation easement is located ▶	~	-		-	-		
Conferring impermissible private benefit? Yes No PartII Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a certified historic structure 2 Preservation of open space Preservation of a conservation easements Preservation of a conservation 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2 Total ancreage restricted by conservation easements 2b 2c 3 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . 2d 3 Number of structure listed in the National Register . 2d 2d 4 Number of states where property subject to conservation easement is located > Yes No 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year > 6 Staff and volunteer hours devoted to monitoring, inspecting, h	0	•	-				
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of and for public use (tor example, recreation or education) Preservation of a historically important land area Preservation of natural habitat 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 3 Total number of conservation easements						•	
Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of open space Preservation control of the transformation of transformation o	Pa			<u> </u>			
1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (or example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Image: the End of the Tax Year a Total number of conservation easements 2b c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register d Number of states where property subject to conservation easement is located > 3 Number of states where property subject to conservation easement is located > 4 Number of states where property subject to conservation easement is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in holds? f Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements equiption reports conservation easements adving the year 5 S 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of v				"Yes" on Form 990,	Part IV, line 7.		
Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation a Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation a Total number of conservation easements 2a b Total acreage restricted by conservation easements on a certified historic structure included in (a). 2c c Number of conservation easements on a certified historic structure included in (a). 2d d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	1						
□ Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements		Preservatio	n of land for public use (for example	, recreation or education)	Preservation	n of a h	nistorically important land area
 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements		Protection of	of natural habitat		Preservation	n of a c	certified historic structure
easement on the last day of the tax year. a Total number of conservation easements		Preservatio	n of open space				
a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easements is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 5	2			eld a qualified conserva	ation contribution i	in the fo	orm of a conservation
b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a)		easement on the I	last day of the tax year.				Held at the End of the Tax Year
c Number of conservation easements on a certified historic structure included in (a)	а					2a	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	b					2b	
 historic structure listed in the National Register	С					2c	
 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	d						
 tax year ▶			-				
 Number of states where property subject to conservation easement is located ▶	3		rvation easements modified, tra	nsferred, released, exti	inguished, or tern	ninatec	d by the organization during the
 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?							
 violations, and enforcement of the conservation easements it holds?						tion k	andling of
 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▲	5					ction, r	-
 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$	e					••••	
 \$	0		nours devoted to monitoring, insp	ecting, nandling of viola	lions, and emorcing	y conse	ervation easements during the year
 \$	7	Amount of expens	es incurred in monitoring inspec	ting handling of violatio	ns and enforcing	conser	vation easements during the year
 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 	•			ang, nananing or violatio	no, and ornorong	0011001	
 and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 	8			2(d) above satisfy the re	quirements of sec	tion 17	0(h)(4)(B)(i)
 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of							
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 Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 							
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b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,			-				
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,	1a	If the organization of art, historical t service, provide in	n elected, as permitted under FA treasures, or other similar asse Part XIII the text of the footnote	ASB ASC 958, not to r ts held for public exh to its financial stateme	eport in its reven ibition, education nts that describes	ue stat , or re these i	tement and balance sheet works search in furtherance of public tems.
provide the following amounts relating to these items:	b	art, historical treas provide the follow	sures, or other similar assets he ring amounts relating to these iter	ld for public exhibition ms:	, education, or re	search	in furtherance of public service,
(i) Revenue included on Form 990, Part VIII, line 1		(i) Revenue inclue	ded on Form 990, Part VIII, line 1				► \$
(ii) Assets included in Form 990, Part X							
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the	2	•				assets	s for financial gain, provide the
following amounts required to be reported under FASB ASC 958 relating to these items:							N .
a Revenue included on Form 990, Part VIII, line 1							
b Assets included in Form 990, Part X For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019		Paperwork Reduction	n Act Notice, see the Instructions for	r Form 990	<u></u>		

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MADISON SQUARE BOYS & GIRLS CLUB, INC. 13-5596792

_	dule D (Form 990) 2019	na Callestiana af	Aut Iliotonical T		o		(acations)	Page 2
	rt III Organizations Maintaini						•	,
3	Using the organization's acquisition collection items (check all that app		other records, che	ck any of t	he follow	ing that make s	lignificant u	ise of its
а	Public exhibition		d Loa	n or exchan	ge prograi	m		
b	Scholarly research		e Othe	er				
с	Preservation for future gene	rations						
4	Provide a description of the organ XIII.	nization's collections	and explain how	they furth	er the org	ganization's exer	npt purpos	e in Part
5	During the year, did the organization	n colicit or roccivo d	lonations of art hi	storical trac		othor cimilar		
3	assets to be sold to raise funds rath						Yes	No
Da	rt IV Escrow and Custodial A		anieu as part or th	5 Organizatio			163	
l a	Complete if the organiza 990, Part X, line 21.		s" on Form 990	Part IV, lir	ne 9, or r	eported an amo	ount on Fo	rm
1a	Is the organization an agent, truste	e. custodian or othe	er intermediary for	contributio	ns or othe	r assets not		
	included on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and com	lete the following	able:				
		·····				Amo	unt	
с	Beginning balance			1	c			
	Additions during the year							
e	Distributions during the year							
f	Ending balance							
2a	Did the organization include an am					account liability?	Yes	No
	If "Yes," explain the arrangement i							
	rt V Endowment Funds.				<u> </u>		<u></u>	
	Complete if the organiza	ation answered "Ye	s" on Form 990	Part IV, lir	ne 10.			
		(a) Current year	(b) Prior year	(c) Two y		(d) Three years bac	k (e) Four	years back
1 2	Beginning of year balance	38,528,430.	37,536,778	. 32,04	9,491.	30,464,465		44,331.
1a ⊾		150,015.	99,261		7,013.	666,149		34,776.
b			, -	. ,	,		. , .	
С	Net investment earnings, gains,	3,403,870.	2,648,406	. 3.40	0,274.	918,875	76	514,642.
	and losses	-,,	, , ,			, -		
	Grants or scholarships							
е	Other expenditures for facilities	1,337,290.	1,756,015					
	and programs							
t	Administrative expenses	40,745,025.	38,528,430	. 37.53	6,778.	32,049,491	. 30.4	64,465.
g	End of year balance							
2 a	Provide the estimated percentage Board designated or quasi-endowm	nent ►	_%	g, column (a	()) heid as	•		
b	Permanent endowment 77.5							
С	Term endowment ► 22.3000							
	The percentages on lines 2a, 2b, a							
3a	Are there endowment funds not in	the possession of th	e organization the	at are held a	and admir	nistered for the		<u> </u>
	organization by:							res No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						. 3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate	0	•				. 3b	
4	Describe in Part XIII the intended u							
Pa	rt VI Land, Buildings, and Equ Complete if the organization	Jipment. ation answered "Ye	es" on Form 990	Part IV li	ne 11a S	See Form 990	Part X line	<u>-</u> 10
	Description of property	(a) Cost or	other basis (b) Co	st or other basis	(c) Acc	cumulated	(d) Book val	
		(invest	tment)	(other)	-	eciation	25	
1a	Land			370,734				0,734.
b	Buildings		22	,009,183	. 14,2	77,171.	7,73	2,012.
С	Leasehold improvements			<u> </u>	<u> </u>			0.010
d	Equipment		1	,680,485	• 4	79,566.	1,20	0,919.
<u>e</u>	Other							0.655
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Forn	n 990, Part X, colu	mn (B), line	10c.)	· · · · ·	9,30 Dedule D (For	3,665.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019		Page 3
Part VII Investments - Other Securities. Complete if the organization answered	l "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)		
(B)		
(C)		
(D)		
(E) (F)		
(F) (G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.	"Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation:
•		Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9) Total (Column (b) must agual Farm 000, Part V, col. (P) line 12)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) . Part IX Other Assets.		
	"Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line 15.
· · · ·	scription	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)	= .	
Total. (Column (b) must equal Form 990, Part X, col. (B) I	ine 15.)	
Part X Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,
	tion of liability	(b) Book value
(1) Federal income taxes		
(2) DEFERRED RENT PAYABLE		40,621.
(3) OTHER LIABILITIES		200.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		
2. Liability for uncertain tax positions. In Part XIII, provide the organization's liability for uncertain tax positions under FASB /		

Schedu	le D (Form 990) 2019				Page 4
Part	XI Reconciliation of Revenue per Audited Financial Statements W Complete if the organization answered "Yes" on Form 990, Part IV			ו.	
1	Total revenue, gains, and other support per audited financial statements			1	14,834,055.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	3,663,108.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants.	2c			
d	Other (Describe in Part XIII.)	2d	138,296.		
e	Add lines 2a through 2d	· · · ·		2e	3,801,404.
3	Subtract line 2e from line 1			3	11,032,651.
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	370,744.		
a b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	370,744.
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)			5	11,403,395.
Part				rn.	
	Complete if the organization answered "Yes" on Form 990, Part IV				
1	Total expenses and losses per audited financial statements			1	16,908,522.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
- a	Donated services and use of facilities	2a			
	Prior year adjustments	2b			
b	Other losses	2c	1,000,000.		
C	Other (Describe in Part XIII.)		1,302,769.		
d				2e	2,302,769.
e	Add lines 2a through 2d			3	14,605,753.
3	Subtract line 2e from line 1	i · · í		5	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a	370,744.		
а	Investment expenses not included on Form 990, Part VIII, line 7b		700,000.		
b	Other (Describe in Part XIII.)	4b		4.4	1,070,744.
_ c	Add lines 4a and 4b			4c	15,676,497.
5 Dort	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	13,0/0,49/.
	XIII Supplemental Information.		/ lines the and Ohy D	0 mt 1/	line 4. Dert V line

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.

SEE PAGE 5

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

MADISON'S DONOR-RESTRICTED ENDOWMENT FUNDS WERE ESTABLISHED TO

PROVIDE INCOME TO FUND CLUBHOUSE OPERATIONS.

SCHEDULE D, PART X, LINE 2

ASC 740 FOOTNOTE

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

PART XI, LINE 2D

CHANGE	IN	VALUE	OF	BENEFICIAL	INTEREST	IN	TRUSTS:	89,216	
INCOME	FRO	OM TRUS	STS	:				34,430	
RENTAL	EXI	PENSES	:					13,700	
MSBGC S	SUPI	PORT OF	RG I	REVENUE:				950	

PART XII, LINE 2D

RENTAL EXPENSES:	13,700
MSBGC SUPPORT ORG EXPENSES:	1,289,069

PART XII, LINE 4B

INANSIEN IO NEDATED ONGANIZATION: 700,000	TRANSFER	ТО	RELATED	ORGANIZATION:	700,000
---	----------	----	---------	---------------	---------

SCHEDULE G	Supplemental	Information Re	egarding	Fundra	ising or Gamir	ng Activities	OMB No. 1545-0047	
(Form 990 or 990-EZ)	ne organization answe organization entered	19, or if the	2019					
Department of the Treasury	N a		Attach to Form 990 or Form 990-EZ. to www.irs.gov/Form990 for instructions and the latest information.					
Internal Revenue Service Name of the organization	► G	o to www.irs.gov/Form	n990 for Inst	Employer identificati	Inspection			
MADISON SQUARE	SUNG & CIBIC CI	UIB INC				13-5596792	on number	
	g Activities. Comp		ization ar	swered "	Ves" on Form 9		7	
	EZ filers are not re	-						
1 Indicate whether	the organization rais	ed funds through	any of the	following	activities. Check	all that apply.		
a Mail solicita								
b Internet and	Internet and email solicitations f Solicitation of government grants							
c Phone solic	c Phone solicitations g Special fundraising events							
d 🔄 In-person so	olicitations							
b If "Yes," list the	tion have a written of s listed in Form 990 10 highest paid indiv least \$5,000 by the o	Part VII) or entity	/ in connec	ction with p	professional fundra	aising services?	Yes No fundraiser is to be	
	(i) Name and address of individual or entity (fundraiser)		(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No				
1								
2								
3								
7								
5								
6								
7								
8								
0								
9								
10								
3 List all states in registration or lice	which the organization which the organization of the sensing.	ion is registered	or licensed	d to solicit	contributions or	has been notified	I it is exempt from	

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Sche	edul	e G (Form 990 or 990-EZ) 2019				Page 2				
Pa	rt									
		more than \$15,000 of fundra		tions and gross incom	ie on Form 990-EZ	, lines 1 and 6b. List				
		events with gross receipts gre	eater than \$5,000.							
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events				
			CHRISTMAS TREE	YOY GALA	5.	(add col. (a) through				
~			(event type)	(event type)	(total number)	col. (c))				
Revenue	1	Gross receipts	1,863,340.	679,860.	225,959.	2,769,159.				
eve	'		1,005,540.	075,000.	223,737.	2,705,155				
£	2	Less: Contributions	1,524,828.	679,860.	225,959.	2,430,647.				
	3	Gross income (line 1 minus			-,					
		line 2)`	338,512.		0.	338,512				
		·								
	4	Cash prizes								
	5	Noncash prizes	148,710.		10,450.	159,160.				
ŝ										
in Se	6	Rent/facility costs	300,730.		12,055.	312,785				
Direct Expenses	7	Food and haverages								
μ	1	Food and beverages								
Lec	8	Entertainment								
ā	Ŭ									
	9	Other direct expenses	24,976.	11,963.	611.	37,550.				
	10	Direct expense summary. Add lin	es 4 through 9 in colu	ımn (d)		509,495.				
	11	Net income summary. Subtract li	ne 10 from line 3, colu	umn (d)		-170,983.				
Pa		II Gaming. Complete if the org	anization answered "			reported more than				
		\$15,000 on Form 990-EZ, lin	ie 6a.							
е			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add				
Revenue				bingo/progressive bingo		col. (a) through col. (c))				
Se/										
		Gross revenue								
ŝ	2	Cash prizes								
enses	-									
bei	3	Noncash prizes								
Direct Exp		•								
ect	4	Rent/facility costs								
Ē										
	5	Other direct expenses								
			Yes %							
	6	Volunteer labor	No	No	No					
	-	Direct evenese evenesity Add lin	an O through E in colu	um n (d)						
	1	Direct expense summary. Add in	Direct expense summary. Add lines 2 through 5 in column (d)							
	8	Net gaming income summary. Su	ubtract line 7 from line	1 column (d)	•					
	U	Net gaming meene summary. Ot			<u></u>	<u> </u>				
9		Enter the state(s) in which the org	anization conducts da	ming activities:						
a		Is the organization licensed to conduct gaming activities in each of these states? Yes Yes No								
k	C	If "No," explain:				•• — —				
10a		Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No								
k)	If "Yes," explain:								

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Schedule G (Form 990 or 990-EZ) 2019

	MADISON	SOUARE	BOYS	&	GIRLS	CLUB,	INC.
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Sched	dule G (Form 990 or 990-EZ) 2019		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity	_	
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility 13a		%
b	An outside facility 13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the		
	amount of gaming revenue retained by the third party \blacktriangleright \$		
С	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ► \$		
	Description of services provided ►		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а			
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations		-
	or spent in the organization's own exempt activities during the tax year > \$		
Par	t IV Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		

Schedule G (Form 990 or 990-EZ) 2019

SCHEDULE I				Assistance t			<u> </u>	OMB No. 1545-0047
(Form 990)			•	ndividuals in swered "Yes" on F				2019
	Comp		-	ttach to Form 990				Open to Public
Department of the Treasury Internal Revenue Service		► Go	to www.irs.gov	/Form990 for the I	atest informatior			Inspection
Name of the organization							Employer identificati	on number
	BOYS & GIRLS CLUB,						13-559679	2
	nformation on Grants and							
the selection crit	zation maintain records to su eria used to award the grants IV the organization's proced	s or assistanc	e?					X Yes No
Part II Grants an	nd Other Assistance to Dene 21, for any recipient th	omestic Or	ganizations a	nd Domestic Gov	vernments. Com			es" on Form 990,
	d address of organization government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) MSBGC-NYC SUPPORT								
	NUE NEW YORK, NY 10039	81-5459134	501(C)3	700,000.				GENERAL SUPPORT
(2)		-						
(3)		_						
(4)								
(5)		_						
(6)		-						
(7)								
(8)								
(9)								
(10)								
(11)		-						
(12)		-						
	er of section 501(c)(3) and ger of other organizations list	•	•					1.
	on Act Notice, see the Instructi							edule I (Form 990) (2019)

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III 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 non-cash assistance
SCHOLARSHIPS AND AWARDS	61.	52,355.			
2					
3					
1					
-					

JSA

SCHEDULE I, PART I, LINE 2

GRANTS, SCHOLARSHIPS, AND AWARDS ARE AWARDED TO CANDIDATES WHO WERE

INTERVIEWED BY THE SCHOLARSHIP COMMITTEE (PANEL). GRANTS ARE CONDITIONAL

BASED UPON COLLEGE COMPLETION AND GRADE AVERAGE. SOCIAL AND/OR ECONOMIC

NEEDS ARE ASSESSED IN ACCORDANCE WITH MADISON'S MISSION TO DETERMINE THE

REAL NEED FOR THE ASSISTANCE. IF SOMEONE IS NO LONGER ELIGIBLE, THE NEXT

STUDENT IN LINE FOR THE SCHOLARSHIP IS AWARDED IT.

Page 2

	EDULE J		sation Information		OMB No.	1545-0	047	
(For	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees							
		Complete if the organization answered "Yes" on Form 990 Part IV line 23						
	nent of the Treasury Revenue Service		Attach to Form 990. 990 for instructions and the latest information.		Open t	o Pur ectio		
_	of the organization			Employer identificati			11	
	•	E BOYS & GIRLS CLUB, INC.		13-559679	2			
Part		ns Regarding Compensation						
						Yes	No	
1a			ovided any of the following to or for a pers provide any relevant information regarding		n 📃			
	First-cla	ss or charter travel	Housing allowance or residence for	personal use				
	Travel fo	or companions	Payments for business use of perso	nal residence				
	Tax inde	emnification and gross-up payments	Health or social club dues or initiation	on fees				
	Discretio	onary spending account	Personal services (such as maid, ch	auffeur, chef)				
b	or reimburse	ement or provision of all of the ex	ne organization follow a written policy represented above? If "No," com	egarding paymer	c l			
					1b			
2	-		to reimbursing or allowing expenses	-				
			D/Executive Director, regarding the items	checked on line				
_					2			
3	organization's	CEO/Executive Director. Check all the	on used to establish the compensation of at apply. Do not check any boxes for methor e CEO/Executive Director, but explain in P	ds used by a				
		•		art III.				
		nsation committee dent compensation consultant	X Written employment contract Compensation survey or study					
		90 of other organizations	X Approval by the board or compensation	tion committee				
4	During the year	ar, did any person listed on Form 990,	Part VII, Section A, line 1a, with respect to					
а	•	or a related organization:	ayment?		4a		X	
b			ntal nonqualified retirement plan?		4b		X	
c			ased compensation arrangement?		40		X	
•			rovide the applicable amounts for each it					
	Only section	501(c)(3), 501(c)(4), and 501(c)(29) or	rganizations must complete lines 5-9.					
5	•	listed on Form 990, Part VII, Sectin contingent on the revenues of:	on A, line 1a, did the organization pa	ly or accrue an	у			
а					5a		Х	
	•				5b		X	
	-	e 5a or 5b, describe in Part III.						
6	For persons		on A, line 1a, did the organization pa	ly or accrue an	y			
а					6a		Х	
b	Any related of	rganization?			6b		X	
	If "Yes" on lin	e 6a or 6b, describe in Part III.						
7			n A, line 1a, did the organization prov					
			escribe in Part III		7	X		
8			paid or accrued pursuant to a contract the					
		-	Regulations section 53.4958-4(a)(3)? If				v	
0			low the rebuttable presumption proced				X	
9								
	regulations S				9		L	

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

Page 2

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

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

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

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
TIM MCCHRISTIAN	(i)	286,739.	25,000.	4,357.	48,317.	29,799.	394,212.	
1 ^{EXECUTIVE DIRECTOR}	(ii)	0.	0.	0.	0.	0.	0.	
JEFFREY DOLD	(i)	199,788.	0.	685.	21,061.	46,055.	267,589.	
2 CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	
STEVEN MELTON	(i)	231,469.	0.	4,080.	23,378.	16,279.	275,206.	
CHIEF OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	
SALINA MUELLICH	(i)	165,162.	14,004.	1,026.	18,543.	19,878.	218,613.	
CHIEF ADVANCEMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2019

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 7

TIM MCCHRISTIAN AND SALINA MUELLICH RECEIVED DISCRETIONARY BONUSES

APPROVED BY THE BOARD PRESIDENT.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

20**19** Open to Public Inspection

Name of the organization

MADISON SQUARE BOYS & GIRLS CLUB, INC.

Employer identification number 13-5596792

Par	t Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of deter noncash contributic		
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household						
	goods	Х		10,880.	SELLING PRICE	Ξ	
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded		13.	377,735.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC,						
	or trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation						
	contribution - Historic						
	structures						
14	Qualified conservation						
	contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ►(ATCH 1)		66.	85,353.			
26	Other ►()						
27	Other ►()						
28							
29	Number of Forms 8283 received		• •				
	which the organization completed	Form 8283,	Part IV, Donee Acknowledg	jement	29		
						Yes	No
30a	During the year, did the organizat				-		
	28, that it must hold for at least t	-					Х
_	to be used for exempt purposes for		olding period?				
	If "Yes," describe the arrangement						
31	5			-			х
	contributions?						
32a	Does the organization hire or use		•				х
	contributions?				32a		
	If "Yes," describe in Part II.			and the form which the state of the			
33	If the organization didn't report an	amount in c	column (c) for a type of pro	perty for which column (a) is checked,		
For P	describe in Part II. aperwork Reduction Act Notice, see the Inst	ructions for Eo	rm 990		Schedule M (Fo) 2010

Page 2

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

PART I, COLUMN B

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.

1181375

Schedule M (Form 990) (2019)

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
GIFT CERTIFICATES	Х	66.	85,353.	SELLING PRICE
TOTALS	_	66.	85,353.	

1181375

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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



Internal Revenue Service	Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.ir	s.gov/form990.	spection
Name of the organization		Employer identification	n number
MADISON SQUARE BOY	ZS & GIRLS CLUB, INC.	13-5596792	

FORM 990, PART III, LINE 3

WHEN THE COVID-19 PANDEMIC FIRST HIT, MADISON CLOSED ITS IN-PERSON OPERATIONS AND PIVOTED TO VIRTUAL PROGRAMMING TO STAY CONNECTED TO FAMILIES AND MEMBERS IN A SAFE WAY. IN ADDITION, ALONGSIDE A COMMUNITY OF PARTNERS, WE OPERATED FOOD PANTRIES AT EACH SITE IN RESPONSE TO THE GROWING FOOD INSECURITY IN OUR COMMUNITIES, AND WE CONDUCTED WELLNESS CHECK-IN CALLS WITH FAMILIES TO ENSURE THAT PARENTS AND CHILDREN FELT THAT THEY HAD SUPPORT DURING A TIME OF ISOLATION. AS THE SUMMER APPROACHED, WE RESPONDED TO THE DEMAND FOR IN-PERSON PROGRAMS AND RETOOLED ALL OUR PROCEDURES AND PROTOCOLS TO REOPEN THE CLUBS SAFELY FOR FULL-DAY SUMMER PROGRAMS AT EACH OF OUR FIVE SITES. THIS INCLUDED LIMITING CAPACITY AND RESTRICTING MOVEMENT WITHIN THE BUILDING, TAKING TEMPERATURES, AND CONDUCTING HEALTH SURVEYS OF ALL YOUTH WHO ENTERED THE BUILDING, INSTITUTING HAND-WASHING PROCEDURES, AND CHANGING OUR HVAC SYSTEMS TO ACCOMMODATE BETTER AIR CIRCULATION. THE REOPENING GAVE US CONFIDENCE IN OUR ABILITY TO OPERATE UNDER THE NEW CONDITIONS, AND, IN THE FALL, WE PIVOTED ONCE AGAIN TO PARTNER WITH THE NEW YORK CITY DEPARTMENTS OF EDUCATION AND YOUTH AND COMMUNITY DEVELOPMENT TO RUN SCHOOL-DAY LEARNING CENTERS FOR YOUTH WHO ARE ON A HYBRID SCHEDULE. CONCURRENTLY, WE IMPLEMENTED OUR OWN AFTERSCHOOL PROGRAM FROM 3-6PM TO GIVE WORKING PARENTS TIME TO GATHER THEIR CHILDREN AND YOUTH TIME TO SOCIALIZE AND UNWIND AFTER BEING IN FRONT OF SCREENS ALL DAY. FOR TEENS, WE INSTITUTED OUR TEEN CAMPUS-A FULL SUITE OF IN-PERSON AND VIRTUAL PROGRAMS FOCUSED ON HIGH-SCHOOL GRADUATION, COLLEGE PREPAREDNESS,

Schedule O (Form 990 or 990-EZ) 2019					
Name of the organization	Employer identification number				
MADISON SQUARE BOYS & GIRLS CLUB, INC.	13-5596792				

WORKFORCE DEVELOPMENT, LEADERSHIP AND CHARACTER DEVELOPMENT OPPORTUNITIES, SPORTS, AND THE ARTS.

FORM 990, PART VI, SECTION A, LINE 6 MADISON SQUARE BOYS & GIRLS CLUB, INC. HAS ONE CLASS OF MEMBERS THAT SHALL SERVE TWO YEAR TERMS AND MAY SERVE SUBSEQUENT TERMS AS DETERMINED BY THE BOARD.

FORM 990, PART VI, SECTION A, LINE 7B MEMBERS ELECT THE DIRECTORS TO THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11B ELECTRONIC COPIES OF THE 990 ARE CIRCULATED FOR REVIEW AND APPROVAL TO OFFICERS AND DIRECTORS OF THE AUDIT AND FINANCE COMMITTEE. ONCE APPROVED, AN ELECTRONIC COPY IS CIRCULATED TO THE ENTIRE BOARD PRIOR TO FILING. ANY QUESTIONS OR COMMENTS ARE SUBMITTED TO THE CHIEF FINANCIAL OFFICER. REVISIONS ARE MADE WHEN NECESSARY.

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FORM 990, PART VI, SECTION B, LINE 12C
EACH YEAR THE BOARD, OFFICERS, AND KEY EMPLOYEES REVIEW THE CONFLICT OF
INTERESTS POLICY. ANYONE NOT IN CONFORMITY IS REQUIRED TO PROVIDE A
WRITTEN STATEMENT DISCLOSING ANY POSSIBLE CONFLICTS WHICH COULD EXIST.
ANY CONFLICT DISCLOSURE IS REVIEWED BY THE AUDIT AND/OR EXECUTIVE
COMMITTEE TO ENSURE THEIR EXCLUSION IN ANY RELATED PROCESSES.
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FORM 990, PART VI, SECTION B, LINE 15A THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED WITH A

JSA

Schedule O (Form 990 or 990-EZ) 2019					
Name of the organization	Employer identification number				
MADISON SQUARE BOYS & GIRLS CLUB, INC.	13-5596792				

COMPENSATION COMMITTEE. THE COMMITTEE MAKES USE OF A COMPENSATION SURVEY AND THE 990'S OF OTHER SIMILAR ORGANIZATIONS ALONG WITH A WRITTEN EMPLOYMENT CONTRACT TO DETERMINE IF COMPENSATION IS ACCEPTABLE. THIS WAS LAST DONE IN 2017.

FORM 990, PART VI, SECTION B, LINE 15B OFFICER'S COMPENSATION IS DETERMINED BY COMPENSATION COMMITTEE AND THIS WAS LAST DONE IN 2017.

FORM 990, PART VI, SECTION C, LINE 19 AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC ON OUR WEBSITE AND UPON REQUEST. GOVERNING DOCUMENTS AND POLICIES ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9 CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUSTS: 89,216 INCOME FROM TRUSTS: 34,430 BAD DEBT LOSS: -1,000,000 TOTAL: -876,354

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4B

GOOD CHARACTER AND CITIZENSHIP PROGRAMS: OFFER OUR MEMBERS OPPORTUNITIES TO DEVELOP LEADERSHIP CAPABILITIES AND MAKE A DIFFERENCE IN THEIR COMMUNITY. IN 2020, 60% OF TEEN MEMBERS PARTICIPATED IN CLUB-BASED COMMUNITY SERVICE PROJECTS, WHICH ENCOURAGES MEMBERS TO BECOME CARING, RESPONSIBLE MEMBERS OF THEIR COMMUNITY, WHILE CULTIVATING THEIR LEADERSHIP SKILLS BY ORGANIZING

JSA

Schedule O (Form 990 or 990-EZ) 2019	
Name of the organization	

MADISON SQUARE BOYS & GIRLS CLUB, INC.

Employer identification number 13-5596792

ATTACHMENT 1 (CONT'D)

CLOTHES AND FOOD DRIVES, VOLUNTEERING AT PUBLIC EVENTS, AND LEADING PROJECTS IN THEIR NEIGHBORHOODS; 10 TEEN MEMBERS PARTICIPATE IN THE YOUTH OF THE YEAR PROGRAM, THE PREMIER NATIONAL RECOGNITION PROGRAM FOR BOYS AND GIRLS CLUBS OF AMERICA MEMBERS, WHICH HONORS AND CELEBRATES YOUNG PEOPLE WHO HAVE DISTINGUISHED THEMSELVES BY RISING ABOVE CHALLENGING CIRCUMSTANCES; 54 MEMBERS WERE ACTIVE IN THE KEYSTONE CLUB; AND 74 MEMBERS WERE ACTIVE IN THE TORCH CLUB.

ATTACHMENT 2

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

ACADEMIC SUCCESS PROGRAMS: ENSURE THAT OUR MEMBERS HAVE THE SUPPORT THEY NEED TO SUCCEED THROUGHOUT THEIR ACADEMIC LIFE AND GRADUATE FROM HIGH SCHOOL READY TO PURSUE COLLEGE OR A CAREER. MADISON PROVIDES HOMEWORK HELP AND ACADEMIC ENRICHMENT, MENTORS YOUNG PEOPLE WHO ARE AT RISK FOR DROPPING OUT OF SCHOOL, OFFERS RESOURCES SO MEMBERS CAN BUILD THEIR COMPUTER AND TECHNOLOGY SKILLS, AND GUIDES MEMBERS TO EXPLORE POTENTIAL CAREERS AND NAVIGATE THE COLLEGE APPLICATION PROCESS. MADISON ALSO OFFERS A 7-WEEK SUMMER LEARNING PROGRAM FOR ELEMENTARY AND MIDDLE-SCHOOL YOUTH TO WARD AGAINST SUMMER LEARNING LOSS, WHICH IS PREVALENT AMONG LOW-INCOME YOUTH. IN 2020, 84% AND 85% OF ELEMENTARY AND MIDDLE-SCHOOL YOUTH RESPECTIVELY WERE PROMOTED TO THE NEXT GRADE LEVEL ON TIME AND 94% OF SENIORS IN OUR PROJECT GRADUATE PROGRAM GRADUATED HIGH SCHOOL.

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Schedule O (Form 990 or 990-EZ) 2019	Page 2
Name of the organization	Employer identification number
MADISON SQUARE BOYS & GIRLS CLUB, INC.	13-5596792
	ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
TG NICKEL AND ASSOCIATES LLC 333 7TH AVENUE NEW YORK, NY 10001	CONSTRUCTION	3,688,451.
ZUBATKIN OWNER REPRESENTATION LLC 333 WEST 52ND STREET, 6TH FL NEW YORK, NY 10019	PROJECT MANAGEMENT	242,267.
ROGERS ARCHITECTS PLLC 100 READE STREET NEW YORK, NY 10013	ARCHITECT	220,296.
PIER SIXTY, LLC 62 CHELSEA PIERS NEW YORK, NY 10011	CATERING	123,089.
WHALEN BEREZ GROUP 209 HEYERS MILL ROAD COLTS NECK, NY 07722	PROJECT MANAGEMENT	145,767.

OMB No. 1545-0047

Open to Public

Inspection

9

2

Employer identification number

13-5596792

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE R

(Form 990)

MADISON SQUARE BOYS & GIRLS CLUB, INC.

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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 5 contr enti	rolled
						Yes	No
(1) MSBGC-NYC SUPPORT CORP. 81-5459134							
250 BRADHURST AVE NEW YORK, NY 10039	SUPPORT	NY	501(C)(3)	11A	MAD. SQ. BGC	Х	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

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9E1307 1.000

Schedule R (Form 990) 2019

Page **2**

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		more related erg			arthoromp during th	o lax your.							
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop	h) portionate ations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	j) eral or aging iner?	(k) Percentage ownership
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Sect 512(b contr enti
							Yes I
							$\left \right $
							$\left \right $
-							\square
-							$\left \right $
-							$\left \right $
							$\left \right $
	(b) Primary activity	Primary activity Legal domicile (state or foreign	Primary activity Legal domicile Direct controlling (state or foreign entity	Primary activity Legal domicile Direct controlling Type of entity (state or foreign entity (C corp, S corp, or trust)	Primary activity Legal domicile Direct controlling Type of entity Share of total (state or foreign entity (C corp, S corp, or trust) income	(b) Primary activity (c) Legal domicile (state or foreign country) (d) Direct controlling entity (e) Type of entity (C corp. S corp. or trust) (f) Share of total income (g) Share of end-of-year assets	Primary activity Legal domicile Direct controlling Type of entity (State or foreign country) entity (C corp, S corp, or trust) income end-of-year assets ownership

Schedule R (Form 990) 2019

MADISON SQUARE BOYS & GIRLS CLUB, INC.

13-5596792

Schedule R (Form 990) 2019

Part	V Transactions With Related Organizations. Complete if the organization answ	ered "Yes" on Form 990, Pa	rt IV, line 34, 35b, or 36.				
Note	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one	or more related organizations lis	sted in Parts II-IV?	[
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		X
	Gift, grant, or capital contribution to related organization(s)				1b	Х	
	Gift, grant, or capital contribution from related organization(s)				1c		X X
	Loans or loan guarantees to or for related organization(s)				1d 1e		X
е	Loans or loan guarantees by related organization(s)				Te	_	<u></u>
f	Dividends from related organization(s)				1f		Х
u u	Sale of assets to related organization(s)				1g		Х
-	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s).				1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
	Lease of facilities, equipment, or other assets from related organization(s)				1k	X	X
	Performance of services or membership or fundraising solicitations for related organization(s)				11		X
	Performance of services or membership or fundraising solicitations by related organization(s).				1m 1n		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Sharing of paid employees with related organization(s)				10	х	
0							
р	Reimbursement paid to related organization(s) for expenses.				1p		Х
	Reimbursement paid by related organization(s) for expenses				1q		Х
•							
r	Other transfer of cash or property to related organization(s)				1r		X
S	Other transfer of cash or property from related organization(s).	<u> </u>	<u> </u>		1s		Х
_2	If the answer to any of the above is "Yes," see the instructions for information on who must c	omplete this line, including cove		action thres		5.	
	(a) Name of related organization	Transaction	(c) Amount involved	Method o			ng
		type (a-s)		amoui	nt invo	lved	
(1)	MSBGC-NYC SUPPORT CORPORATION	K	13,700.	ESTIMA	TED	CO	ST
(0)	NARAA NIKA SURRARE GORRARIAN		700.000	GOOT			
(2)	MSBGC-NYC SUPPORT CORPORATION	В	700,000.	COST			
(3)							
(4)							
(5)							
(6)							
JSA		1	Sc	hedule R (F	orm 9	990)	2019
9E1309	1 000						

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	e (related, secti d, excluded 501(c ax under organiza		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?				aging ner?	(k) Percentag ownership
			sections 512-514)	Yes	No			Yes	No	()	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
0)													
1)													
2)													
3)													
4)													
5)													
6)													

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 Part VII
 Supplemental Information

 Provide additional information for responses to questions on Schedule R. See instructions.

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