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

Form **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

2021

Open to Public Inspection

A F	or th	ne 202	1 calendar year, or tax year beginning $10/$	01/2021	and endin	ng		09/	30/20	22				
R o	h I - if -		C Name of organization				D Employer ide	entifica	ation numl	oer				
	heck if a		MADISON SQUARE BOYS & GIRLS CLUB, IN	C										
	Addre		Doing Business As				13-5596							
	Name	e change	Number and street (or P.O. box if mail is not delivered to street addres	s)	Room/suite		E Telephone number							
	Initia	l return	250 BRADHURST AVENUE				(212)76	50 – 9	9600					
	Term	inated	City or town, state or province, country, and ZIP or foreign postal code	)										
	Amer retur		NEW YORK, NY 10039				G Gross receipt	s \$	20,	146,	909.			
	Appli pend	cation ing	F Name and address of principal officer: TIM MCCHRIST	IAN			H(a) Is this a grouse subordinates		n for	Yes	X No			
			250 BRADHURST AVENUE, NEW YORK, NY 10	039			H(b) Are all subordi		luded?	Yes	No			
<u> </u>	Tax-ex	cempt st	atus: X 501(c)(3) 501(c)( ) ◀ (insert no.)	4947(a)(1)	or 527	7	If "No," attac	h a list.	(see instruct	ions)				
J	Webs	ite: 🕨	WWW.MADISONSQUARE.ORG			1	H(c) Group exemp	otion nu	mber <b>&gt;</b>					
K	Form	of organ	nization: X Corporation Trust Association Other	•	L Year of	formation	on: 1946 <b>M</b>	State o	of legal dor	nicile:	NY			
P	art I	Sui	mmary											
	1	Briefly	/ describe the organization's mission or most significant activities	s: TO S <i>I</i>	AVE AND I	ENHAN	CE THE L	IVES	OF N	Ϋ́С				
ė			S AND GIRLS WHO BY MEANS OF ECONOMIC AT											
Governance			$\Gamma$ IN NEED OF ITS SERVICES.											
/err	2	Check	this box if the organization discontinued its operation	ns or dispose	ed of more tha	an 25% (	of its net assets	 6.						
Ó	3	Numb	er of voting members of the governing body (Part VI, line 1a)					3			8			
ంర	4		er of independent voting members of the governing body (Part					4			8			
Activities	5		number of individuals employed in calendar year 2021 (Part V, li					5			228			
	6		number of volunteers (estimate if necessary)					6			75			
Ac	7a		unrelated business revenue from Part VIII, column (C), line 12					7a						
			nrelated business taxable income from Form 990-T, line 34					7b						
Revenue			,		Prior Year		Curre	ent Yea	ar					
	8	Contri	butions and grants (Part VIII, line 1h)		<del></del>		10,198,96	6.	8,	412,	,787.			
	9	Progra	am service revenue (Part VIII, line 2g)	005	Y FOR		3,93		<u> </u>		94.			
	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)		NSPECTION		6,176,59		4,	451.	799.			
Ř	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				-193,12				,485.			
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (				16,186,37		12.		165.			
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)				129,13				,922.			
	14		its paid to or for members (Part IX, column (A), line 4)				ONE	NONI						
w	4-		es, other compensation, employee benefits (Part IX, column (A),				7,518,05		6,550,497					
Expenses	16a		ssional fundraising fees (Part IX, column (A), line 11e)					ONE	- ,		NONE			
be	b	Total	fundraising expenses (Part IX, column (D), line 25)	201.628				,,,,,						
ũ	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				10,716,05	5.	12.	421.	956.			
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 2				18,363,24				375.			
	19		nue less expenses. Subtract line 18 from line 12				-2,176,86				210.			
or		110101	to loca expenses. Subtract line to from line 12				ing of Current Y			of Year				
Net Assets or Fund Balances	20	Total :	assets (Part X, line 16)					_			898.			
Ass Bal	21		liabilities (Part X, line 26)				4,735,28				152.			
E E	22		ssets or fund balances. Subtract line 21 from line 20			1 (	08,431,16				746.			
	rt II		gnature Block	<u> </u>			30,131,10	<u> </u>	757	002,	7 10 .			
			of perjury, I declare that I have examined this return, including accomp	anving sched	ules and statem	nents, an	d to the best of	mv kı	nowledge a	and be	lief. it is			
true	e, corre	ect, and	complete. Declaration of preparer (other than officer) is based on all infor	mation of whi	ich preparer has	s any kno	owledge.							
Sig	ın		Signature of officer				Date							
He	re													
			Type or print name and title											
			Type preparer's name Preparer's enarging O		Date		Check	if P	TIN					
Paid	t	AAR	ON SHAPIRO		08.15	.2023	3 self-employe		201333	816				
	parer		sname FORVIS, LLP	$\overline{}$			Firm's EIN		-0160					
Use	Only		saddress > 1155 AVENUE OF THE AMERICAS #1200 NEW YOR	₩ NTV 1005	86		Phone no.		.2-867					
May	/ the I		cuss this return with the preparer shown above? (see instructions		,,,		HOHE HO.		X Ye		No			
			Reduction Act Notice, see the separate instructions.	7		<u></u>					(2021)			
	. upc								1 0111		()			

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Pa	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III	٦
1	Briefly describe the organization's mission:	
•	TO SAVE AND ENHANCE THE LIVES OF NYC BOYS AND GIRLS WHO BY MEANS OF	
	ECONOMIC AND/OR SOCIAL FACTORS ARE MOST IN NEED OF ITS SERVICES.	
		_
_		_
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes X N	0
3	f "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program	
J	services?	0
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured lexpenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other he total expenses, and revenue, if any, for each program service reported.	
4a	Code: ) (Expenses \$ 3,023,230. including grants of \$ ) (Revenue \$ )	_
	SEE SCHEDULE O	_
		_
		_
		_
		_
	Code:) (Expenses \$1,885,013. including grants of \$8,430. ) (Revenue \$)	
	SEE SCHEDULE O	
		_
		_
		_
		_
4c	Code:) (Expenses \$3,742,954. including grants of \$89,492. ) (Revenue \$94. )	
	SEE SCHEDULE O	_
		_
		_
		_
		_
		_
		_
		_
اء 4	Other program services (Describe on Schedule O.)	_
+u	Other program services (Describe on Schedule O.)  Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Fotal program service expenses ► 8,651,197.	_

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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)			
•	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,	-		21
J	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
c	·	3		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "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		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
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	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? 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			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
_	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	175		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		Λ
16		16		37
47	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	4-7		3.5
40	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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
_	If "Yes," complete Schedule G, Part III	19		X
	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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	1

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Part	IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
<b>-</b> 4u	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
23 a		25.0		v
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	051		3.7
00	If "Yes," complete Schedule L, Part I	25b		_X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	20-		37
20	"Yes," complete Schedule L, Part IV	28c 29	37	_X
29		29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		v
24	conservation contributions? If "Yes," complete Schedule M	30 31		X 
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.	32		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33		
04	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Jou		
-		35b	Х	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? <b>Note</b> : All Form 990 filers are required to complete Schedule O	38	Х	
Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable <u>1a</u> 26			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
ISA	reportable gaming (gambling) winnings to prize winners?	1c		

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
h	Charles not and care name your criams are your continued by the rotation of	2b	Х	
-				
3a		3a		Х
		3b		
		4a		Х
b				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	ter the number of employees reported on Form W-3. Transmittal of Wage and Tax tertements, filed for the calendar year ending with or within the year covered by this return.  2a 228 2b at least one is reported on line 2a, did the organization file all required federal employment tax returns? The cill the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.  3a 3			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
			Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		
		7c		X
		_		
				X
				X
_				
_		/ 11		
8		8		
9				
		9a		
	·			
	Section 501(c)(12) organizations. Enter:			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а		13a		
	· · · · · · · · · · · · · · · · · · ·			
b	, , , , , , , , , , , , , , , , , , , ,			
	The organization of the property of the proper			
		140		v
				X
		140		
15		15		
		13		
16		16		
10				
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

13-5596792

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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year <u>1a</u> 8			
	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			
b	committee, explain on Schedule O.  Enter the number of voting members included on line 1a, above, who are independent.  1b 8			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	1		
_	any other officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		
3	supervision of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4		4		X
	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	X	
6	Did the organization have members or stockholders?		21	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7a		Х
	one or more members of the governing body?	1 a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76	Х	
_	stockholders, or persons other than the governing body?	7b	Λ	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:	0-	3.7	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			3.7
Cooti	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	1	X
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.) Yes	No
		10a	Х	
	Did the organization have local chapters, branches, or affiliates?	TUA	Λ	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b	Х	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	X	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Ha	Λ	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	120	37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	12b	Х	
	rise to conflicts?	120	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12c	Х	
	describe on Schedule O how this was done	13	X	
13	Did the organization have a written whistleblower policy?	14	X	
14	Did the organization have a written document retention and destruction policy?	14	Λ	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	150	37	
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a		X
	with a taxable entity during the year?	Toa		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed   NY,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	(000	tion 5	01(0)
10	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	(560	11011 5	01(0)
4-	X Own website  Another's website  Upon request  Other (explain on Schedule O)		_	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	t inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's books and record JEFFREY DOLD 250 BRADHURST AVENUE NEW YORK, NY 10039	s ►		

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.s
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

C			(C)								
Compensation   Comp	(A)	(B)					(D)	(E)	(F)		
Compensation   Comp	Name and title	Average	(do r	not ch	neck	more	e than o	ne	Reportable	Reportable	Estimated amount
Comparison of the companison									· ·	•	
Companition		1 '				_					•
Care		, ,	Indi or d	Insti	Offic	E ey	High	Fom	,	•	
(1) TIM MCCHRISTIAN 34.00		related	/idu	tutic	ĕ	emp	lest	ner	1099-NEC)	1099-NEC)	related organizations
(1) TIM MCCHRISTIAN 34.00		"	or tr	nal		loye	e com				
(1) TIM MCCHRISTIAN 34.00			ıste	trus		ě	pen				
(1) TIM MCCHRISTIAN 34.00		401104 11110)	U	tee			sate				
EXECUTIVE DIRECTOR							٥				
C2   STEVEN MELTON   35.00   X   272,909.   NONE   45,797.	(1) TIM MCCHRISTIAN	34.00									
CHIEF OPERATING OFFICER NONE X 272,909. NONE 45,797.  (3) JEFFREY DOLD 34.00 CHIEF FINANCIAL OFFICER 1.00 CHIEF FINANCIAL OFFICER 1.00 CHIEF ADV. OFF. (THRU 7/30/21) 34.00 DIRECTOR, HR BUSINESS PARTNER NONE X 131,419. NONE 33,307. (6) ANTONIO FORT 35.00 DIR. OF CLUBHOUSE OPERATIONS NONE X 116,953. NONE 32,710. (7) LILIYA SHAPIRO 35.00 SENIOR ACCOUNTANT NONE X 104,417. NONE 39,771. (8) STANLEY KING 35.00 BROOKLYN BOROUGH DIRECTOR NONE X 105,532. NONE 35,129. (9) BARRY I. BREGMAN 2.00 VICE CHAIRMAN 0.25 X X NONE NONE NONE NONE (10) DONALD C. DEVINE 2.00 CO-PRESIDENT 0.25 X X NONE NONE NONE NONE (11) RICHARD EADDY 2.00 CO-PRESIDENT 0.50 X X NONE NONE NONE NONE (12) STEVEN MIYAO 2.00 CO-PRESIDENT 0.50 X X NONE NONE NONE NONE NONE (12) STEVEN MIYAO 2.00 TREASURER NONE X NONE NONE NONE NONE NONE NONE (13) MITCHELL SCHERZER 2.00 TREASURER NONE X NONE NONE NONE NONE NONE NONE NO	EXECUTIVE DIRECTOR	1.00			Х				366,347.	NONE	71,736.
CHIEF FINANCIAL OFFICER   1.00	(2) STEVEN MELTON	35.00									
CHIEF FINANCIAL OFFICER	CHIEF OPERATING OFFICER	NONE			Х				272,909.	NONE	45,797.
(4) SALINA MUELLICH       1.00         CHIEF ADV. OFF. (THRU 7/30/21)       34.00       X       125,095.       96,886.       40,328.         (5) KENDRA WILSON       35.00       X       131,419.       NONE       33,307.         (6) ANTONIO FORT       35.00       X       116,953.       NONE       32,710.         (7) LILIYA SHAPIRO       35.00       X       104,417.       NONE       39,771.         (8) STANLEY KING       35.00       X       105,532.       NONE       35,129.         (9) BARRY I. BREGMAN       2.00       X       105,532.       NONE       NONE         (10) DONALD C. DEVINE       2.00       X       NONE       NONE       NONE       NONE       NONE         (11) RICHARD EADDY       2.00       X       X       NONE	(3) JEFFREY DOLD	34.00									
CHIEF ADV. OFF. (THRU 7/30/21)   34.00   X   125,095.   96,886.   40,328.	CHIEF FINANCIAL OFFICER	1.00			Х				245,210.	NONE	68,630.
Coordinates	(4) SALINA MUELLICH	1.00									
DIRECTOR, HR BUSINESS PARTNER   NONE   X   131,419.   NONE   33,307.	CHIEF ADV. OFF. (THRU 7/30/21)	34.00						Х	125,095.	96,886.	40,328.
Co   DIR. OF CLUBHOUSE OPERATIONS   NONE   X   116,953.   NONE   32,710.	(5) KENDRA WILSON	35.00									
DIR. OF CLUBHOUSE OPERATIONS         NONE         X         116,953.         NONE         32,710.           (7) LILIYA SHAPIRO         35.00         X         104,417.         NONE         39,771.           (8) STANLEY KING         35.00         X         105,532.         NONE         35,129.           (9) BARRY I. BREGMAN         2.00         X         NONE         <	DIRECTOR, HR BUSINESS PARTNER	NONE					Х		131,419.	NONE	33,307.
(7) LILIYA SHAPIRO       35.00         SENIOR ACCOUNTANT       NONE       X       104,417.       NONE       39,771.         (8) STANLEY KING       35.00       X       105,532.       NONE       35,129.         BROOKLYN BOROUGH DIRECTOR       NONE       X       105,532.       NONE       35,129.         (9) BARRY I. BREGMAN       2.00       X       X       NONE       NONE       NONE       NONE         VICE CHAIRMAN       0.25 X       X       X       NONE       NONE       NONE       NONE         (10) DONALD C. DEVINE       2.00       X       X       NONE       NONE       NONE       NONE         (11) RICHARD EADDY       2.00       X       X       NONE       NONE       NONE       NONE         (12) STEVEN MIYAO       2.00       X       X       NONE       NONE       NONE       NONE         (13) MITCHELL SCHERZER       2.00       X       X       NONE       NONE       NONE       NONE	(6) ANTONIO FORT	35.00									
SENIOR ACCOUNTANT	DIR. OF CLUBHOUSE OPERATIONS	NONE					X		116,953.	NONE	32,710.
ROOKLYN BOROUGH DIRECTOR	(7) LILIYA SHAPIRO	35.00									
BROOKLYN BOROUGH DIRECTOR   NONE   X   105,532.   NONE   35,129.	SENIOR ACCOUNTANT	NONE					X		104,417.	NONE	39,771.
(9) BARRY I. BREGMAN         2.00           VICE CHAIRMAN         0.25 X X         X         NONE         NONE         NONE           (10) DONALD C. DEVINE         2.00         X         X         NONE         NONE         NONE           CO-PRESIDENT         0.25 X         X         NONE         NONE         NONE         NONE           (12) STEVEN MIYAO         2.00         X         X         NONE         NONE         NONE         NONE           (13) MITCHELL SCHERZER         2.00         X         X         NONE         NONE         NONE         NONE	(8) STANLEY KING	35.00									
VICE CHAIRMAN         0.25 x         X         NONE         NONE         NONE           (10) DONALD C. DEVINE         2.00         X         X         NONE         NONE         NONE           CO-PRESIDENT         0.25 X         X         X         NONE         NONE         NONE           (12) STEVEN MIYAO         2.00         X         X         NONE         NONE         NONE           SECRETARY         0.25 X         X         NONE         NONE         NONE         NONE           (13) MITCHELL SCHERZER         2.00         X         X         NONE         NONE         NONE	BROOKLYN BOROUGH DIRECTOR	NONE					X		105,532.	NONE	35,129.
(10) DONALD C. DEVINE         2.00           CO-PRESIDENT         0.25 X         X           (11) RICHARD EADDY         2.00           CO-PRESIDENT         0.50 X         X           (12) STEVEN MIYAO         2.00           SECRETARY         0.25 X         X           (13) MITCHELL SCHERZER         2.00           TREASURER         NONE         X           NONE         NONE         NONE           NONE         NONE         NONE	(9) BARRY I. BREGMAN	2.00									
CO-PRESIDENT         0.25 x         X         NONE         NONE         NONE           (11) RICHARD EADDY         2.00         X         X         NONE         NONE         NONE           CO-PRESIDENT         0.50 x         X         X         NONE         NONE         NONE           (12) STEVEN MIYAO         2.00         X         X         NONE         NONE         NONE           SECRETARY         0.25 x         X         NONE         NONE         NONE         NONE           (13) MITCHELL SCHERZER         2.00         X         X         NONE         NONE         NONE           TREASURER         NONE         X         X         NONE         NONE         NONE		0.25	X		Χ				NONE	NONE	NONE
(11) RICHARD EADDY         2.00         X         X         NONE         NONE         NONE           CO-PRESIDENT         0.50         X         X         NONE         NONE         NONE           (12) STEVEN MIYAO         2.00         X         X         NONE         NONE         NONE           SECRETARY         0.25         X         X         NONE         NONE         NONE           (13) MITCHELL SCHERZER         2.00         X         X         NONE         NONE         NONE           TREASURER         NONE         X         X         NONE         NONE         NONE	(10) DONALD C. DEVINE	2.00									
CO-PRESIDENT         0.50 X         X         NONE         NONE         NONE           (12) STEVEN MIYAO         2.00         Image: Comparison of the c	CO-PRESIDENT	0.25	X		X				NONE	NONE	NONE
(12) STEVEN MIYAO         2.00           SECRETARY         0.25 X X           (13) MITCHELL SCHERZER         2.00           TREASURER         NONE X X           NONE NONE         NONE NONE	(11) RICHARD EADDY	2.00									
SECRETARY 0.25 X X NONE NONE NONE (13) MITCHELL SCHERZER 2.00 TREASURER NONE X X NONE NONE NONE	CO-PRESIDENT	0.50	X		X				NONE	NONE	NONE
(13) MITCHELL SCHERZER     2.00       TREASURER     NONE       X     X       NONE     NONE   NONE NONE	(12) STEVEN MIYAO	2.00									
TREASURER NONE X X NONE NONE NONE	SECRETARY	0.25	X		Χ				NONE	NONE	NONE
	(13) MITCHELL SCHERZER	2.00									
(44) VITCEOR CANTET 2 00   2 00			X		X				NONE	NONE	NONE
	(14) VICTOR GANZI	2.00									
BOARD CHAIRMAN (THRU 6/28/22) NONE X X NONE NONE NONE	BOARD CHAIRMAN (THRU 6/28/22)	NONE	X		Χ				NONE	NONE	

Form **990** (2021)

Form 990 (2021)

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	nplo	ye	es,	and I	lig	hest Compensat	ed Employees	s (continued)
(A) Name and title	(B) Average hours per week (list any	box,	unles	Pos heck ss pe	erson	e than o	an	(D) Reportable compensation from	(E) Reportable compensation fr related	(F) Estimated om amount of other
	hours for related organizations below dotted line)	offil Individual trustee or director	a Institutional trustee	a Officer	Key employee	Highest compensated employee	ee) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	
15) MATTHEW PETERSEN	2.00									
DIRECTOR	NONE	Х						NONE	NC	NE NO
16) STEVEN S. ELBAUM	2.00									
DIRECTOR (THRU 6/30/2022)	NONE	Х						NONE	NO	NE NO
17) JOSEPH GANTZ	1.00									
DIRECTOR	0.50	Х						NONE	NO	NE NO
18) OBA MCMILLAN	2.00									
DIRECTOR	0.50	Х						NONE	NC	NE NO
1h Sub-total								1,467,882.	96,88	6. 367,40
1b Sub-total c Total from continuation sheets to Part VII, S	oction A		• •		• •	• • •		NONE		
d Total (add lines 1b and 1c)	=				• •		•	1,467,882.	96,88	
Total number of individuals (including but not reportable compensation from the organization)	limited to t									
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										
4 For any individual listed on line 1a, is the organization and related organizations graindividual	eater than	\$15	50,0	00?	P It	"Yes	5, "	complete Schedu	le J for such	1
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	sati	on i	fron	n any	un	related organization	on or individua	ı
Section B. Independent Contractors										
1 Complete this table for your five highest com- compensation from the organization. Report of year.										
SEE SCHEDULE O Name and business add	dress							(B) Description of se	rvices	(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 ▶ 4

13-5596792

### Part VIII Statement of Revenue

		Check if Schedule	Осс	ontains a r	espor	nse or note to ar	ny line in this Part V	/III		
							(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					
ĞĞ	С	Fundraising events		[	1c	574,220.				
ifts ar A	d	Related organizations		[	1d	2,051,819.				
ila Gilla	е	Government grants (co			1e	4,489,197.				
Sin	f	All other contributions,		· · ·						
er		and similar amounts not i	-	-	1f	1,297,551.				
호	g	Noncash contributions	inclu	ded in						
dit		lines 1a-1f			1g 5	\$ 220,078.				
ည် မေ	h	Total. Add lines 1a-1f		•		•	8,412,787.			
						Business Code				
မွ	2a	CAMPING/PROGRAM FEES				713990	94.	94.		
ه چَ	b									
Se	C									
am	d									
Pg.	e									
Program Service Revenue	f	All other program servi	ico rov	/enue						
	g	Total. Add lines 2a-2f					94.			
	3	Investment income								
				_			1,240,126.			1,240,126.
	4	other similar amounts)				proceeds	NONE			
	5	Royalties				•	NONE			
		,		(i) Re		(ii) Personal				
	6a	Gross rents	6a	26	3,000.					
	b	Less: rental expenses	6b	26	3,000.					
	C	Rental income or (loss)			NONE	NONE				
	d	Net rental income or (lo					NONE			NONE
	7a	Gross amount from	, -	(i) Secur		(ii) Other				
		sales of assets								
		other than inventory	7a	10,16	6,768.					
Ð	b	Less: cost or other basis								
evenue		and sales expenses	7b	6,95	5,095.					
eve	С	Gain or (loss)	7c	3,21	1,673.					
₩	d	` ,					3,211,673.			3,211,673.
Other	8a	Gross income from		undraising						
ō	00	events (not including \$		574,220.						
		of contributions rep		on line						
		1c). See Part IV, line 18			8a	64,134.				
	b	Less: direct expenses				8,649.				
	C	Net income or (loss) fr					55,485.			55,485.
	9a	Gross income f	rom	gaming						
		activities. See Part IV, I			9a	NONE				
	b	Less: direct expenses			l	NONE				
	c	Net income or (loss) f					NONE			
	10a	Gross sales of i	nvent	orv, less						
		returns and allowances		•	10a	NONE				
	b	Less: cost of goods sole	d		10b	NONE				
		Net income or (loss) from				<b>.</b> .	NONE			
တ္						Business Code				
Miscellaneous Revenue	11a									
an	b									
eve	C									
lis R	d	All other revenue								
	е	Total. Add lines 11a-1	1d •		<u>.</u>		NONE			
	12	Total revenue. See ins					12,920,165.	94.		4,507,284.

13-5596792

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 respo		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	70,000.	70,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	27,922.	27,922.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	NONE			
4	Benefits paid to or for members	NONE			
5	Compensation of current officers, directors,				
	trustees, and key employees	966,976.	398,500.	475,007.	93,469.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	NONE			
7	Other salaries and wages	4,278,215.	3,797,237.	463,940.	17,038.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	292,020.	269,860.	22,160.	NONE
9	Other employee benefits	633,732.	563,816.	65,315.	4,601.
10	Payroll taxes	379,554.	309,342.	63,132.	7,080.
11	Fees for services (nonemployees):				
а	Management	NONE			
	Legal	7,895,768.		7,895,768.	
	Accounting	119,810.		119,810.	
d	Lobbying	NONE			
	Professional fundraising services. See Part IV, line 17.	NONE			
f	Investment management fees	400,985.		400,985.	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A), amount, list line 11g expenses on Schedule O.)	585,999.	376,045.	209,954.	
12	Advertising and promotion	NONE			
13	Office expenses	625,449.	577,000.	43,043.	5,406.
14	Information technology	NONE			
15	Royalties	NONE			
16	Occupancy	1,142,748.	972,976.	112,922.	56,850.
17	Travel	38,090.	30,031.	5,015.	3,044.
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	NONE			
19	Conferences, conventions, and meetings	169,016.	132,197.	32,989.	3,830.
20	Interest	12,646.		12,646.	
21	Payments to affiliates	NONE			
22	Depreciation, depletion, and amortization	918,808.	898,809.	10,708.	9,291.
23	Insurance	436,004.	227,462.	207,523.	1,019.
	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.)				
а	BAD DEBT	76,633.		76,633.	
b					
c					
d					
е	All other expenses				
	Total functional expenses. Add lines 1 through 24e	19,070,375.	8,651,197.	10,217,550.	201,628.
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)				

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### Part X Balance Sheet

		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	1,173,863.	1	719,603.					
	2	Savings and temporary cash investments	1,453,000.	2	1,445,727.					
	3	Pledges and grants receivable, net	5,790,255.	3	5,523,233.					
	4	Accounts receivable, net	879,039.	4	768,064.					
	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	NONE	5	NONE					
	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)	6	NONE						
ts	7	Notes and loans receivable, net	7	25,548,800.						
Assets	8	Inventories for sale or use								
ĕ	9	Prepaid expenses and deferred charges	302,904.	9	99,006.					
	10 a	Land, buildings, and equipment: cost or other	·							
		basis. Complete Part VI of Schedule D 10a 26,174,615.								
	b	Less: accumulated depreciation 10b 16,554,018.	8,834,903.	10c	9,620,597.					
	11	Investments - publicly traded securities	65,638,366.	11	39,086,863.					
	12	Investments - other securities. See Part IV, line 11	NONE		NONE					
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE					
	14	Intangible assets	NONE		NONE					
	15	Other assets. See Part IV, line 11	3,545,320.	15	2,396,005.					
	16	Total assets. Add lines 1 through 15 (must equal line 33)	113,166,450.	16	85,207,898.					
_	17	Accounts payable and accrued expenses	1,373,072.	17	3,416,559.					
	18	Grants payable	NONE		NONE					
	19	Deferred revenue	293,776.		241,148.					
	20	Tax-exempt bond liabilities	NONE		NONE					
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE		NONE					
s	22	Loans and other payables to any current or former officer, director,	TVOTVE		110111					
Ē		trustee, key employee, creator or founder, substantial contributor, or 35%								
Liabilities		controlled entity or family member of any of these persons	NONE	22	NONE					
Lia	23	Secured mortgages and notes payable to unrelated third parties	881,360.	23	NONE					
	24	Unsecured notes and loans payable to unrelated third parties	2,178,955.	24	NONE					
	25	Other liabilities (including federal income tax, payables to related third	2,170,755.	27	IVOIVE					
		parties, and other liabilities not included on lines 17-24). Complete Part X								
		of Schedule D	8,124.	25	7,857,445.					
	26	Total liabilities. Add lines 17 through 25	4,735,287.		11,515,152.					
		Organizations that follow FASB ASC 958, check here ► X	1,733,207.	20	11,313,132.					
çeş		and complete lines 27, 28, 32, and 33.								
lan	27	Net assets without donor restrictions	42,962,450.	27	24,709,431.					
Ва	28	Net assets with donor restrictions.	65,468,713.	28	48,983,315.					
pu		Organizations that do not follow FASB ASC 958, check here ▶	03/100//13:		10/303/313.					
Ţ		and complete lines 29 through 33.								
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29						
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30						
SS	31	Retained earnings, endowment, accumulated income, or other funds		31						
¥ te	32	Total net assets or fund balances	108,431,163.	32	73,692,746.					
ž	33	Total liabilities and net assets/fund balances	113,166,450.	33	85,207,898.					
_	1		113,100,130.	_ 55	Form <b>990</b> (2021)					

Form 990 (2021) Page **12** 

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1	2,9	20,	<u> 165</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	9,0	70,	<u> 375</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	_	6,1	50,	210
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10	8,4	ŀ31,	<u> 163</u>
5	Net unrealized gains (losses) on investments	5	-2	0,4	ŀ62,	<u> 346</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9	_	8,1	25,	<u>861</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	7	3,6	592 <u>,</u>	<u>746</u>
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: CashX Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ted or	n a			
	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	rsight	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the	_		
	Single Audit Act and OMB Circular A-133?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	_				
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such au	ıdits .		3b	X	

Form **990** (2021)

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

## **Public Charity Status and Public Support**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection Employer identification number

MΑ.	יבעט	ON SQUARE BOYS & GI	KTP CTOR' INC	. ·			13-5	590/92
	rt I	Reason for Public Cha			comple	te this p		
		anization is not a private fou	•		<u> </u>			-
1		A church, convention of chu		,	-	•	•	
2		A school described in <b>secti</b>					. •(•)(.)(.,(.)	
3		A hospital or a cooperative					(1)(Δ)(iii)	
4		A medical research organiz		_				(iii) Enter the
•		hospital's name, city, and st	•	oonjunouon with a not	opital ao	oonboa n	130011011 170(13)(1)(1)	(iii). Entor the
5		An organization operated		a college or universit	v owne	d or one	arated by a governme	ental unit described in
J		section 170(b)(1)(A)(iv). (C		a college of diliversit	y Owne	и от оре	stated by a governme	intal unit described if
6		A federal, state, or local go		rnmantal unit deceribe	d in soot	ion 170/	'h\/1\/ <b>/</b> \/\/\	
6 7	37		J			•	,,,,,,,	om the general public
′	X	An organization that norma	-	•	рроп п	oni a go	verninental unit of in	on the general public
		described in section 170(b)			Dort II \			
8	-	A community trust describe	-		-			land mant called
9		An agricultural research org	=			-	-	-
		or university or a non-land-	grant college of ag	griculture (see instruct	ions). E	nter the	name, city, and state o	r the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt facent income and un	unctions, subject to conrelated business tax	ertain ex able inco	ceptions ome (les	s; and (2) no more thar s section 511 tax) from	n 331/3 % of its
11		An organization organized	and operated exclu	usively to test for publi	c safety.	See sec	tion 509(a)(4).	
12		An organization organized a	and operated exclu	sively for the benefit of	of, to per	form the	functions of, or to car	ry out the purposes of
		one or more publicly suppo	rted organizations	described in section 5	09(a)(1)	or secti	ion 509(a)(2). See sec	tion 509(a)(3). Check
		the box on lines 12a throug	h 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а		Type I. A supporting orga	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	· ·	•	-			
		supporting organization. \						
b		Type II. A supporting org	-			with its	supported organization	on(s), by having
		control or management of	•					
		organization(s). You must				F		
С		Type III functionally integ			ited in c	onnectio	n with, and functional	lly integrated with.
•		its supported organization						,g.a.a,
d		Type III non-functionally		•				ted organization(s)
u		that is not functionally into			-			
		requirement (see instruct	•	•			· ·	a an attentiveness
е		Check this box if the orga	,	•				I Type III
C	_	functionally integrated, or					• • • • • • • • • • • • • • • • • • • •	і, туре ііі
f	Fn	iter the number of supported						
g g		ovide the following information						
_ 9		lame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	(.,	iamo or capportoa organization	(,	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))		ment?	instructions)	instructions)
					Yes	No		
(A)								
(B)								
(C)								
(D)								
(E)								
Tot	al							

Page 2 Schedule A (Form 990) 2021

Par	(Complete only if you checke Part III. If the organization fai	d the box on I	ine 5, 7, or 8 c	of Part I or if th	ne organizatio	n failed to qua	
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,979,282.	7,708,922.	7,762,198.	10,198,966.	8,412,787.	44,062,155.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4	Total. Add lines 1 through 3	9,979,282.	7,708,922.	7,762,198.	10,198,966.	8,412,787.	44,062,155.
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).						733,948.
_6_	Public support. Subtract line 5 from line 4						43,328,207.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	<b>(e)</b> 2021	(f) Total
7 8	Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9,979,282.	7,708,922. 1,191,815.	7,762,198. 986,413.	10,198,966.	8,412,787. 1,503,126.	44,062,155. 5,683,672.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						NONE
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)SEE SUPP PAGE					55,485.	55,485.
11	Total support. Add lines 7 through 10						49,801,312.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	424,954.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	· · · · · · · · · · · · · · · · · · ·					
	tion C. Computation of Public Sup						
14	Public support percentage for 2021 (li						87.00 <b>%</b>
15	Public support percentage from 2020						73.81 %
16a	331/3% support test - 2021. If the organization of						
<b>L</b>	box and <b>stop here.</b> The organization q 331/3% support test - 2020. If the organization						
b	this box and <b>stop here.</b> The organization						
	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets organization	2021. If the org	panization did no ets-and-circumst ircumstances te 	ot check a box of ances test, chest. The organizot check a box	on line 13, 16a ck this box ar ation qualifies on line 13, 16	a, or 16b, and lind stop here. Et as a publicly solution.	ne 14 is xplain in upported ►
18	in Part VI how the organization meets organization	s the facts-and	-circumstances t	est. The organi	zation qualifies	as a publicly s	upported  • □

Schedule A (Form 990) 2021 Page 3

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	(-) 0047	(h) 0040	(2) 0040	(4) 0000	(2) 0001	(E) T-1 1
Caler	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 10 a	Amounts from line 6.  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	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 organizati	on's first, secon	d, third, fourth,	or fifth tax ye	ar as a section	501(c)(3)
	organization, check this box and stop here						▶ 🔃
Sec	tion C. Computation of Public Supp	oort Percenta	ge				
15	Public support percentage for 2021 (line 8,	column (f), divid	led by line 13, colu	mn (f))		15	%
16	Public support percentage from 2020 Sche					16	%
Sec	tion D. Computation of Investment	t Income Perd	centage				
17	Investment income percentage for 2021 (lin					17	%
18	Investment income percentage from 2020 S					18	%
19 a	331/3% support tests - 2021. If the or	ganization did r	not check the bo	ox on line 14, ar	nd line 15 is me	ore than 331/3 %	, and line
	17 is not more than 331/3 %, check this	s box and stop	here. The orga	nization qualifies	as a publicly su	upported organiza	ation ►
b	331/3% support tests - 2020. If the orga						
	line 18 is not more than $331/3\%$ , check						
20	Private foundation If the organization of	did not check	a how on line '	1 10a or 10h	check this ho	v and see instru	ictions -

Schedule A (Form 990) 2021 Page **4** 

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

		Yes	No
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	2		
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Schedule A (Form 990) 2021 Page 5

Part	V Supporting Organizations (continued)			- 5 -
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI.</b>	11c		
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		•		
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 <b>Part</b>			
	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			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	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 on line 2, above, did the organization's supported organizations have			
J	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	struction	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	e instr		_
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
– a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
-	the supported organization(s) to which the organization was responsive? If "Yes," then in <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	0-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> 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		
2		-5		
3 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а	trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3h		

Page 6 Schedule A (Form 990) 2021

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nization	5	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organ	•		,
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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7		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		
	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	-	5		
6		6		
7	Check here if the current year is the organization's first as a non-functional (see instructions).		ted Type III supporting	g organization

Schedule A (Form 990) 2021

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

Page **7** 

Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	kempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed		
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	onsive		
	(provide details in <b>Part VI</b> ). See instructions.			8	
9_	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ıs	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
_ <u>i</u>	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7: \$				
	Section D, line 7: \$ Applied to underdistributions of prior years				
<u>а</u> b	Applied to 2021 distributions of prior years  Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
3	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
•	and 4b from line 1. For result greater than zero, <i>explain in</i>				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
<u>c</u>	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990 or 990-EZ) 2021 Page 8

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 A, PART II - OTHER INCOME

DESCRIPTION 2017 2018 2019 2020 2021 TOTAL

NET SPECIAL EVENT INCOME 55,485. 55,485.

TOTALS 55,485. 55,485.

# Schedule B (Form 990)

Department of the Treasury

**Schedule of Contributors** 

► Attach to Form 990 or Form 990-PF.

OMB No. 1545-0047

2021

► Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service **Employer identification number** Name of the organization MADISON SQUARE BOYS & GIRLS CLUB, INC. 13-5596792 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one

contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions

contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such

Schedule B (Form 990) (2021) Page **2** 

Name of organization

MADISON SQUARE BOYS & GIRLS CLUB, INC.

Employer identification number 13-5596792

Part I Contributors (see instructions). Use duplicate copies of Part I if add	dditional space is needed.
---	----------------------------

(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	\$	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	\$1,051,373.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$1,730,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	N/A	\$500,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_	N/A	\$600,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021) Page **2** 

Name of organization

MADISON SQUARE BOYS & GIRLS CLUB, INC.

Employer identification number

13-5596792

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 Χ N/APerson **Payroll** 184,098. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 8 Χ N/APerson **Payroll** 704,817. Noncash (Complete Part II for noncash contributions.) (d) (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** \$ Noncash (Complete Part II for noncash contributions.)

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

13-5596792

Noncash Property (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
	STOCK		
1	Brook		
		\$\$	03/15/2022
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
		_	
		<del></del>	
		\$	
		V	
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) (2021)

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

Employer identification number

### **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.

**Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Nam	e of the organization	Employer identification number
MAI	DISON SQUARE BOYS & GIRLS CLUB, INC.	13-5596792
Pa	organizations Maintaining Donor Advised Funds or Other Similar Funds or A	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	n donor advised
•	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fur	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for an	
	conferring impermissible private benefit?	
Ps	Int II Conservation Easements.	
1 6	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).	
		f a historically important land area
		f a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in t	he form of a conservation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b		2b
c	,	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
-		2d
3	Number of conservation easements modified, transferred, released, extinguished, or termin	•
•	tax year ▶	area 2, are organization during are
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	n. handling of
	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing c	
	<b>&gt;</b>	ů,
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cor	nservation easements during the year
	<b>▶</b> \$	5 ,
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	n 170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financia	I statements that describes the
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue of art, historical treasures, or other similar assets held for public exhibition, education, or	statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, c service, provide in Part XIII the text of the footnote to its financial statements that describes the	or research in furtherance of public ese items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	
	art, historical treasures, or other similar assets held for public exhibition, education, or research	
	provide the following amounts relating to these items:	•
	(i) Revenue included on Form 990, Part VIII, line 1	<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	ssets 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	\$

Pa	rt III Organizations Maintaini	ng Collections of	Art, Historical Tre	easures, o	r Other Sin	nilar Assets (d	continued	<u>)</u>		
3	Using the organization's acquisition	n, accession, and o	other records, check	k any of the	e following	that make sign	nificant us	e of its		
	collection items (check all that app	ly):								
а	Public exhibition		d Loan	or exchange	program					
b	Scholarly research		e Other							
С	Preservation for future gene	rations								
4	Provide a description of the organ		and explain how	they further	the organi	ization's exemp	t purpose	in Part		
	XIII.		'	,	J	•				
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar									
	assets to be sold to raise funds rath						Yes	No		
Pa	Part IV Escrow and Custodial Arrangements.									
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.									
1a	Is the organization an agent, trus	tee, custodian or o	ther intermediary for	or contribut	ions or oth	er assets not				
	included on Form 990, Part X?					[	Yes	No		
b	If "Yes," explain the arrangement in			ble:		_				
		·	•			Amount				
С	Beginning balance			1c						
d	Additions during the year									
е	Distributions during the year									
f	Ending balance									
2a	Did the organization include an am				ustodial acc	ount liability?	Yes	No		
	If "Yes," explain the arrangement in									
	rt V Endowment Funds.									
	Complete if the organiza	ation answered "Ye	es" on Form 990. F	Part IV. line	10.					
		(a) Current year	(b) Prior year	(c) Two year		) Three years back	(e) Four ye	ars back		
4.	Designing of year halance	49,521,176.	40,745,025.	38,528,	· · ·	37,536,778.		9,491.		
1a	Beginning of year balance	2,590,438.	88,665.	150,		99,261.		7,013.		
b	Contributions	2,330,430.	00,003.	130,	013.	JJ, 201.	2,00	7,013.		
С	Net investment earnings, gains,	10 710 001	0 005 076	2 402	070	2 649 406	2 40	0 274		
_	and losses	-12,718,831.	9,985,876.	3,403,	670.	2,648,406.	3,40	0,274.		
d	Grants or scholarships									
е	Other expenditures for facilities	1 455 000				4 556 045				
	and programs	1,466,890.	1,298,390.	1,337,	290.	1,756,015.				
f	Administrative expenses									
g	End of year balance	37,925,893.	49,521,176.	40,745,		38,528,430.	37,53	6,778.		
2	Provide the estimated percentage			, column (a))	held as:					
	Board designated or quasi-endown		_%							
b	Permanent endowment ► 91.0									
С	Term endowment ▶ 9.0000	•								
	The percentages on lines 2a, 2b, a	-								
3a	Are there endowment funds not in	the possession of the	ne organization that	are held an	d administe	ered for the	V.			
	organization by:						Ye			
	(i) Unrelated organizations						3a(i)	X		
	(ii) Related organizations						3a(ii)	X		
b	If "Yes" on line 3a(ii), are the relate	ed organizations liste	d as required on Sch	edule R?			3b	X		
4	Describe in Part XIII the intended u		tion's endowment fu	nds.						
Pa	rt VI Land, Buildings, and Equ	uipment.	oo" on Form 000	Dort IV line	. 11a Saa	Form 000 Da	rt V lino	10		
	Complete if the organization of property	(a) Cost or		or other basis	(c) Accumu		l) Book value			
	2 300 ipiloti di piopoliy			other)	depreciat		, Dook value	, 		
1a	Land		3	370,734.			370	,734.		
b	Buildings		24,0	061,117.	15,643,	,075.	8,418	,042.		
С	Leasehold improvements									
d	Equipment		1,7	742,764.	910,	,943.	831	,821.		
е	Other				·					
Tota	I. Add lines 1a through 1e. (Column		n 990, Part X, colum	n (B), line 10	Oc.)		9,620	,597.		

Schedule D (Form 990) 2021

Part VII	Investments - Other Securities.  Complete if the organization answered	l "Yes" on Form 990	) Part IV line 11h See Form 990	Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of valua	
	(including name of security)	(b) Book value	Cost or end-of-year mark	
. ,	ial derivatives			
	held equity interests			
(A)				
(B)				
(C)				
(D)				
(E) (F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII				
rait viii	Complete if the organization answered	l "Yes" on Form 990	), Part IV, line 11c. See Form 990	, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered	l "Yes" on Form 990	), Part IV, line 11d. See Form 990	, Part X, line 15.
	<b>(a)</b> De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	lumn (b) must equal Form 990, Part X, col. (B) I	ine 15.)	<u></u>	
Part X	Other Liabilities.			222 5
	Complete if the organization answered line 25.	I "Yes" on Form 990	), Part IV, line 11e or 11f. See For	m 990, Part X,
1.	(a) Descrip	tion of liability		(b) Book value
(1) Fede	ral income taxes			
(2)PRE-P	ETITION LIABILITY			7,857,445.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colur	mn (b) must equal Form 990, Part X, col. (B) line 25.)	<u> </u>	<del></del>	7,857,445.
2 Liability fo	or uncertain tax positions. In Part XIII. provide the	toxt of the feetnets to	the organization's financial statements t	hat raparts the

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 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	-6,527,424.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	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	-16,994,785.
3	Subtract line 2e from line 1	3	10,467,361.
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 400,985.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	2,452,804.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	12,920,165.
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.	ırn.	
1	Total expenses and losses per audited financial statements	1	25,919,697.
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.)		
е	Add lines 2a through 2d	2e	10,515,459.
3	Subtract line 2e from line 1	3	15,404,238.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b. 4a 400, 985.		
b	Other (Describe in Part XIII.)	4.5	2 666 127
С 5	Add lines 4a and 4b	4c 5	3,666,137. 19,070,375.
	XIII Supplemental Information.	<u> </u>	19,070,375.
Provid	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		
SEE	SUPPLEMENTAL PAGE		

### 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 INTEREST IN TRUSTS: -\$ 670,716

INCOME FROM TRUSTS: \$ 169,852

RENTAL EXPENSES: \$ 263,000

MSBGC SUPPORT ORG REVENUE: \$ 140

MSGBC FOUNDATION REVENUE: \$ 3,705,819

SCHEDULE D, PART XI, LINE 4B

INTERCOMPANY ELIMINATION: \$ 2,051,819

SCHEDULE D, PART XII, LINE 2D

RENTAL EXPENSES: \$ 263,000

MSBGC SUPPORT ORG EXPENSE: \$1,725,465

MSBGC FOUNDATION EXPENSE: \$ 901,994

LOSS ON CONTINGENCY: \$7,625,000

### Part XIII Supplemental Information (continued)

SCHEDULE D, PART XII, LINE 4B

SUPPORT CORP CONTRIBUTION EXPENSE: \$ 70,000

RENTAL EXPENSE TO SUPPORT CORP: \$ 393,000

REORGANIZATION COST: \$ 2,802,152

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)

### **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

Department of the Treasury Internal Revenue Service

20 <b>2</b> 1
Open to Public
nspection

Employer identification number

	ISON SQUARE BOYS & GIRLS CI					13-559679	
Part	Fundraising Activities. Comp Form 990-EZ filers are not re				Yes" on Form 99	90, Part IV, line 1	7.
1	Indicate whether the organization rais				activities. Check a	all that apply.	
а	Mail solicitations	e		_	non-government g		
b	Internet and email solicitations	f			government grant		
С	Phone solicitations	g	Spec	cial fundra	ising events		
d	In-person solicitations						
2a	Did the organization have a written or	oral agreement v	vith any ind	dividual (in	cluding officers, d	lirectors, trustees,	
	or key employees listed in Form 990,	Part VII) or entity	in connec	tion with p	rofessional fundra	ising services?	Yes No
b	If "Yes," list the 10 highest paid indiv		(fundraise	rs) pursua	int to agreements	under which the	fundraiser is to be
	compensated at least \$5,000 by the o	organization.					
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by)
	or order (turistation)		Yes	No	nom donvity	col. (i)	organization
1			162	NO			
2							
3							
4							
5							
6							
7							
,							
8							
9							
10							
Γotal							
3	List all states in which the organizat	ion is registered of	or licensed	to solicit	contributions or	has been notified	it is exempt from
	registration or licensing.						

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		gross receipts greater than \$5,000	0.			
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			CTB GALA	YOY DINNER	3	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
ne						
eu	1	Gross receipts	290,342.	246,868.	101,143.	638,353.
Revenue	•	Gross receipts	250,342.	240,000.	101,143.	030,333.
$\propto$	2	Logo: Contributions	005 554	0.46, 0.60	00 550	F 7 4 000
		Less: Contributions	227,574.	246,868.	99,778.	574,220.
	3	Gross income (line 1 minus				
		line 2)	62,768.		1,365.	64,133.
	4	Cash prizes				
	5	Noncash prizes				
S						
Se	6	Rent/facility costs				
eu		, , , , , , , , , , , , , , , , , , , ,				
χ	7	Food and beverages				
щ	•	1 ood and bovorages				
Direct Expenses	0	Entertainment				
ā	0	Entertainment				
	_	041				
	9	Other direct expenses	6,955.		1,693.	8,648.
				4.00		
	10	Direct expense summary. Add lin	es 4 through 9 in colu	mn (d)		8,648.
	11	Net income summary. Subtract li	ne 10 from line 3, colu	ımn (d)	<u></u>	55,485.
Pa	rt I	Gaming. Complete if the org	anization answered "	Yes" on Form 990, I	Part IV, line 19, or	reported more than
		\$15,000 on Form 990-EZ, lin	ie 6a.			
Ф			(-) Dia	(b) Pull tabs/instant	(a) Other geming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
š						
ፚ	1	Gross revenue				
$\overline{}$						
Ś	2	Cash prizes				
se	_	GdG11 p11250				
Direct Expenses	2	Noncash prizes				
Ϋ́	3	Noncasii prizes				
품		D 1/6 11/6				
ē	4	Rent/facility costs				
	_					
	5	Other direct expenses				
			Yes %	S%	Yes%	
	6	Volunteer labor	No	No	No	
	7	Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)	<b>&gt;</b>	
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)		
_		, ,		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
9		Enter the state(s) in which the orga	anization conducts ga	ming activities		
а		Is the organization licensed to con			297	Yes No
k		If UNI a University in a			~	103 140
	•	11 140, CAPIGIII.				
4 ^		NA and a second discount of the second of th			ada a da a d	
10a		Were any of the organization's gaming	g licenses revoked, sus	pended, or terminated du	uring the tax year?	Yes No
k	)	If "Yes," explain:				

Sched	ule G (Form 990 or 990-EZ) 2021 MADISON SQUARE BOYS & GIRLS CLUB, INC.	13-5596	792	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		_	
	formed to administer charitable gaming?	∟ا .ږ.	Yes	No
13	Indicate the percentage of gaming activity conducted in:			
а	The organization's facility	а		%
b	An outside facility	b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books a records:	nd		
	Name ▶			
	Address ▶			
15 a	Does the organization have a contract with a third party from whom the organization receives gan	nina		
	revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and	d the	_	
	amount of gaming revenue retained by the third party ▶ \$			
С	If "Yes," enter name and address of the third party:			
	Name ►			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ►\$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceed	eds to	_	
	retain the state gaming license?		Yes	No
b		ations		
	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) Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional (see instructions).			

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

2021

OMB No. 1545-0047

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

► Attach to Form 990.

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

Open to Public Inspection

MADISON SQUARE BOYS & GIRLS CLUB, IN  Part I General Information on Grants and A  1 Does the organization maintain records to substitute selection criteria used to award the grants of a Describe in Part IV the organization's procedure  Part II Grants and Other Assistance to Don	ssistance tantiate th r assistanc	e amount of the				13-5596792	
<ol> <li>Does the organization maintain records to substitute selection criteria used to award the grants of Describe in Part IV the organization's procedure.</li> </ol>	tantiate th	e amount of the					
the selection criteria used to award the grants of Describe in Part IV the organization's procedure.	r assistanc						
the selection criteria used to award the grants o  Describe in Part IV the organization's procedure	r assistanc		e grants or assistai	nce, the grantees	deligibility for the grants	or assistance, and	
		e?					X Yes No
Dent III Openta and Other Assistance to Day	es for mon	itoring the use	of grant funds in the	e United States.			
Part II Grants and Other Assistance to Don	nestic Ord	nanizations an	nd Domestic Gov	vernments Com	nolete if the organiza	ation answered "Y	es" on Form 990
Part IV, line 21, for any recipient that	_						00 0111 01111 000,
					•		1 015
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 8	1-5459134	501(C)3	70,000.				GENERAL SUPPORT
(2)							
(3)							
(4)							
-(4)							
(5)							
(6)							
(8)							
_(0)							
(9)							
(10)							
(11)							
(12)							
(12)							

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 scholarships & awards	9	27,922.			
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

Employer identification number

MADISON SQUARE BOYS & GIRLS CLUB, INC. 13-5596792 **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			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
		1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
-				
		2		
_				
3				
	$\mapsto$ ' ' $\mapsto$ ' ' '			
4				
_	· ·	40		v
a		4a 4b		X
b		4D 4C		X
С		40		Λ
	if tes to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Fait iii.			
	Only section $501(c)(3)$ $501(c)(4)$ and $501(c)(20)$ organizations must complete lines 5-9			
5				
5				
_	· · · · · · · · · · · · · · · · · · ·	5a		v
a		5a 5b		X
b	•	่วม		Λ
6				
6				
_		6-		37
a	<u> </u>	6a		X
b	·	6b		Х
7		_		
•		7	X	
8				
_		8		X
9		9		

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W-2 a	nd/or 1099-MISC and/or	1099-NEC 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)	301,070.	56,250.	9,027.	31,625.	40,111.	438,083.	
1 EXECUTIVE DIRECTOR	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
JEFFREY DOLD	(i)	215,800.	28,750.	660.	25,099.	43,531.	313,840.	
2 CHIEF FINANCIAL OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
STEVEN MELTON	(i)	242,558.	22,500.	7,851.	26,914.	18,883.	318,706.	
3 CHIEF OPERATING OFFICER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
KENDRA WILSON	(i)	118,821.	12,250.	348.	12,565.	20,742.	164,726.	
4 DIRECTOR, HR BUSINESS PARTNER	(ii)	NONE	NONE	NONE	NONE	NONE	NONE	
SALINA MUELLICH	(i)	116,487.	8,000.	608.	12,593.	16,021.	153,709.	
<b>5</b> CHIEF ADV. OFF. (THRU 7/30/21)	(ii)	70,694.	26,192.	NONE	2,364.	9,350.	108,600.	
	(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)							

## 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.

SCHEDULE J, PART I, LINE 7

TIM MCCHRISTIAN, JEFFREY DOLD, STEVEN MELTON, KENDRA WILSON AND SALINA MUELLICH RECEIVED DISCRETIONARY BONUSES APPROVED BY THE BOARD. LILIYA SHAPIRO AND STANLEY KING RECEIVED DISCRETIONARY BONUSES THAT WERE APPROVED BY THE EXECUTIVE DIRECTOR.

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

# **Noncash Contributions**

► 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.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

art I	Types of	Propert	y			
ADISON	SQUARE	BOYS	& GIRLS	CLUB,	INC.	13-5596792

		(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			nts
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		2	220,078.	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 ►()							
26	Other ►()							
27	Other ►()							
28	Other ►(							
29	Number of Forms 8283 received				20			
	which the organization completed F	-orm 8283,	Part V, Donee Acknowledge	ement	29		es	No.
20-	During the year, did the organizat	ion roccius	hy contribution any propa	rty reported in Dart Libra	o 1 through	T	62	No
Sua	28, that it must hold for at least the		• • • • • • • • • • • • • • • • • • • •		-			
	to be used for exempt purposes for	-			-	30a		Х
h	If "Yes," describe the arrangement i		olding period?			Jua		
31	Does the organization have a		tance policy that require	se the review of any i	nonetandard			
J 1	contributions?			· · · · · · · · · · · · · · · · · · ·		31		X
322	Does the organization hire or use					-	+	- 21
JZd	contributions?	•	J	• • • • • • • • • • • • • • • • • • • •		32a		Х
h	If "Yes," describe in Part II.					32a		21
33	If the organization didn't report an	amount in o	column (c) for a type of pro-	nerty for which column (a)	is checked			
JJ			* * * * * * * * * * * * * * * * * * * *		is officered,			
	Gescribe III I dit II.					-		

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

Schedule M (Form 990) 2021

Part II Supplem

**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, COLUMN (B)

THE NUMBER IN COLUMN B INDICATES THE NUMBER OF CONTRIBUTIONS.

## 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.

OMB No. 1545-0047

2021

Open to Public Inspection

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. Inspection is at www.irs.gov/form990.

MADISON SQUARE BOYS & GIRLS CLUB, INC.

13-5596792

#### 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 OF DIRECTORS.

#### FORM 990, PART VI, SECTION A, LINE 7B

MEMBERS HAVE THE RIGHT TO VOTE ON THE ELECTION OF DIRECTORS,

AMENDMENTS TO BYLAWS OR THE CERTIFICATE OF INCORPORATION, AND

FUNDAMENTAL CORPORATE TRANSACTIONS AS SET FORTH IN THE NEW YORK

NOT-FOR-PROFIT CORPORATION LAW.

#### 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 WAS LAST DONE IN 2021.

## 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.

OMB No. 1545-0047

2021

Open to Public Inspection

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.

MADISON SQUARE BOYS & GIRLS CLUB, INC.

Employer identification number

13-5596792

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

OFFICER'S COMPENSATION IS DETERMINED BY COMPENSATION COMMITTEE AND THIS WAS LAST DONE IN 2021.

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

AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE PUBLIC ON OUR WEBSITE AND UPON REQUEST. GOVERNING DOCUMENTS AND POLICIES ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

#### FORM 990, PART XI, LINE 9

CHANGE IN VALUE OF BENEFICIAL INTEREST IN TRUSTS: -\$ 670,716

INCOME FROM TRUSTS: \$ 169,852

LOSS ON CONTINGENCY: -\$ 7,625,000

Name of the organization

MADISON SQUARE BOYS & GIRLS CLUB, INC.

Employer identification number 13-5596792

FORM 990, PART III - PROGRAM SERVICE

## LINE 4A, PROGRAM SERVICE

\_\_\_\_\_

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 AND LISTENING CIRCLES FOR TEENS TO HELP MEMBERS PROCESS THE CHALLENGES IN THEIR LIVES, INCLUDING THE TRAUMA FROM THE COVID-19 PANDEMIC. IN 2022, 1,141 MEMBERS PARTICIPATED IN OUR HEALTHY LIFESTYLES PROGRAMS, 83 TEENS PARTICIPATED IN OUR SUBSTANCE-ABUSE PREVENTION PROGRAM AND 93% OF MEMBERS REPORTED THAT THEY INCREASED THEIR KNOWLEDGE OF RISKS ASSOCIATED WITH DRUG AND ALCHOHOL USE.

#### LINE 4B, PROGRAM SERVICE

-----

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 2022, 91% OF OUR MEMBERS SAID THAT THEY TRY TO HELP OTHERS WHEN THEY SEE PEOPLE IN NEED AND 82% REPORTED THAT THEY BELIEVE THEY CAN MAKE A DIFFERENCE IN THEIR COMMUNITY.

#### LINE 4C, PROGRAM SERVICE

\_\_\_\_\_

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

Name of the organization

MADISON SQUARE BOYS & GIRLS CLUB, INC.

Employer identification number

13-5596792

FORM 990, PART III - PROGRAM SERVICE

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. IN 2022,150 ELEMENTARY AND 132 MIDDLE SCHOOL STUDENTS PARTICIPATED IN PROGRAMMING 3 OR MORE TIMES PER WEEK. 251 ELEMENTARY AND 317 MIDDLE SCHOOL STUDENTS PARTICIPATED IN THE SUMMER LEARNING PROGRAM, 624 TEENS AND YOUNG ADULTS WERE PLACED IN WORK-BASED LEARNING EXPERIENCES OR INTERNSHIPS OVER THE SUMMER, 75 MEMBERS PARTICIPATED IN THE COLLEGE SUCCESS INITIATIVE.

Name of the organization

MADISON SQUARE BOYS & GIRLS CLUB, INC.

Employer identification number

13-5596792

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
FRIEDMAN, KAPLAN, SEILER AND ADELMAN, LL		
7 TIMES SQUARE		
NEW YORK, NY 10036	LEGAL	899,025.
PAUL, WEISS, RIFKIND, WHARTON & GARRISON		
1285 AVENUE OF THE AMERICAS		
NEW YORK, NY 10019	LEGAL	2,912,444.
PILLSBURY WINTHROP SHAW PITTMAN LLP		
PO BOX 30769		
NEW YORK, NY 30769	LEGAL	583,630.
GOLDIN ASSOCIATES, LLC		
350 FIFTH AVENUE, STE. 4410		
NEW YORK, NY 10118	ADMINISTRATIVE	746,506.

#### **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 ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization

OMB No. 1545-0047 Open to Public Inspection

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

(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controllin entity
		Primary activity Legal domicile (state	Primary activity Legal domicile (state Total income	Primary activity Legal domicile (state Total income End-of-year assets

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)	12A	MAD. SQ. BGC	Х	
(2) MADISON SQUARE BANDG CLUB FOUNDATION INC 85-4129850							
250 BRADHURST AVE NEW YORK, NY 10039	SUPPORT	NY	501(C)(3)	12B	MAD. SQ. BGC	х	
(3)							
(4)							
(5)							
(6)							
(7)							

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

13-5596792

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Disprop		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?		(k) Percentage ownership
		Country)					Yes	No		Yes	No	
	]											
	_											
	Name, address, and EIN of	Name, address, and EIN of Primary activity	Name, address, and EIN of Primary activity Legal domicile (state or	Name, address, and EIN of related organization Primary activity Legal domicile (state or foreign	loreign   tax under	loreign tax under	loreign tax under	country) tax under sections 512 - 514)	country) sections 512 - 514)	country) sections 512 - 514)	country) sections 512 - 514)	country) sections 512 - 514) (Form 1065)

**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. Part IV

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

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	١	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	
b	Gift, grant, or capital contribution to related organization(s)	1b	X	
С	Gift, grant, or capital contribution from related organization(s)	1c	Х	
	Loans or loan guarantees to or for related organization(s)	1 d	Х	
		1e		Х
f	Dividends from related organization(s)	1f		Χ
g	Sale of assets to related organization(s)	1g		Χ
		1h		Х
	Exchange of assets with related organization(s)	1i		Х
		1j		Χ
•				
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Х	
1		11		Х
		lm		Х
		1n	Х	
	Sharing of paid employees with related organization(s)	1o	Х	
р	Reimbursement paid to related organization(s) for expenses	1 p		Х
	Reimbursement paid by related organization(s) for expenses	1q	Х	
•				
r	Other transfer of cash or property to related organization(s)	1r		Х
		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 thresh	nolds		

	(a)  Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	MADISON SQUARE BOYS & GIRLS CLUB FDN, INC.	Q	304,486.	COST
(2)	MADISON SQUARE BOYS & GIRLS CLUB FDN, INC.	С	1,730,000.	COST
(3)	MSBGC-NYC SUPPORT CORPORATION	K	393,000.	COST
(4)	MSBGC-NYC SUPPORT CORPORATION	В	70,000.	COST
(5)	MADISON SQUARE BOYS & GIRLS CLUB FDN, INC.	A	17,333.	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>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501( organiz	tion c)(3) ations?	(f) Share of total income	(g) Share of end-of-year assets	Disprop	ortionate	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	man part	ner?	(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	,	Yes	No	
			(state or foreign country)	(state or foreign country)  In come (related, excluded from tax under sections 512 - 514)  In come (related, excluded from tax under sections 512 - 514)  In come (related, excluded from tax under sections 512 - 514)  In come (related, excluded from tax under sections 512 - 514)  In come (related, excluded from tax under sections 512 - 514)	(state or foreign country)  (state or foreign country)  (included, excluded from tax under sections 512 - 514)  (included, excluded from tax u	(state or foreign country)  Income (related unrelated, excluded from tax under sections 512 - 514)  Yes No  Yes No  Income (related, excluded from tax under sections 512 - 514)  Yes No  Income (related, excluded from tax under sections 512 - 514)  Yes No  Income (related, excluded from tax under sections 512 - 514)  Yes No  Income (related, excluded from tax under sections 512 - 514)  Income (related, excluded from tax under secti	Income (related, excluded from tax under sections \$12 - \$14)    Wes No  Total income (related, excluded from tax under sections \$12 - \$14)    Wes No  Total income sections \$12 - \$14     Wes No  Total income sections \$14      Wes No  Total inc	(state of brorigh country) in come (leatent) in	(state of roregin country)  Income (relating excluded sections 512 - 514)  Income (relating excluded sections 512 - 514	(state or foreign country)  Income (related workload or foreign coun	Country   Coun	(state or foreign country)  Income (research cou	Igate of roting in common (reading leading country) and country of the country of