# MADISON SQUARE BOYS & GIRLS CLUB, INC. FORM 990 TAX YEAR 2020

# **Return of Organization Exempt From Income Tax**

orm **990** 

Department of the Treasury Internal Revenue Service 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.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

A F	or th	ne 2020	calendar year, or tax year begin	nning 10/	01,2020	), and endi	ng		09,	/30 <b>,20</b>	21	
			C Name of organization					D Employer ide	entific	ation num	ber	
<b>B</b> c	heck if ap	pplicable:	MADISON SQUARE BOYS &	GIRLS CLUB, INC	!.							
	Addre		Doing Business As					13-5596	5792			
	7 7	e change	Number and street (or P.O. box if mail is	not delivered to street address)	)	Room/suite		E Telephone n				
	+	l return	250 BRADHURST AVENUE					(212) 76	0 – 9	600		
	+	inated	City or town, state or province, country, a	and ZIP or foreign postal code				(=== ,				
	Amen		NEW YORK, NY 10039	3 1				<b>G</b> Gross receip	ts \$	19.	790	,353.
		cation	F Name and address of principal officer:	TIM MCCHRISTIA	AN			H(a) Is this a grou			Yes	X No
	_  pendi	ing	250 BRADHURST AVENUE,					subordinates <b>H(b)</b> Are all subord	?	$\vdash$	Yes	No
_	Tay-ey	empt sta	11		4947(a)(1)	or 52	7	If "No," attac				
			WWW.MADISONSQUARE.ORG	) (iliseit lio.)	4947 (a)(1)	01   32	. /	H(c) Group exem				
				Association Other		I Vear	of forma	tion: 1946 <b>M</b>	<u>.                                      </u>		micile:	NY
_	art I		nmary	Association Other		L Tear C	n ioiiiia	1011. 1910 IVI	State (	or regar do	mone.	
			describe the organization's mission or	r most significant activities:	TO SA	VE AND E	'NH AN	ICE THE LT	VES	OF NY	C BC	
40			GIRLS WHO BY MEANS OF E									
Š			OF ITS SERVICES.									
rns	_		<del></del>									
Governance	l .		this box if the organization di						1 1			9.
			er of voting members of the governing						3			9.
es			er of independent voting members of t						5			247.
Activities &			number of individuals employed in cale						-			75.
Ç	6	l otal n	umber of volunteers (estimate if necess	sary)					6			
_			inrelated business revenue from Part V						7a			0
	D	Net un	related business taxable income from I	Form 990-1, line 34			<del></del>		7b	C	ont V	
								Prior Year			ent Ye	
Р			outions and grants (Part VIII, line 1h)		COP	Y FOR		7,762,19	_	10		,966
Revenue	9		m service revenue (Part VIII, line 2g)			NSPECTION		30,52	_			937
Re	10		ment income (Part VIII, column (A), line	es 3, 4, and 7d) [				3,781,65				,595
	11		revenue (Part VIII, column (A), lines 5,					-170,98	_			,121
	12		evenue - add lines 8 through 11 (must					11,403,39	_	16		377
	13		and similar amounts paid (Part IX, colu					752,35				,131
	14		ts paid to or for members (Part IX, colu					000	0.			0
es	15		es, other compensation, employee bene					837,38	0.	./	,518	,058
Expenses	16a	Profes	sional fundraising fees (Part IX, column	raising fees (Part IX, column (A), line 11e)						•		0
Ϋ́	b	Total f	undraising expenses (Part IX, column (I	O), line 25) $\triangleright _{} 1, 3$	18,605	·						
_	17		expenses (Part IX, column (A), lines 11					6,551,76				,055
	18		expenses. Add lines 13-17 (must equal					8,141,49				,244
	19	Reven	ue less expenses. Subtract line 18 from	line 12				3,261,89		-2	,176	,867
Net Assets or Fund Balances								nning of Current \			of Yea	
set	20	Total a	ssets (Part X, line 16)				-	105,604,01				,450
d A	21	Total li	abilities (Part X, line 26)					4,615,90	_			,287
<u>s₽</u>	22	Net as	sets or fund balances. Subtract line 21	from line 20				100,988,10	18.	108	<u>,431</u>	,163
Pa	rt II	Sig	nature Block									
Und	der per	nalties of	f perjury, I declare that I have examined this complete. Declaration of preparer (other than	is return, including accompar	nying sched	ules and state	ments,	and to the best of	my k	nowledge	and be	elief, it is
	, 00110		remplete. Declaration of property (ethici than	Tomocry to bacoa on an internit	ation of win	ion proparor n	ao arry it	line Micago.				
C: -		<b> </b>										
Sig He			Signature of officer					Date				
пе	е	<b>.</b>										
			Гуре or print name and title									
Dair		Print/T	ype preparer's name	Preparer's signature		Date		Check	J "'	TIN		
Paid	ı parer	AARC	ON SHAPIRO	# 1/2//		8/16/2	:022	self-employ		P01333		
	Only	Firm's	name ▶ FORVIS, LLP							016026		
			address > 1155 AVENUE OF THE AMER:	ICAS #1200 NEW YORK, NY	10036			Phone no.	212-	-867-4	000	
Мау	the I	RS disc	cuss this return with the preparer show	n above? (see instructions)						. X Y	es	No
For	Pape	rwork F	Reduction Act Notice, see the separat	e instructions.						Forn	n <b>990</b>	(2020)

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Pa	art III	Statement of Program Se Check if Schedule O conta		s Part III
		lescribe the organization's m	nission:	
			LIVES OF NYC BOYS AND GIRLS ACTORS ARE MOST IN NEED OF	
	ECONO	HIC AND/OR DOCIAL IT	ACTORD ARE FIOST IN NEED OF	TID BERVICES.
2	prior Fo		r significant program services during the significant program services during the significant significant program services during the significant program services and services are serviced by services are serviced by services and services are serviced by services are serviced by services and services are serviced by services are serviced by services and services are serviced by serviced by services are serviced by serviced by serviced by serviced by serviced by services are serviced by serviced by serviced by serviced by serviced by	
3	Did the services	organization cease cond	ucting, or make significant changes	
4	Describ expense	e the organization's progra es. Section 501(c)(3) and 5	m service accomplishments for each	of its three largest program services, as measured report the amount of grants and allocations to other
4a	(Code: ATTA	) (Expenses \$ CHMENT 1	1,137,170. including grants of \$	) (Revenue \$)
4b	-	) (Expenses \$_ CHMENT 2	1,018,373. including grants of \$	21,410. ) (Revenue \$)
4c	(Code:	) (Expenses \$ CHMENT 3	6,281,807. including grants of \$	107,721. ) (Revenue \$3,937)
4d	Other p	rogram services (Describe o	•	venue \$
4e	<u> </u>		8,437,350.	уончо у

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Part	Checklist of Required Schedules		V	Na
	le the consciention described in section 504/5/(0) on 4047/5/(4) /other them a minute foundation/0 If II/Vo II		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		х	
_	complete Schedule A	2	X	
2			- 1	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		21
4	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,	4		21
J	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-		
Ū	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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		
_	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		X
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	
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,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			37
_	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			3.7
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Х	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
T	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	44.		Х
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		- 1
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	120		Х
h	Schedule D, Parts XI and XII	12a		21
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		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	_	Х	
	domestic government on Part IX, column (A), line 12 If "Ves." complete Schedule I, Parts Land II	21	Λ	

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22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 21 if "res" complete Schedule I, Parts I and III.  23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organizations current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes" complete Schedule J.  24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer interes 24 bitmough 24d and complete Schedule K. If "No." go to line 256.  25b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  25c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person uning the year?  25c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization repose promise proper 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 profer forms 990 or 990-E2?  25c If "Yes," complete Schedule L. Part II.  27d 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 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II.  28d Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L. Part IV.  28d Was the organization in entry to a business transaction with one of the following parties (see Schedule L. Part IV.)  29d A current or former officer, d	Part	Checklist of Required Schedules (continued)		Yes	No
Part IX. column (A), line 21 If "Yes," complete Schedule I, Parts I and III.  22 Joil the organization answer "Yes" to Part IVI. Section A, line 3, 4, or 5 about compensation of the organizations current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and completes Schedule K. If Mr.) go to line 25c than 1, 2002? If "Yes," answer lines 24b through 24d and completes Schedule K. If Mr.) go to line 25c than 1 arcfluriding escrow at any time during the year to defease any tax-exempt bonds?  24d Did the organization invest as my no behalf of "issuer for bonds outstanding at any time during the year?"  24d Did the organization acts as an "on behalf of "issuer for bonds outstanding at any time during the year?"  24d Sa Saction 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  25a bit the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II.  25b Unit 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 employee thereof, a grant selection committee or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L, Part II.  27d Was the organization report any analytic a business transaction with one of the following parties (see Schedule L, Part III.  28d Was the organization selective more than \$25,000 in non-cash contributions? If "Yes," complete Schedule R. Part II.  37d	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		1.00	
organization's current and former officers, directors, trustess, key employees, and highest compensated employees? If 'Yes,' complete Schedule I, at the sust and the sustainable contributor, or 35% controlled entity or family member of any of these spersors? If 'Yes,' complete Schedule L, Part II.  27 Did the organization proved a grant or other assistance to any current or former officer or to a 35% controlled entity (including an employee thereof), a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.  28 Was the organization receive contributions in lies 28a or 28b? If 'Yes,' complete Schedule L, Part IV.  29			22	Х	
employees? If "res," complete Schedule I, 24 Al Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," got to line 25a.  24a b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24b d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?.  24d D Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior by sex, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I.  25a Did the organization aper that it engaged in an excess benefit transaction with a disqualified person in a prior by early if "Yes," complete Schedule L, Part I.  25b Did the organization organization on the sex of these persons? If "Yes," complete Schedule L, Part II.  25c Did the organization with member of any of these persons? If "Yes," complete Schedule I, Part II.  26c 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 35% controlled entity of rainly member of any of these persons? If "Yes," complete Schedule I, Part III.  27b Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor. If Yes, complete Schedule I, Part III.  28d D a current or former officer, director, trustee, key employee, creator or founder, or substantial contributor. If Yes, complete	23				
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?					
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through 24d and complete Schedule K. If "No." gro line 25a. b Did the organization meant any proceeds of trax-exempt bonds beyond a temporary period exception?.  24b b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?.  24c Did the organization as as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did the organization as as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did the organization as as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did the organization as as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization epogae 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 ry forms 990 or 990-EZ?  If "Yes," complete Schedule L. Part II.  25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officier, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L. Part IV.  27c Did the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV.  28d Was the organization at party to a business transaction with one of the following parties (see Schedule L. Part IV.  28d L A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV.  28d Did the organization and any tax exempt or taxable entity? If "Yes," complete Schedule M, Part II.  30 Did the organization of the seed of the seed of the party of the seed of the organi	24 a				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?.  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year?.  24c  d Did the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year?.  25c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.  25d  b Is the organization act as an 'on behalf of 'issuer for bonds outstanding at any time during the year?.  25d			l		3.7
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tan-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d 25a Section 301(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "I "Yes," complete Schedule L. Part I.  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 prior forms 990 or 990-E27 if "Yes," complete Schedule L. Part I.  25b Did the organization proport any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II.  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 35% controlled entity or them assistance to any current or former officer, director, trustee, key employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L. Part IV.  28 Was the organization aparty to a business transaction with one of the following parties (see Schedule L. Part IV.  29 Late of the organization of any total described in line 28a? If "Yes," complete Schedule II. Part IV.  29 Late of the organization of any total described in line 28a? If "Yes," complete Schedule II. Part IV.  29 Late of the organization receive contributions of art, historical treasures, or other similar ass		· · ·			X
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d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	·		240		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 If "ves," complete Schedule L. Part I.  25b 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-E27 If "ves," complete Schedule L. Part II.  25c Did the organization report any amount on Part X. line 5 or 22. for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part III.  27c Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L. Part IV.  28d Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV.  28a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L. Part IV.  28a A carrent or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L. Part IV.  28a A carrent or former officer, director, trustee, key employee, creator or founder, substantial contributor? If "Yes," complete Schedule L. Part IV.  28a Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule R. Part IV.  29 Did the organization sell, exchange, dispose of, or transfer more t	d				
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I, year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I, 25b.  26 Did the organization person any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.  27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a.  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 28a.  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV 28a.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part I, 30 Did the organization individuals, employee, creator or founder, or qualified conservation contributions? If "Yes," complete Schedule N, Part I, 30 Did the organization on the servance of the standard provider schedule Schedule R, Part II, III, or IV, and Part V, IIne 2, and 11 Did the organization individuals, employee, creator or founder, or qualified conservation contribut					
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"Yes," complete Schedule L, Part IV	а				
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"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
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Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I   31   32   32   32   32   32   32   33   34   35   34   35   35   35   35	30				Х
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232 233 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			31		
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Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1			33		Х
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34				
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		or IV, and Part V, line 1	34	X	
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35 a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$ ?	35a	X	
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	b				
related organization? If "Yes," complete Schedule R, Part V, line 2			35b	X	
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1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			<u></u> .	<u></u> .	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1a	Enter the number reported in Box 6 of Ferri Tode. Enter 6 in Not applicable [1] [1]			
reportable gaming (gambling) winnings to prize winners?		Enter the number of Fermi W Ze molded in into tal Enter of infortappination.			
JSA 0E1030 1.000 Form <b>9</b>	С				
0E1030 1.000	JSA	reportable gaming (gambling) winnings to prize winners?		000	/o.= -
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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 247			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
h	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5.2	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
		5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	30		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	va		- 21
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or	Ch		
_	gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	_	v	
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		3.7
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
u	Note: See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
IJ	the organization is licensed to issue qualified health plans			
^				
	Enter the amount of reserves on hand	14a		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14b		
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	טדו		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		Х
	excess parachute payment(s) during the year?	15		21
46	If "Yes," see instructions and file Form 4720, Schedule N.	16		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		21
	If "Yes," complete Form 4720, Schedule O.			

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 9 1a Enter the number of voting members of the governing body at the end of the tax year . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 9 Enter the number of voting members included on line 1a, above, who are independent . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 X supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 Χ 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . . 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . Χ 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint X 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, Χ 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a X 8b Х Each committee with authority to act on behalf of the governing body?............... Is there any officer, director, trustee, or key employee listed in Part VII. Section A, who cannot be reached at X the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. . . . . . . . . . Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Χ 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, Χ 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . Χ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give Χ 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c X X 13 13 X 14 14 Did the organization have a written document retention and destruction policy?........... 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? 15a X Χ 15b 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 Χ 16a 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 Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed  $\triangleright$   $\frac{NY}{N}$ 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request Another's website Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,

State the name, address, and telephone number of the person who possesses the organization's books and records 

JEFFREY DOLD 250 BRADHURST AVENUE NEW YORK, NY 10039

212-760-9600

Form **990** (2020)

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and financial statements available to the public during the tax year.

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

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

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

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

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

(A) Name and title	Name and title  Average hours box, unless officer and		Pos heck ss pe	rson	is both or/trust	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
	below dotted line)	trustee	al trustee		уее	Highest compensated employee				
(1)TIM MCCHRISTIAN	34.00									
EXECUTIVE DIRECTOR	1.00			Х				335,474.	0.	71,738.
(2) STEVEN MELTON	35.00									
CHIEF OPERATING OFFICER	0.			Х				254,135.	0.	44,635.
(3) JEFFREY DOLD	34.00									
CHIEF FINANCIAL OFFICER	1.00			Х				220,820.	0.	65,350.
(4) SALINA MUELLICH	34.00									
CHIEF ADVANCEMENT OFFICER	1.00				Х			179,827.	0.	44,040.
(5)LILIYA SHAPIRO	35.00									
SENIOR ACCOUNTANT	0.					Х		104,470.	0.	43,483.
(6) ANTONIO FORT	35.00									
DIR. OF CLUBHOUSE OPERATIONS	0.					X		117,171.	0.	29,658.
(7) KENDRA WILSON	35.00									
DIRECTOR, HR BUSINESS PARTNER	0.					X		115,166.	0.	17,435.
(8) VICTOR F. GANZI	2.00									
CHAIRMAN OF THE BOARD	0.	X		Х				0.	0.	0.
(9) MICHAEL S. GELTZEILER	1.00									
CO-CHAIRMAN (THRU 4/30/21)	0.	X		Х				0.	0.	0.
(10) BRUCE S. GELB	1.00									
VICE CHAIRMAN (THRU 4/30/21)	0.	X		Х				0.	0.	0.
(11) THOMAS S. MURPHY	1.00									
VICE CHAIRMAN (THRU 4/30/21)	0.	X		Х				0.	0.	0.
(12) MYLES D. GILLESPIE	1.00									
VICE CHAIRMAN (THRU 4/30/21)	0.	Х		Х				0.	0.	0.
(13) BARRY I. BREGMAN	2.00									
VICE CHAIRMAN	.25	Х		Х	L			0.	0.	0.
(14) DONALD C. DEVINE	2.00									
CO-PRESIDENT	0.	X		X				0.	0.	0.

Form **990** (2020)

Form 990 (2020)

Part VII Section A. Officers, Directors, 1	Γrustees, Ke	y En	nplo	oye	es,	and F	lig	hest Compensat	ed Employees (c	ontinue	ed)	
(A)	(B)			(	C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unles	heck ss pe d a c	erson	e than o is both tor/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	ar	stimated nount o other pensati	of
	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)	org an	om the anization d related anization	on d
15) RICHARD EADDY	2.00											
CO-PRESIDENT	.50	X		Х				0	0.			0
16) NICHOLAS F. TOMMASINO	1.00											
TREASURER/SECRETARY(THRU 10/9	) .50	X		X				0	0.			C
17) STEVEN MIYAO	2.00											
SECRETARY	.25	Х		Х				0	0.			C
18) MITCHELL SCHERZER	2.00											
TREASURER	0.	Х		Х				0	0.			C
19) PATRICK GALLAGHER	1.00											
DIRECTOR (THRU 10/17/20)	0.	Х						0	. 0.			C
20) DANIEL L. MOSLEY	1.00											
DIRECTOR (THRU 4/30/21)		Х						0	. 0.			C
21) BRIAN HOESTEREY	1.00											
DIRECTOR (THRU 4/30/21)	0.	Х						0	. 0.			(
22) KENNETH B. MARLIN	1.00											
DIRECTOR (THRU 4/30/21)	0.	Х						0	. 0.			(
23) ADAM L. REEDER	1.00											
DIRECTOR (THRU 4/30/21)		Х						0	. 0.			(
24) JOHN H. STARR	1.00											
DIRECTOR (THRU 11/16/20)		X						0	] 0.			(
25) BARBARA A. TAYLOR	1.00											
DIRECTOR (THRU 4/30/21		x						0	. 0.			(
4h Oub total			l					1,327,063.	0.		316,	339.
c Total from continuation sheets to Part VII,			• •	• •	• •			0.	0.		,	0
d Total (add lines 1b and 1c)	-		-	• •	• •			1,327,063.	0.		316,	339
2 Total number of individuals (including but no							) re		- 1		,	
reportable compensation from the organizat						c) wiic	, ,	cerved more than	ψ100,000 01			
											Yes	No
3 Did the organization list any former of employee on line 1a? If "Yes," complete Sche										3		Х
4 For any individual listed on line 1a, is the organization and related organizations	e sum of rep	oortab	ole d	com	per	nsatior	n ai	nd other compen	sation from the			
individual										4	X	
5 Did any person listed on line 1a receive for services rendered to the organization? If	or accrue co	mpen	sati	on	fron	n any	un	related organizati	on or individual	5		Х

#### **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 4		

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 ► 3

Form 990 (2020) Page **8** 

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A)	(B)			(	C)			(D)	(E)	(F)			
Name and title	Average	(-1			sition	. 11		Reportable	Reportable		stimated		
	hours per week (list any	'				e than o is both		compensation from	compensation from related	ar	nount of other	i	
	hours for					tor/trust		the	organizations	com	pensati	on	
	related	Individual trustee or director	Institutional trustee	Officer	Key employee	High	Forme	organization	(W-2/1099-MISC)		om the	_	
	organizations below dotted	vidu	itutic	cer	emp	nest	ner	(W-2/1099-MISC)		_	janizatio d related		
	line)	al tru	onal		oloye	com					anization		
		uste	trus		) e	pen							
		Φ	tee			Highest compensated employee							
26) LEO P. ARNABOLDI III	1.00					<u> </u>							
DIRECTOR (THRU 4/30/21)	0.	Х						0	] 0.			0	
27) LEO P. ARNABOLDI, JR.	1.00												
DIRECTOR (THRU 4/30/21)	0.	Х						0	. 0.			0	
28) DAN DONNELLY	1.00												
DIRECTOR (THRU 4/30/21)	0.	Х						0	. 0.			0	
29) WILLIAM FEEHAN	1.00												
DIRECTOR (THRU 12/1/20)	0.	Х						0	. 0.			0	
30) THOMAS FORTIN	1.00												
DIRECTOR (THRU 2/1/21)	0.	Х						0	. 0.			0	
31) STEPHEN GALLUCCI	1.00												
DIRECTOR (THRU 4/30/21)	0.	Х						0	0.			0	
32) ROBBIN MELE GAUDIERI	1.00												
DIRECTOR (THRU 6/7/21)	0.	Х						0	. 0.			0	
33) JOHN GELB	1.00												
DIRECTOR (THRU 4/30/21)	0.	Х						0	. 0.			0	
34) DAVID J. GOLDRING	1.00												
DIRECTOR (THRU 4/30/21)	0.	X						0	0.			0	
35) JOSEPH GANTZ	1.00												
DIRECTOR	.50	Х						0	. 0.			0	
36) DAVID J. PECKER	1.00												
DIRECTOR (THRU 4/30/21)	0.	X						0	. 0.			0	
1b Sub-total							$\blacktriangleright$	0.	. 0.			0.	
c Total from continuation sheets to Part VII, S	-						$\blacktriangleright$						
d Total (add lines 1b and 1c)							<b></b>						
2 Total number of individuals (including but not		hose	liste	ed a	bov	e) who	o re	eceived more than	\$100,000 of				
reportable compensation from the organization	n 🕨		7										
											Yes	No	
3 Did the organization list any former office												3.5	
employee on line 1a? If "Yes," complete Sched										3		X	
4 For any individual listed on line 1a, is the	sum of rep	ortab	ole d	com	per	nsation	n ai	nd other compen	sation from the				
organization and related organizations gr											77		
individual										4	Х		
5 Did any person listed on line 1a receive or										_		X	
for services rendered to the organization? If "Y	es, compie	ie sci	ieal	ле J	j tor	sucn	per	SULL		5	1	Λ	

#### **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶

Part VII

Form 990 (2020) Page **8** 

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	ye	es,	and F	Hig	hest Compensat	ed Employees (d	ontinue	ed)	
(A)	(B)			((	C)			(D)	(E)		(F)	
Name and title	Average				sition			Reportable	Reportable		stimated	
	hours per week (list any	,				e than o is both		compensation	compensation from		nount o	f
	hours for					tor/trust		from the	related organizations		pensati	on
	related	Ind or c	Inst	Officer	₹ ey	Hig	Forme	organization	(W-2/1099-MISC)		om the	
	organizations below dotted	hirec direc	lituti	cer	em	hest	mer	(W-2/1099-MISC)		_	anizatio d relate	
	line)	or a	ona		Key employee	ee					anizatio	
		Individual trustee or director	Institutional trustee		ee	nper						
		Õ	stee			Highest compensated employee						
27) MARRIEN DEREDGEN	2.00					ed						
37) MATTHEW PETERSEN	2.00											0
DIRECTOR	0.	X						0	. 0.			
38) MICHAEL PUGH	1.00											0
DIRECTOR (THRU 4/30/21)	0.	X						0	. 0.			0
39) BARRY RODRIGUES	1.00											0
DIRECTOR (THRU 3/1/21)	0.	X						0	. 0.			0
40) MAURO C. ROMITA	1.00											0
DIRECTOR (THRU 4/30/21)	0.	X						0	0.			0
41) NICK RUDD	1.00											•
DIRECTOR (THRU 4/30/21)	0.	X						0	0.			0
42) FRANK FORTINO	1.00											_
DIRECTOR (THRU 4/30/21)	0.	X						0	0.			0
43) PETER SERPICO	1.00											_
DIRECTOR (THRU 3/1/21)	0.	X						0	. 0.			0
44) JERRY M. SESLOWE	1.00							_	_			_
DIRECTOR (THRU 4/30/21)	0.	X						0	. 0.			0
45) PETER SCHEMAN	1.00											
DIRECTOR (THRU 4/30/21)	0.	Х						0	. 0.			0
46) NATHAN SLEEPER	1.00											
DIRECTOR (THRU 6/7/21)	0.	X						0	. 0.			0
47) ELIZABETH VELEZ	1.00											
DIRECTOR (THRU 4/30/21)	0.	X						0	. 0.			0
1b Sub-total							$\blacktriangleright$	0.	. 0.			0.
c Total from continuation sheets to Part VII,	Section A						$\blacktriangleright$					
d Total (add lines 1b and 1c)							<u> </u>					
2 Total number of individuals (including but no				d a	bov	e) who	o re	eceived more than	\$100,000 of			
reportable compensation from the organizati	on <b>&gt;</b>		7									
											Yes	No
3 Did the organization list any former of												
employee on line 1a? If "Yes," complete Sche	dule J for su	ch ina	livid	ual						3		X
4 For any individual listed on line 1a, is the	sum of rem	ortab	ole d	com	per	nsation	n ai	nd other compen	sation from the			
organization and related organizations of												
individual										4	Х	
5 Did any person listed on line 1a receive of												
for services rendered to the organization? If "	Yes," comple	te Scl	hedu	ıle J	J for	such	per	son		5		X

#### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Form 990 (2020) Page **8** 

(A)	(B)			(	C)			(D)	(E)		(F)	
Name and title	Average hours per week (list any hours for	box,	unle	heck ss pe	erson	e than o is both tor/trust	an	Reportable compensation from the	Reportable compensation from related organizations	an	stimated nount of other pensati	f
	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)	fr org an	om the anizatio d related	on d
48) JEFFREY VOLLING	1.00											
DIRECTOR (THRU 4/30/21)	. 25							0	0.			0
49) ROY WEATHERS	1.00											
DIRECTOR (THRU 4/30/21)	0.	X						0	0.			0
50) SEAN WOODROFFE	1.00											
DIRECTOR (THRU 4/1/21)	0.	X						0	0.			0
51) STEVEN S. ELBAUM	2.00											
DIRECTOR	0.	X						0	0.			0
52) T. KENNETH FARRELL	1.00											
DIRECTOR (THRU 4/30/21)	0.	Х						0	0.			0
53) STUART LEMPERT	1.00											
DIRECTOR (THRU 4/30/21)	0.	Х						0	0.			0
54) FRED PICCIRILLO	1.00											
DIRECTOR (THRU 12/1/20)	0.	Х						0	0.			0
55) VANESSA TOUMA	1.00											
DIRECTOR (THRU 4/30/21)	.25	Х						0	0.			0
56) JARRETT TURNER	1.00											
DIRECTOR (THRU 4/30/21)	0.	Х						0	0.			0
57) DAVID FIELDS	1.00											
DIRECTOR (THRU 4/30/21)	0.	X						0	0.			0
58) PATRICK GADSON	1.00											
DIRECTOR (THRU 4/30/21)	0.	Х						0	0.			0
1b Sub-total c Total from continuation sheets to Part VII, d Total (add lines 1b and 1c)	Section A						<b>* * *</b>	0.	0.			0.
Total number of individuals (including but no reportable compensation from the organizati	t limited to t	hose					o re	eceived more than	\$100,000 of			
											Yes	No
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche										3		Х
4 For any individual listed on line 1a, is the organization and related organizations of individual.	reater than	\$15	50,0	000?	! It	f "Yes	S,"	complete Schedu	le J for such	4	X	
individual										4	Λ	
5 Did any person listed on line 1a receive of for services rendered to the organization? If "										5		X

#### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶

Part VII Section A. Officers, Directors, Tru	ıstees, Ke	y En	nplo	ye	es,	and F	lig	hest Compensat	ed Employ	yees (d	continue	d)
(A) Name and title	(B)  Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o is both or/trust	an	(D) Reportable compensation from the	(E) Reporta compensation relate organization	on from d	am	(F) timated ount of other pensation
	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·		fro orga and	om the anization I related inizations
59) KENNETH HALCOM	1.00											
DIRECTOR (THRU 4/30/21)	0.	X						0		0.		
60) JUSTIN NUNEZ	1.00	37								0		
DIRECTOR (THRU 4/30/21) 61) GINA BRUZZICHESI	1.00	X						0	•	0.		
DIRECTOR (THRU 4/30/21)	0.	X						0		0.		
		- 21							•	<u> </u>		
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						<b>&gt; &gt; &gt;</b>	0.		0.		С
2 Total number of individuals (including but not reportable compensation from the organization	limited to t	hose					re	eceived more than	\$100,000	of		
Toportable compensation from the organization			,									Yes No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3	Х
<b>4</b> For any individual listed on line 1a, is the organization and related organizations graindividual.	eater than	\$15	50,0	om 00?	pen <i>If</i>	satior "Yes	n aı ;,"	nd other compen complete Schedu	sation from le J for	the such	4	Х
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yo	accrue co	mpen	sati								5	X
Section B. Independent Contractors							_					
<ol> <li>Complete this table for your five highest com- compensation from the organization. Report of year.</li> </ol>												
(A) Name and business add	Iress							(B) Description of se	ervices	C	(C) Compens	ation

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 ►

#### Part VIII Statement of Revenue

ıaı		Check if Schedule O contains a respo	nse or note to an	v line in this Part V	TII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues 1b					
۾ ۾	С	Fundraising events 1c	2,617,145.				
ifts ar A	d	Related organizations 1d					
يَّ قِ	е	Government grants (contributions) 1e	4,620,447.				
Sin	f	All other contributions, gifts, grants,					
e Ę		and similar amounts not included above . 1f	2,961,374.				
등	g	Noncash contributions included in					
ig of		lines 1a-1f 1g	\$ 236,693.				
# O	h	Total. Add lines 1a-1f		10,198,966.			
			Business Code				
<u>8</u>	2a	CAMPING/PROGRAM FEES	713990	3,937.	3,937.		
Program Service Revenue	b						
o S	С						
e a	d						
og F	е						
<u>-</u>	f	All other program service revenue					
	g	Total. Add lines 2a-2f	<u> ▶</u>	3,937.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	▶	1,100,255.			1,100,255.
	4	Income from investment of tax-exempt bond		0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a 7,500					
	b	Less: rental expenses 6b 7,500					
	С	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 8,431,756.					
evenue	b	Less: cost or other basis					
Ve		and sales expenses 7b 3,355,416.					
$\alpha$		Gain or (loss)		5,076,340.			5,076,340.
Other	d	Net gain or (loss)		3,070,340.			3,070,340.
₹	8a	Gross income from fundraising events (not including \$ 2,617,145)					
		evente (not mordang ¢					
		of contributions reported on line  1c) See Part IV line 18	47,939.				
		1c). See Part IV, line 18 8a Less: direct expenses 8b	241,060.				
	b	Net income or (loss) from fundraising events	1	-193,121.			-193,121.
	9a	Gross income from gaming					
	Ja	activities. See Part IV, line 19 9a	0.				
	b	Less: direct expenses 9b	0.				
	C	Net income or (loss) from gaming activities		0.			
	10a	Gross sales of inventory, less					
		returns and allowances	0.				
	b	Less: cost of goods sold					
	c	Net income or (loss) from sales of inventory		0.			
<u>s</u>			Business Code				
e Ie	11a						
lan	b						
Sel	С						
Miscellaneous Revenue	d	All other revenue					
_	е	Total. Add lines 11a-11d	▶	0.			
	12	Total revenue. See instructions	▶	16,186,377.	3,937.		5,983,474.

## 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	onse or note to any line	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	86,765.	86,765.		
2	Grants and other assistance to domestic	42,366.	42,366.		
	individuals. See Part IV, line 22	12,500.	12,300.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
1	Benefits paid to or for members	0.			
		<u> </u>			
Э	Compensation of current officers, directors, trustees, and key employees	1,255,798.	416,619.	526,532.	312,647.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	4,828,223.	4,070,951.	170,698.	586,574.
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	396,794.	333,419.	18,193.	45,182.
9	Other employee benefits	658,603.	549,493.	31,957.	77,153.
10	Payroll taxes	378,640.	282,178.	42,787.	53,675.
11	Fees for services (nonemployees):				
а	Management	0.			
	Legal	6,161,251.		6,161,251.	
	Accounting	100,332.		100,332.	
d	Lobbying	0.			
е	Professional fundraising services. See Part IV, line 17.	0.			
f	Investment management fees	428,890.		428,890.	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	166,392.	98,188.	37,765.	30,439.
12	Advertising and promotion	0.			
13	Office expenses	609,418.	510,566.	95,478.	3,374.
14	Information technology	0.			
15	Royalties	0.	205 620	546.005	105 444
16	Occupancy	1,637,099.	985,630.	546,025.	105,444.
17	Travel	35,799.	35,265.	494.	40.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.	26.065	F 22F	F (40
	Conferences, conventions, and meetings	37,949.	26,965.	5,335.	5,649.
	Interest	35,721.		35,721.	
	Payments to affiliates	875,654.	778,215.		97,439.
	Depreciation, depletion, and amortization	403,505.	220,730.	181,786.	989.
	Insurance	403,303.	220,730.	101,700.	909.
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.)				
_	BAD DEBT	224,045.		224,045.	
		221/0131		221/0131	
b					
c d					
	All other expenses  Total functional expenses. Add lines 1 through 24e	18,363,244.	8,437,350.	8,607,289.	1,318,605.
	Joint costs. Complete this line only if the	-,,	-,, 75551	.,,200	, === , 0 0 0 0 .
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	0.			

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## Part X Balance Sheet

	art A	Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	923,160.	1	1,173,863.
	2	Savings and temporary cash investments	846,787.	2	1,453,000.
	3	Pledges and grants receivable, net	6,531,700.	3	5,790,255.
	4	Accounts receivable, net	171,033.	4	879,039.
	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	0.
	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	0.
Š	7	Notes and loans receivable, net	25,548,800.	7	25,548,800.
Assets	8	Inventories for sale or use	0.	8	0.
As	9	Prepaid expenses and deferred charges	257,171.	9	302,904.
	_	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 24,462,815.			
	b	Less: accumulated depreciation	9,303,665.	10c	8,834,903.
	11	Investments - publicly traded securities	59,701,382.	11	65,638,366.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	2,320,319.	15	3,545,320.
	16		105,604,017.	16	113,166,450.
_	17	Total assets. Add lines 1 through 15 (must equal line 33)	1,392,209.	17	1,373,072.
	18	Accounts payable and accrued expenses	0.	18	0.
		Grants payable	122,564.	19	293,776.
	19	Deferred revenue.	0.	20	0.
	20 21	Tax-exempt bond liabilities	0.	21	0.
	22		0.	21	0.
Liabilities	22	Loans and other payables to any current or former officer, director,			
ij		trustee, key employee, creator or founder, substantial contributor, or 35%	0.	22	0.
Lia	22	controlled entity or family member of any of these persons	881,360.	23	881,360.
	23 24	Secured mortgages and notes payable to unrelated third parties	2,178,955.	24	2,178,955.
	25	· ·	2,170,555.	24	2,170,000.
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X			
			40,821.	25	8,124.
	26	of Schedule D	4,615,909.	26	4,735,287.
_	20	Organizations that follow FASB ASC 958, check here	1,015,505.	20	1,733,207.
Fund Balances		and complete lines 27, 28, 32, and 33.			
ä	27	Net assets without donor restrictions	48,148,734.	27	42,962,450.
Bal	28	Net assets with donor restrictions.	52,839,374.	28	65,468,713.
Б	20		32,037,374.	28	03,400,713.
Ē		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
Assets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
SSE		Retained earnings, endowment, accumulated income, or other funds.		30	
t A	31	Total net assets or fund balances	100,988,108.	_	108,431,163.
Net	32		100,988,108.	32	113,166,450.
	33	Total liabilities and net assets/fund balances	105,004,017.	33	Form <b>990</b> (2020)

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OIIII J	(2020)				1 4	gc • <del>-</del>	
Part							
	Check if Schedule O contains a response or note to any line in this Part XI					X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			86,3		
2	Total expenses (must equal Part IX, column (A), line 25)	2			63,2		
3	Revenue less expenses. Subtract line 2 from line 1	3		-2,1	76,8	867.	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1(		88,1		
5	Net unrealized gains (losses) on investments	5		8,9	73,1	.57.	
6	Donated services and use of facilities						
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		6	46,7	765.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))						
Part							
	Check if Schedule O contains a response or note to any line in this Part XII						
			,		Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," 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 cor	npiled	or				
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted o	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	ersigh	of				
	the audit, review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on				
	Schedule O.						
3a	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Single Audit Act and OMB Circular A-133?						
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_			ι,		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b	Х		

#### **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.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Dai	rt I	Reason for Public Cha	rity Status (All	organizatione must	complet	to this n	art ) Soo instructions	
		anization is not a private fou	•		<u> </u>			<del>.</del>
1	l	A church, convention of chu		,		•	•	
2		A school described in <b>secti</b>						
3		A hospital or a cooperative		-				
4		A medical research organiz						(iii) Enter the
-		hospital's name, city, and st		conjunction with a not	spital de	scribed ii	1 Section 170(b)(1)(A)	(III). Litter the
5		An organization operated f		a college or universit	v owner	d or one	rated by a governme	ental unit described in
J		section 170(b)(1)(A)(iv). (C		a college of universit	y Owner	a or ope	rated by a governme	intai unit described in
6		A federal, state, or local go		rnmental unit describe	d in <b>sect</b>	ion 170/	h)/1)/A)/v)	
	X	An organization that norma	•				, , , , , , ,	om the general nublic
•		described in section 170(b)	=	· ·	pport in	om a go	verninental and or m	om the general public
8		A community trust describe			Part II )			
9		An agricultural research org				nnerated	Lin conjunction with a	land-grant college
9		or university or a non-land-	=			-		
		university:	grant conege or ag	griculture (see iristruci	юна). Е	iller line	name, dity, and state o	i the college of
0		An organization that norma	Illy receives (1) me	oro than 231/2% of its	cupport	from cou	atributions momborsh	in face and gross
U		receipts from activities rela	ted to its exempt f	unctions, subject to c	ertain ex	ceptions	s; and (2) no more thar	n 331/3 % of its
		support from gross investm	nent income and un	nrelated business tax	able inco	me (les	s section 511 tax) from	businesses
1		acquired by the organization An organization organized a	•		. , . , .		,	
2		An organization organized	•	•	•			carry out the nurnoses
_		of one or more publicly su	•	•				
		Check the box in lines 12a t						
_			=			_	•	=
а			•	•				
		the supported organization				ajority of	the directors of truste	es of the
<b>L</b>		supporting organization.	•			مدا طداس	aummented armeni-ati	an(a) hu havina
b		☐ <b>Type II.</b> A supporting org	•					
		control or management of			me sam	e persor	is that control of man	lage the supported
_		organization(s). You must	-		بمصالممه		n with and functions	lly into arotod with
С		☐ Type III functionally integ						ily integrated with,
		its supported organization		· ·				tad arganization(a)
d		☐ Type III non-functionally			-			
		that is not functionally inte			-		•	a an attentiveness
_		requirement (see instruct  Check this box if the orga	•	-				I Type III
е		functionally integrated, or						п, туре ш
f	Ent	ter the number of supported			_	_	ion.	
		ovide the following information	•					
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	(-,	o. o.pp	(, =	(described on lines 1-10	listed in you	ur governing	support (see	other support (see
				above (see instructions))	Yes	nent?	instructions)	instructions)
					163	NO		
A)								
B)								
C)								
D.								
D)								
E)								
ota	u							i

Schedule A (Form 990 or 990-EZ) 2020 Page 2

	(· ······ · · · · · · · · · · · · · · ·
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) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,178,598.	9,979,282.	7,708,922.	7,762,198.	10,198,966.	48,827,966.
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	13,178,598.	9,979,282.	7,708,922.	7,762,198.	10,198,966.	48,827,966.
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)						9,163,011.
6	Public support. Subtract line 5 from line 4						39,664,955.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	<b>(e)</b> 2020	(f) Total
7	Amounts from line 4	13,178,598.	9,979,282.	7,708,922.	7,762,198.	10,198,966.	48,827,966.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	731,247.	902,063.	1,191,815.	986,413.	1,100,255.	4,911,793.
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						53,739,759.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	608,230.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup		•	44 1 (0)			73.81%
14	Public support percentage for 2020 (li			, ,		14	77.04%
15	Public support percentage from 2019	•	•			15	
16a	331/3% support test - 2020. If the org						
L	box and <b>stop here.</b> The organization q						
D	331/3% support test - 2019. If the organization						
170	this box and <b>stop here</b> . The organization 10%-facts-and-circumstances test - 2	•		-			
ı / a	10% or more, and if the organization	_					
	<del>-</del>					-	•
	Part VI how the organization meets organization			_			
h	10%-facts-and-circumstances test - 2						
b		-	=				
	15 is 10% or more, and if the organia in Part VI how the organization meets						
	organization						
18	Private foundation. If the organization						
. •	instructions						
							<u> </u>

Schedule A (Form 990 or 990-EZ) 2020 Page 3

#### 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.)

16 Public support percentage from 2019 Schedule A, Part III, line 15	Sec	tion A. Public Support				<u> </u>	,	
1 dills, grams, contributions, and membership fees received. The one include any various grants 7) 2 Gross receipts from admissions, membandine sold or services performed, or facilities furnished in any activity that is related to the organization's time exempt perspose - or unrelated trade or business under section 513 - or any unrelated trade or business under section 513 - or appended on its behalf - or expended on			(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
2 Gross receipts from activities that are not an universal experiment or findlines furnished in any activity that is related to the organization's tax essent purpose .  3 Gross receipts from activities that are not an universal experiment or findlines and activities that are not an universal experiment or activities that are not an universal experiment of the organization without charge or activities on the state of scale and activities on	_							
2 Gross receipts from activities that are not an universal experiment or findlines furnished in any activity that is related to the organization's tax essent purpose .  3 Gross receipts from activities that are not an universal experiment or findlines and activities that are not an universal experiment or activities that are not an universal experiment of the organization without charge or activities on the state of scale and activities on		received. (Do not include any "unusual grants.")						
turnished in any activity purpose	2							
a granization's beceive the purpose.  3 Gross receipts from activities that are not an unrelieud trade or business under accion 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 disqualified apersons in the exceed the greater of \$5,000 or 1% of the amount on line 13 for the year of \$5,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount on line 13 for the year of \$6,000 or 1% of the amount of line 14 for the organization of line 14 or line 15 is more than 331/3%, and line 15 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ 15 or 10 for more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ 16 or 10 for more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ 16 or 10 for 14 fo		sold or services performed, or facilities						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .  4 Trax revenues leviced for the organization's benefit and either paid to or expended on its behalf .  5 The value of services or facilities for turnished by a governmental unit to the organization without charge .  6 Total. Add lines 1 through 5 .  7 a Amounts included on lines 1, 2, and 3 received from disqualified persons , .  9 Amounts included on lines 1, 2, and 3 received from other than disqualified persons .  9 Amounts included on lines 1, 2, and 3 received from other than disqualified persons .  9 Public support. (Subtreat line 7c from line 6) .  9 Amounts from line 6  9 Amounts from line 6  9 Amounts from line 6  9 Unrelated business taxable income (less section 511 taxes) from businesses acquired affer June 30, 1975 .  10 Agross income from interest, dividends, payments received on securities learns, rents, royalise, and income from similar societies acquired affer June 30, 1975 .  10 Agross income from line 100, whether or not the business is acquired affer June 30, 1975 .  11 All Net income from unrelated business acquired affer June 30, 1975 .  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) .  13 Total support. (Add lines 9, 10c, 11 and 12) .  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(o)(3) organization, check this box and stop here.  15 Public support percentage from 2019 Schedule A, Part III, line 15 .  16 Section D. Computation of Investment income Percentage  17 Investment income percentage for 2020 (line 8, column (f), divided by line 13, column (fi)) .  18 Investment income percentage for 2020 (line 6) column (f), divided by line 13, column (fi)) .  19 a 331/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qua		furnished in any activity that is related to the						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 .  4 Trax revenues leviced for the organization's benefit and either paid to or expended on its behalf .  5 The value of services or facilities for turnished by a governmental unit to the organization without charge .  6 Total. Add lines 1 through 5 .  7 a Amounts included on lines 1, 2, and 3 received from disqualified persons , .  9 Amounts included on lines 1, 2, and 3 received from other than disqualified persons .  9 Amounts included on lines 1, 2, and 3 received from other than disqualified persons .  9 Public support. (Subtreat line 7c from line 6) .  9 Amounts from line 6  9 Amounts from line 6  9 Amounts from line 6  9 Unrelated business taxable income (less section 511 taxes) from businesses acquired affer June 30, 1975 .  10 Agross income from interest, dividends, payments received on securities learns, rents, royalise, and income from similar societies acquired affer June 30, 1975 .  10 Agross income from line 100, whether or not the business is acquired affer June 30, 1975 .  11 All Net income from unrelated business acquired affer June 30, 1975 .  12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI) .  13 Total support. (Add lines 9, 10c, 11 and 12) .  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(o)(3) organization, check this box and stop here.  15 Public support percentage from 2019 Schedule A, Part III, line 15 .  16 Section D. Computation of Investment income Percentage  17 Investment income percentage for 2020 (line 8, column (f), divided by line 13, column (fi)) .  18 Investment income percentage for 2020 (line 6) column (f), divided by line 13, column (fi)) .  19 a 331/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qua		·						
4 Tax revenues levided 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	3							
Tax revenues levided for the organization's benefit and either paid to or expended on its behalf.  The value of services or facilities furnished by a governmental unit to the organization without charge.  Total. Add lines 1 through 5		·						
organization's benefit and either paid to or expended on its behalf	4							
or expended on its behalf  1 The value of services or facilities furnished by a governmental unit to the organization without charge								
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 other than disqualified persons.  b Amounts included on lines 1, 2, and 3 received from other than disqualified persons that exceed the greater 55,000 por 13 of the amount on line 15 for the year c Add lines 7 and 7 b.  8 Public support. (Subtract line 7 c from line 6.)  9 Amounts from line 6.  10 Gross income from interest, dividends, payments received on securities boars, payments received on securities boars, reins, royalties, and income from similar space in the security of the se								
furnished by a governmental unit to the organization without charge,	5	·						
organization without charge	-							
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 or Add lines 7a and 7b.  8 Public support. (Subtract line 7c from line 6.  9 Amounts from line 6.  10a Gross income from interest, dividends, press income from interest, dividends, sources.  b Unrelated business taxable income (less section 5.11 taxes) from businesses acquired after June 30, 1975.  c 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, loss from the sale of capital assets (Explain in Part VI.)  13 Total support. (Add lines 9, 10c, 11, and 12.).  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  5 Public support percentage from 2019 Schedule A, Part III, line 15.  16 Public support percentage from 2019 Schedule A, Part III, line 17 is not more than 331/3%, eheck this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 331/3%, eheck this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 331/3%, eheck this box and stop here. The organization qualifies as a publicly supported organization in line 18 is not more than 331/3%, and line 16 is more than 331/3%, and line 16 is more than 331/3%, and line 16 is nore than 331/3%, and line 16 is more than 331/3%, and line 16 is more		, ,						
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8 Public support. (Subtract line 7c from line 6.) Section B. Total Support  Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 9 Amounts from line 6.  10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.  b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.  c Add lines 10a and 10b.  11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on, loss from the sale of capital assets (Explain in Part VI).  13 Total support. (Add lines 9, 10c, 11, and 12.)  14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.  15 Public support percentage from 2019 Schedule A, Part III, line 15.  16 Public support percentage from 2019 Schedule A, Part III, line 15.  17 Investment income percentage from 2019 Schedule A, Part III, line 17.  18 Investment income percentage from 2019 Schedule A, Part III, line 17.  19 a 331/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 331/3%, and line 17 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.  b 331/3% support tests - 2019. If the organization did not check a box on line 14 or line 14 or line 19 and line 16 is more than 331/3%, and line 18 is not more than 331/3%, check this box and stop here. The organization qualifies as a publicly supported organization.	_	·						
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#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

2			Yes	No
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3a				
3a   3a   3b   3c   3b   3c   3c   3d   4a   3d   4a   3d   4c   3d   3d   3d   3d   3d   3d   3d   3		2		
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Part	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 lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations	116		
Ocoti	on B. Type reapporting organizations		Yes	No
			103	110
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in 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	on C. Type II Supporting Organizations		V	NI -
			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	<u> </u>		
	<u></u>		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.			
Sacti	on E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	etructi	one)	
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	,u ucu	OH3).	
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 governmental entity (see	e instr	ructions	s).
_			Yes	
2	Activities Test. Answer lines 2a and 2b below.			
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 <b>Part VI identify</b>			
	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 line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If</i> "Yes" or "No," provide details in <b>Part VI.</b>	20		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
D	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

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Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	ıs	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	Nov. 20, 1970 ( <i>expla</i> i	in in <b>Part VI</b> ). See
	instructions. All other Type III non-functionally integrated supporting organi	zations	must complete Sectio	ns A through E.
Se	ection A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
_7		7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Se	ection B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
c	Total (add lines 1a, 1b, and 1c)	1d		
e	Poiscount claimed for blockage or other factors (explain in detail in Part VI):	1e		
_2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7		7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Se	ection C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
_5	Income tax imposed in prior year	5		
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7		ly integra	ated Type III supporting	g organization

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page **7** 

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Sect	Current Year					
1	Amounts paid to supported organizations to accomplish exempt purposes			1		
2	Amounts paid to perform activity that directly furthers exempt purposes of su	ppor	ed			
	organizations, in excess of income from activity			2		
3	3 Administrative expenses paid to accomplish exempt purposes of supported organizations			3		
4	4 Amounts paid to acquire exempt-use assets			4		
5	Government Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)			5		
6	Other distributions (describe in Part VI). See instructions.			6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which the organization is responsive					
	(provide details in <b>Part VI</b> ). See instructions.			8		
9	9 Distributable amount for 2020 from Section C, line 6		9			
10	Line 8 amount divided by line 9 amount			10		
			(::)		(:::\	

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2020			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2020			
a	From 2015			
b	From 2016			
C	From 2017			
d	From 2018			
е	From 2019			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2020 distributable amount			
i	Carryover from 2015 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2020 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2020 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2021. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2016			
b	Excess from 2017			
С	Excess from 2018			
d	Excess from 2019			
е	Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page 8

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

# Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service
Name of the organization

#### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

**2020** 

Employer identification number

MADISON SQUARE BOYS	& GIRLS CLUB, INC.	12 5506500
Organization type (check on	e):	13-5596792
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private	e foundation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private for	undation
	501(c)(3) taxable private foundation	
Check if your organization is	covered by the <b>General Rule</b> or a <b>Special Rule</b> .	
<b>Note:</b> Only a section 501(c)( instructions.	7), (8), or (10) organization can check boxes for both the General Rule an	d a Special Rule. See
General Rule		
_	n filing Form 990, 990-EZ, or 990-PF that received, during the year, con or property) from any one contributor. Complete Parts I and II. See instru contributions.	<del>-</del>
Special Rules		
regulations under s 13, 16a, or 16b, ar	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form nd that received from any one contributor, during the year, total contributor of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line	990 or 990-EZ), Part II, line tions of the greater of <b>(1)</b>
contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ to the year, total contributions of more than \$1,000 <i>exclusively</i> for religious onal purposes, or for the prevention of cruelty to children or animals. Con instead of the contributor name and address), II, and III.	s, charitable, scientific,
contributor, during contributions totale during the year for <b>General Rule</b> appli	the year, contributions exclusively for religious, charitable, etc., purpose and more than \$1,000. If this box is checked, enter here the total contributions exclusively religious, charitable, etc., purpose. Don't complete any of less to this organization because it received nonexclusively religious, charitable, etc., purpose.	s, but no such utions that were received the parts unless the table, etc., contributions
=	t isn't covered by the General Rule and/or the Special Rules doesn't file ust answer "No" on Part IV, line 2, of its Form 990; or check the box on	*

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) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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

Employer identification number 13-5596792

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$425,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$250,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	N/A	\$1,443,999.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$551,080.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)

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

Employer identification number 13-5596792

art II	<b>Noncash Property</b>	(see instructions).	Use duplicate	copies of Part II	if additional space is needed.
--------	-------------------------	---------------------	---------------	-------------------	--------------------------------

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(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
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization MADISON SQUARE BOYS & GIRLS CLUB, INC. Employer identification number 13-5596792 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

MAI	ISON SQUARE BOYS & GIRLS CLUB, INC.	13-5596792
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or	r Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant f	unds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	any other purpose
	conferring impermissible private benefit?	Yes No
Pa	rt 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).	
		of a historically important land area
		of a certified historic structure
•	Preservation of open space	the form of a consequation
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	Held at the End of the Tax Year
_	easement on the last day of the tax year.	
a	Total number of conservation easements	2a   2b
b C	Number of conservation easements on a certified historic structure included in (a)	2c 2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	20
u	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or term	
	tax year ▶	mated by the organization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspect	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing	conservation easements during the year
	<b>&gt;</b>	
7	$Amount\ of\ expenses\ incurred\ in\ monitoring,\ inspecting,\ handling\ of\ violations,\ and\ enforcing\ constraints$	conservation easements during the year
	<b>&gt;</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sect	
	and section 170(h)(4)(B)(ii)?	Yes L No
9	In Part XIII, describe now the organization reports conservation easements in its revenue an	a expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financ organization's accounting for conservation easements.	cial statements that describes the
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe	ar Similar Assets
1 6	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	ommar Assets.
1a		ie statement and halance sheet works
ıu	If the organization elected, as permitted under FASB ASC 958, not to report in its revenu 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 t	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue s art, historical treasures, or other similar assets held for public exhibition, education, or resprovide the following amounts relating to these items:	statement and balance sheet works of search in furtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar	assets for financial gain, provide the
	following amounts required to be reported under FASB ASC 958 relating to these items:	
a	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	> \$

Schedule D (Form 990) 2020

Page 2

Pa	rt    Organizations Maintaini	ng Collections of	Art, Historical Tre	easures,	or Other	Similar Assets (	continu	ed)	
3	Using the organization's acquisitio	n, accession, and o	ther records, check	k any of t	he follow	ing that make sig	nificant	use c	of its
	collection items (check all that appl	y):							
а	Public exhibition			or exchan	ge prograi	m			
b	Scholarly research		e Other						
С	Preservation for future gener								
4	Provide a description of the organ	ization's collections	and explain how	they furth	er the or	ganization's exemp	t purpo	se in	Part
_	XIII.	11.14							
5	During the year, did the organizatio								٦
Do	assets to be sold to raise funds rath		lined as part of the	organizatio	on's collec	ction?	Yes	·	No
Pa	rt IV Escrow and Custodial An Complete if the organiza 990, Part X, line 21.	•	s" on Form 990, F	Part IV, lir	ne 9, or r	eported an amou	nt on F	orm	
1a	Is the organization an agent, trust								_
	included on Form 990, Part X?					[	Yes	;	No
b	If "Yes," explain the arrangement in	n Part XIII and comp	lete the following tal	ole:					
						Amoun	t		
С	Beginning balance				С				
d	Additions during the year				d				
e	Distributions during the year								
f	Ending balance								<b>.</b>
2a	9						Yes		No
	If "Yes," explain the arrangement in <b>rt V Endowment Funds.</b>	1 Part Alli. Check he	ere ii the explanation	nas been	provided	on Part Alli			
Га	rt V Endowment Funds. Complete if the organiza	tion answered "Ye	s" on Form 990 F	Part IV lin	ne 10				
		(a) Current year	(b) Prior year	(c) Two y		(d) Three years back	(e) Fou	r vears	hack
4.	Danissis and seem belones	40,745,025.	38,528,430.		6,778.	32,049,491.			465.
1a	Beginning of year balance	88,665.	150,015.		9,261.	2,087,013.			149.
b	Net investment earnings, gains,	, , , , , , , , , , , , , , , , , , , ,				, , , , , , , , , , , , , , , , , , , ,			
С	and losses	9,985,876.	3,403,870.	2,64	8,406.	,406. 3,400,274.		918,	877.
d									
e	Other expenditures for facilities								
Ū	and programs	1,298,390.	1,337,290.	1,75	6,015.				
f	Administrative expenses								
q	End of year balance	49,521,176.	40,745,025.	38,52	8,430.	37,536,778.	32,	049,	491.
2	Provide the estimated percentage	of the current year e	end balance (line 1g,	column (a	i)) held as	:			
а	Board designated or quasi-endowm		_%						
	Permanent endowment ► 64.0								
С	Term endowment ► 36.0000								
_	The percentages on lines 2a, 2b, a								
3a	Are there endowment funds not in	the possession of th	e organization that	are held a	and admir	nistered for the	1	Yes	No
	organization by:						3a(i)	163	X
	<ul><li>(i) Unrelated organizations</li><li>(ii) Related organizations</li></ul>						3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate						3b		
4	Describe in Part XIII the intended u	•	•				35		
	rt VI Land, Buildings, and Equ	ipment.							
	Complete if the organiza	ation answered "Ye							
	Description of property	(a) Cost or (invest		or other basis other)		cumulated (eciation	d) Book v	alue	
1a	Land	,		370,734			3	70,7	734.
b	Buildings		22,3	394,343	. 14,9	30,621.		63,7	
С	Leasehold improvements								
d	Equipment		1,6	597,738	. 6	97,291.	1,0	00,4	47.
e	Other								
Tota	I. Add lines 1a through 1e. (Column		n 990, Part X, colum	n (B), line	10c.)	▶	8,8	34,9	03.

Schedule D (Form 990) 2020		F	Page 3
Part VII Investments - Other Securities. Complete if the organization answe	red "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)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) .  Part VIII Investments - Program Related.			
	red "Yes" on Form 990	), Part IV, line 11c. See Form 990, Part X, line 13	٠.
(a) Description of investment	(b) Book value	(c) Method of valuation:	
		Cost or end-of-year market value	
<u>(1)</u>			
(2)			
(3)			
(4)			
<u>(5)</u>			
<u>(6)</u>			
<u>(7)</u> <u>(8)</u>			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	<b>&gt;</b>		
Part IX Other Assets.	<u> </u>		
	red "Yes" on Form 990	), Part IV, line 11d. See Form 990, Part X, line 15	
(a)	Description	(b) Book value	e
(1)			
(2)			
<u>(3)</u>			
_(4)			
<u>(5)</u>			
(6)			
<u>(7)</u>			
(8)			
(9)	(D) line 15 \		
Total. (Column (b) must equal Form 990, Part X, col. (Part X Other Liabilities.	<i>b)</i> III le 13.)	· · · · · · · · · · · · · · · · · · ·	
	red "Yes" on Form 990	), Part IV, line 11e or 11f. See Form 990, Part X,	
	cription of liability	(b) Book value	
(1) Federal income taxes	onphon of hability	(D) Dook value	
(2) DEFERRED RENT PAYABLE		8,1	124.
(3)		,	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 2	25.)		124.
2. Liability for uncertain tax positions. In Part XIII, provide			
organization's liability for uncertain tax positions under FA	SB ASC 740. Check here if	the text of the footnote has been provided in Part XIII.	1 1

Schedule D (Form 990) 2020 Page 4

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Returnation Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	25,699,450.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	10,009,711.
3	Subtract line 2e from line 1	3	15,689,739.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 428,890.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	496,638.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	16,186,377.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	19,356,812.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	_	1 576 071
е	Add lines 2a through 2d	2e	1,576,971.
3	Subtract line 2e from line 1	3	17,779,841.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 428,890.		
b	Other (Describe in Part XIII.)		E02 402
_ C	Add lines 4a and 4b	4c	583,403. 18,363,244.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	10,303,244.
Provid 2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5		

#### 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 XI, LINE 2D

CHANGE IN VALUE OF BENEFICIAL IN TRUSTS: \$ 555,819

INCOME FROM TRUSTS: \$ 90,946

RENTAL EXPENSES: \$ 7,500

MSBGC SUPPORT ORG REVENUE: \$ 257

MSGBC FOUNDATION REVENUE: \$ 382,032

SCHEDULE D, PART XI, LINE 4B

TRANSFER TO FOUNDATION: \$ 67,748

SCHEDULE D, PART XII, LINE 2D

RENTAL EXPENSES: \$ 7,500

MSBGC SUPPORT ORG REVENUE: \$1,569,471

SCHEDULE D, PART XII, LINE 4B

TRANSFER TO FOUNDATION: \$ 67,748

TRANSFER TO SUPPORT CORP: \$ 86,765

SCHEDULE D, PART X, LINE 2

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.

#### **SCHEDULE G** (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

Name of the organization					Employer Identification	on number
MADISON SQUARE BOYS & GIRLS (					13-5596792	
<b>Form 990-EZ filers are not re</b>				Yes" on Form 99	90, Part IV, line 1	7.
1 Indicate whether the organization ra	ised funds through	any of the	following	activities. Check	all that apply.	
a Mail solicitations	е	Solid	citation of i	non-government g	grants	
<b>b</b> Internet and email solicitations	f			government grant		
c Phone solicitations	g			ising events		
d In-person solicitations	3			3		
<ul> <li>Did the organization have a written or key employees listed in Form 990</li> <li>b If "Yes," list the 10 highest paid ind compensated at least \$5,000 by the</li> </ul>	D, Part VII) or entity lividuals or entities	in connec	tion with p	orofessional fundra	ising services?	Yes No fundraiser is to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(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						
4						
5						
6						
7						
8						
9						
10						
Total		•	•			
3 List all states in which the organizate registration or licensing.				contributions or	has been notified	it is exempt from

Page 2 Schedule G (Form 990 or 990-EZ) 2020 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List

		events with gross receipts gre	eater than \$5,000.	· ·				
			(a) Event #1 CTB GALA	(b) Event #2 YOY GALA	(c) Other events 5.	(d) Total events (add col. (a) through		
Revenue			(event type)	(event type)	(total number)	col. <b>(c)</b> )		
	1	Gross receipts	1,430,228.	1,000,127.	234,729.	2,665,084.		
ď	2	Less: Contributions Gross income (line 1 minus	1,430,228.	1,000,127.	186,790.	2,617,145.		
		line 2)			47,939.	47,939.		
Direct Expenses	4	Cash prizes						
	5	Noncash prizes	65,795.		18,850.	84,645.		
	6	Rent/facility costs			56,530.	56,530.		
t Exp(	7	Food and beverages						
Direc	8	Entertainment						
1	9	Other direct expenses	44,620.	45,393.	9,872.	99,885.		
	10	Direct expense summary. Add lin	241,060.					
Pa		Net income summary. Subtract li				-193,121.		
Гα		Gaming. Complete if the org \$15,000 on Form 990-EZ, lin		tes on Folli 990, r	Part IV, line 19, or	reported more than		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))		
Rev	1	Gross revenue						
ses	2	Cash prizes						
rect Expenses	3	Noncash prizes						
rect E	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes % No	Yes% No	Yes% No			
	7	7 Direct expense summary. Add lines 2 through 5 in column (d)						
	8	Net gaming income summary. Su	btract line 7 from line	1, column (d)	<b>&gt;</b>			
9 a k	l •	Enter the state(s) in which the orgalis the organization licensed to con If "No," explain:		in each of these state	es?	Yes No		
10a k		Were any of the organization's gaming If "Yes," explain:	g licenses revoked, susp			Yes No		

Sched	Tule G (Form 990 or 990-EZ) 2020
11	Does the organization conduct gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity conducted in:
a	The organization's facility
b	An outside facility
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
	revenue? Yes No
b	
С	amount of gaming revenue retained by the third party ► \$  If "Yes," enter name and address of the third party:
·	in res, enter hame and address of the tillid party.
	Name ▶
	Address ▶
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ► \$
	Description of services provided ▶
	Director/officer
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
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	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2020

## SCHEDULE I (Form 990)

# **Grants and Other Assistance to Organizations,** Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

2020 **Open to Public** 

OMB No. 1545-0047

Inspection

Name of the organization						Employer identificati	on number
MADISON SQUARE BOYS & GIRLS CLUB	, INC.					13-559679	2
Part I General Information on Grants a	nd Assistanc	е					
<ol> <li>Does the organization maintain records to the selection criteria used to award the gra</li> <li>Describe in Part IV the organization's proc</li> </ol>	ints or assistand	e?					X Yes No
Part IV, line 21, for any recipient		_					es" on Form 990,
1 (a) Name and address of organization or government	<b>(b)</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 CORP.							
250 BRADHURST AVENUE NEW YORK, NY 10039	81-5459134	501(C)3	86,765.				GENERAL SUPPORT
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
<ul><li>2 Enter total number of section 501(c)(3) an</li><li>3 Enter total number of other organizations I</li></ul>	•	•					1.

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

Schedule I (Form 990) 2020

Schedule I (Form 990) (2020)

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

(a) Type of grant or assistance	<b>(b)</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
1 scholarships	7.	42,366.		FMV	
2					
3					
4					
5					
6					
7					

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

SCHEDULE I, PART I, LINE 2

SCHOLARSHIPS ARE AWARDED TO ELIGIBLE CANDIDATES WHO COMPLETED AN APPLICATION AND WERE APPROVED BY THE SCHOLARSHIP COMMITTEE (PANEL).

SCHOLARSHIPS ARE CONDITIONAL BASED UPON COLLEGE ATTENDANCE AND GRADE AVERAGE. SOCIAL AND/OR ECONOMIC NEEDS ARE ASSESSED IN ACCORDANCE WITH MADISON'S MISSION TO DETERMINE THE REAL NEED FOR THE ASSISTANCE. USE OF FUNDS ARE REVIEWED AND MONITORED BY THE CHIEF OPERATING OFFICER ON AN ANNUAL BASIS.

### **SCHEDULE J** (Form 990)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

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

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

OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

MADISON SQUARE BOYS & GIRLS CLUB, INC.

13-5596792

Employer identification number

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only costion $E04/a/(2)$ , $E04/a/(4)$ , and $E04/a/(20)$ examinations must complete lines $E.0$			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
3	compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		X
D	If "Yes" on line 5a or 5b, describe in Part III.	30		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
·	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
_	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 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-MI	SC 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)	291,769.	25,000.	18,705.	33,500.	38,238.	407,212.	
1 EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	
JEFFREY DOLD	(i)	210,160.	10,000.	660.	22,723.	42,627.	286,170.	
2 <sup>CHIEF</sup> FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	
STEVEN MELTON	(i)	235,796.	10,000.	8,339.	25,061.	19,574.	298,770.	
3 <sup>CHIEF</sup> OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	
SALINA MUELLICH	(i)	170,839.	8,000.	988.	18,305.	25,735.	223,867.	
4 <sup>CHIEF</sup> 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) 2020

### Part | 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, JEFFREY DOLD, STEVEN MELTON, AND SALINA MUELLICH

RECEIVED DISCRETIONARY BONUSES APPROVED BY THE BOARD PRESIDENT.

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

## **Noncash Contributions**

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

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

Employer identification number Name of the organization MADISON SQUARE BOYS & GIRLS CLUB, INC.

13-5596792

Par	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	Method of noncash cont			_
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods	X		12,740.	SELLING F	PRICE	C	
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		8.	152,048.	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 )		69.	71,905.				
26	Other ►()							
27	Other ►()							
	Other ►(							
29	Number of Forms 8283 received							
	which the organization completed I	Form 8283,	Part V, Donee Acknowledge	ement	29			
							Yes	No
30a	During the year, did the organizat				_			i
	28, that it must hold for at least the	-				20-		Х
	to be used for exempt purposes for		olding period?			30a		
	If "Yes," describe the arrangement i		and malley that we the	a tha markey of a				
31	Does the organization have a					24		Х
20-	contributions?					31		
32a	Does the organization hire or use	-	_	•		22-		Х
	contributions?					32a		Λ
	If "Yes," describe in Part II.	amaunt in -	alumn (a) for a time of	norty for which column (-)	io oboolead			
33	If the organization didn't report an describe in Part II.	amount in C	olumn (c) for a type of pro	perty for which column (a)	is checked,			
	accombo in r die in							

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

Schedule M (Form 990) 2020

SELLING PRICE

Schedule M (Form 990) (2020) Page 2

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

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

(B) NUMBER OF (C) REVENUES (D) METHOD OF DESCRIPTION (A) CHECK CONTRIBUTIONS REPORTED DETERMINING

69.

71,905.

TOTALS 69. 71,905.

Χ

GIFT CERTIFICATES

## SCHEDULE O (Form 990 or 990-EZ)

#### 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.

2020
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number 13-5596792

MADISON SQUARE BOYS & GIRLS CLUB, INC.

FORM 990, PART VI, SECTION A, LINE 4

THE ORGANIZATION REORGANIZED THE BOARD COMPOSITION TO ALLOW FOR MORE FREQUENT MEETINGS.

FORM 990, PART VI, SECTION A, LINE 6

MADISON SQUARE BOYS AND 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 TO THE ENTIRE BOARD PRIOR TO

FILING. ANY QUESTIONS OR COMMENTS ARE SUBMITTED TO THE CHIEF FINANCIAL

OFFICER. REVISIONS ARE MADE WHEN NECESSARY.

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 COMMITTEE AND/OR THE

BOARD TO ENSURE THEIR EXCLUSION IN ANY RELATED PROCESSES.

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

THE COMPENSATION OF THE EXECUTIVE DIRECTOR IS DETERMINED WITH A

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. THE

REVIEW IS DONE ANNUALLY AND WAS LAST DONE IN 2021.

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.

ATTACHMENT 1

#### FORM 990, PART III - PROGRAM SERVICE, LINE 4A

HEALTHY LIFESTYLES PROGRAMS: ENCOURAGE OUR MEMBERS TO ADOPT A

HEALTHY DIET, PRACTICE POSITIVE LIFESTYLE CHOICES, MAKE A LIFELONG

COMMITMENT TO FITNESS, AND SUPPORT THEIR MENTAL HEALTH. 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 ON A

DAILY BASIS, HELP YOUNG PEOPLE MAKE NUTRITION AND WELLNESS HABITS A

DAILY PRACTICE, AND EMPOWER YOUTH TO AVOID TOBACCO, ALCOHOL AND

DRUGS. IN ADDITION, MADISON OFFERS ONE-ON-ONE MENTORING,

MEDITATION, YOGA SESSIONS, AND LISTENING CIRCLES FOR TEENS TO HELP

Employer identification number 13-5596792

ATTACHMENT 1 (CONT'D)

MEMBERS PROCESS THE CHALLENGES IN THEIR LIVES, INCLUDING THE TRAUMA FROM THE COVID-19 PANDEMIC. IN 2021, 100% OF MEMBERS PARTICIPATED IN OUR HEALTHY LIFESTYLES PROGRAMS, 203 TEENS PARTICIPATED IN OUR SUBSTANCE-ABUSE PREVENTION PROGRAM AND 90% OF MEMBERS REPORTED THAT THEY COULD TURN TO AT LEAST ONE STAFF MEMBER AT THE CLUB DURING A TIME OF CRISIS.

ATTACHMENT 2

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

GOOD CHARACTER AND CITIZENSHIP PROGRAMS: OFFER OUR MEMBERS
OPPORTUNITIES TO DEVELOP LEADERSHIP CAPABILITIES, BUILD
SOCIAL-EMOTIONAL SKILLS AND MAKE A DIFFERENCE IN THEIR COMMUNITY.
MEMBERS ORGANIZE SERVICE PROJECTS, PARTICIPATE IN GENDER-SPECIFIC
INITIATIVES THAT FOCUS ON VALUES DEVELOPMENT, AND DO ADVOCACY WORK
IN THEIR LOCAL NEIGHBORHOODS. TEENS CAN PARTAKE IN THE YOUTH OF THE
YEAR PROGRAM, THE PREMIER NATIONAL RECOGNITION PROGRAM FOR BOYS AND
GIRLS CLUBS OF AMERICA MEMBERS, WHICH HONORS YOUNG PEOPLE WHO HAVE
DISTINGUISHED THEMSELVES ACADEMICALLY AND SOCIALLY THROUGH THEIR
POSITIVE ACTIONS. IN 2021, 93% OF OUR MEMBERS SAID THAT THEY TRY TO
HELP OTHERS WHEN THEY SEE PEOPLE IN NEED AND 84% REPORTED THAT WHEN

ATTACHMENT 3

Name of the organization  $\mbox{MADISON SQUARE BOYS \& GIRLS CLUB, INC.}$ 

Employer identification number 13-5596792

ATTACHMENT 3 (CONT'D)

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. IN 2021, IN LIGHT OF THE COVID-19 PANDEMIC, MADISON OPENED ITS CLUBS TO OPERATE SCHOOL-DAY LEARNING LABS IN PARTNERSHIP WITH THE NYC DEPT OF EDUCATION. THESE LABS PROVIDED CHILDREN OF ESSENTIAL WORKERS AND OTHER YOUTH WITH CHALLENGING HOME CIRCUMSTANCES A PLACE TO GO ON THEIR REMOTE SCHOOL DAYS TO CONNECT WITH THEIR CLASSROOM LEARNING AND ENJOY SUPPLEMENTARY ACTIVITIES. IN 2021, 618 YOUTH ATTENDED OUR LEARNING LABS, 209 YOUTH PARTICIPATED IN INNOVATIVE STEM PROGRAMS, AND 220 TEENS PARTICIPATED IN WORKFORCE DEVELOPMENT PROGRAM.

ATTACHMENT 4

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

NAME AND ADDRESS

DESCRIPTION OF SERVICES

LEGAL

COMPENSATION

FRIEDMAN, KAPLAN, SEILER & ADELMAN, LLP 7 TIMES SQUARE

NEW YORK, NY 10036

1,040,201.

Schedule O (Form 990 or 990-EZ) 2020 Page **2** 

Name of the organization

MADISON SQUARE BOYS & GIRLS CLUB, INC.

Employer identification number

13-5596792

ATTACHMENT 4 (CONT'D)

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

DESCRIPTION OF SERVICES COMPENSATION

PAUL, WEISS, ROFKIND, WHARTON & GARRISON
1285 AVENUE OF THE AMERICAS
NEW YORK, NY 10019

PILLSBURY WINTHROP SHAW PITTMAN LLP
PO BOX 30769

DESCRIPTION OF SERVICES
COMPENSATION
156,298.

1607,721.

NEW YORK, NY 30769

#### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

2020

Open to Public Inspection

MADISON SQUARE BOYS & GIRLS CLUB, INC.

Employer identification number

13-5596792

(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
(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>(b)</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	conti	g) 512(b)(13) rolled ity?
						Yes	No
(1) MSBGC-NYC SUPPORT CORPORATION 81-5459134							
250 BRADHURST AVE NEW YORK, NY 10039	SUPPORT	NY	501(C)(3)	11A	MAD. SQ. BGC	X	İ
(2) MADISON SQUARE B&G CLUB FOUNDATION INC. 85-4129850							
250 BRADHURST AVE NEW YORK, NY 10039	SUPPORT	NY	501(C)(3)	11B	MAD. SQ. BGC	X	
(3)							
							l
(4)							
(5)							l
_(6)							
							<u> </u>
(7)							

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

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(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	ox 20 managii K-1 partner		(k) Percentage ownership
		country)		300010110 012 011)			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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13 controlled entity?
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	Х	
	Gift, grant, or capital contribution to related organization(s)		Х	
	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d	Х	
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		X
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s).	1h		X
i	Exchange of assets with related organization(s)	1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		X
-				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х	
	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		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Х	l
	Sharing of paid employees with related organization(s)	10	Х	l
р	Reimbursement paid to related organization(s) for expenses	1р		X
	Reimbursement paid by related organization(s) for expenses	1q	Х	l
·				
r	Other transfer of cash or property to related organization(s)	1r		X
	Other transfer of cash or property from related organization(s).	1s		Х
	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three	shold	s.	

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	MADISON SQUARE B & G CLUB FOUNDATION, INC.	D	600,000.	COST
(2)	MSBGC-NYC SUPPORT CORPORATION	К	393,000.	COST
(3)	MSBGC-NYC SUPPORT CORPORATION	В	86,765.	COST
(4)	MADISON SQUARE B & G CLUB FOUNDATION, INC.	Q	50,748.	ESTIMATED COST
(5)	MADISON SQUARE B & G CLUB FOUNDATION, INC.	A	17,000.	COST
(6)				

### 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	Organizations:		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		ownership
			sections 512 - 514)	Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

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# Part VII Supplemental Information

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