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 11/23/2021	and endin	g		09/3	0/20	22	
B c	heck if a	pplicable:	C Name of organization MADISON SQUARE BOYS AND GIRLS CLINC.	UB FOUND	DATI	D Employer ide	entification	on numl	oer	
	Addr		Doing Business As			85-4129	850			
	chan	ge e change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telephone no				
	+	l return	250 BRADHURST AVE			(212)76	50 – 00	73		
	+	ninated	City or town, state or province, country, and ZIP or foreign postal code		-	(212)/(70 00	7.5		
	Amei	nded	NEW YORK, NY 10039			G Gross receip	ts \$	4	528	,883.
		ication	F Name and address of principal officer: SALINA MUELLICH			H(a) Is this a grou			Yes	X No
	_ pend	ling	250 BRADHURST AVE, NEW YORK, NY 10039			subordinates H(b) Are all subord	?	\vdash	Yes	No
_	Tay-ov	kempt st		or 527	,	If "No," attac			,	
		ite:	atus: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) WWW.MADISONSQUAREFOUNDATION.ORG	01 327		H(c) Group exemp			.00,	
_			ization: X Corporation Trust Association Other	1 Voor of	formati	on: 2020 M				NY
	art I		mmary	L real of	TOTTITALI	011. ZUZU IVI	State of 1	egai uui	mone.	
			•	TONE COLLAR	DE D	77G 77D G		OT IID		
•	1		describe the organization's mission or most significant activities:MADIS				TKT2	CLOR		
Governance			NDATION'S SOLE PURPOSE IS TO RAISE FUNDS TO SU	JPPORT TE	HE M.	LSSION				
rna			MADISON SQUARE BOYS AND GIRLS CLUB, INC.							
Š	2		this box if the organization discontinued its operations or dispose				1 1			-
დ ფ	3		er of voting members of the governing body (Part VI, line 1a)				3			5
es	4		er of independent voting members of the governing body (Part VI, line 1b)				4			5
Activities	5		number of individuals employed in calendar year 2021 (Part V, line 2a)				5			8
\cti	6		number of volunteers (estimate if necessary)				6			5
`			unrelated business revenue from Part VIII, column (C), line 12				7a			
	D	Net ui	nrelated business taxable income from Form 990-T, line 34				7b	Curre	ent Ye	
ne	_	_				Prior Year				
	8	Contri	butions and grants (Part VIII, line 1h)	Y FOR		381,85		4,	185,	<u>,798.</u>
Revenue	9		am service revenue (Part VIII, line 2g)	NSPECTION			ONE			NONE
Re	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)				73.			<u>,646.</u>
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				ONE	-479,828 3,707,616		
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .			382,03				
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)				ONE	1,730,000		
	14		its paid to or for members (Part IX, column (A), line 4)				ONE	NON		
ses	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)			180,66				
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)		. NONE					NONE
Ëxp	b		fundraising expenses (Part IX, column (D), line 25) ▶849,930.							
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			96,45				<u>,567.</u>
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			277,11				<u>,816.</u>
- 10	19	Rever	nue less expenses. Subtract line 18 from line 12			104,91				,800.
is o					Begin	ning of Current Y			of Yea	
sset	20		assets (Part X, line 16)			837,95				,241.
Net Assets or Fund Balances	21		liabilities (Part X, line 26)			733,03				<u>,856.</u>
žΩ	22		ssets or fund balances. Subtract line 21 from line 20.			104,91	.6.		<u>856</u>	<u>,385.</u>
_	rt II		gnature Block							
Une	der pe e. corre	nalties o ect. and	of perjury, I declare that I have examined this return, including accompanying scheducomplete. Declaration of preparer (other than officer) is based on all information of whi	ules and statem ch preparer has	nents, a s anv kn	nd to the best of owledae.	my knov	wledge a	and be	lief, it is
_		Ť				Ĭ				
Sig	ın					Dete				
He			Signature of omicer			Date				
	. •		=							
			Type or print name and title				DTI			
Paid	4	Print/	Type preparer's name Preparer's signature	Date	000	Check	if PTIN			
	parer	AAR	ON SHAPIRO	08.15.	.202	3 self-employe	110	1333		
	Only	Firm's	sname ► FORVIS, LLP			Firm's EIN		0160		
		Firm's	address 1155 AVENUE OF THE AMERICAS #1200 NEW YORK, NY 1003	6		Phone no.	212	-867	<u>-40,0</u>	0
May	the I	RS dis	cuss this return with the preparer shown above? (see instructions)				<u> </u>	X Ye		No
For	Pape	rwork	Reduction Act Notice, see the separate instructions.					Form	990	(2021)

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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,	-		
_	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	-		
Ū	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			21
9	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			21
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	21	
• •	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,"			
u	complete Schedule D, Part VI	11a		Х
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	ıια		21
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	х	
_	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110	21	
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
ч	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		21
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
_	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	116	- 1	
•	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	• • • •		
1 2 a	Schedule D, Parts XI and XII.	122		v
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a		X
D	"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	- 1	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,	1 7 a		Λ
	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	140		- 21
	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			
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	. •		
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	· ·		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	.5	-23	
. •	If "Yes," complete Schedule G, Part III	19		Х
20 a	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		- 22
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	-55		
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

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Part IV Chocklist of Poquired Schodules (continued)

Par	Checklist of Required Schedules (continued)		V	Na
22	Did the experimetion report more than 05 000 of greate or other posistance to as for demostic individuals on		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		37
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the	22		X
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24.5	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	Λ	
24 a	\$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?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
_ 0 u	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
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		Х
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		Х
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
b	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			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		_X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	27		3.5
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Part		_ 30	Λ	
ાલા	Check if Schedule O contains a response or note to any line in this Part V			
	Chock in Contourio C Contains a response of note to dry line in the fact v		Yes	No
1 a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
•	reportable gaming (gambling) winnings to prize winners?	1c		

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. B b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O				
b		2b	Х	
-				
3a		3a		Х
		3b		
		4a		Х
b				
	· · · · · · · · · · · · · · · · · · ·			
5a		5a		Х
b	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-IMs. See instructions. 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Pd Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				
7	Organizations that may receive deductible contributions under section 170(c).			
а				
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?. b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?. 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make any taxable distributions under section 4966? b Did the sp		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
a financial account in a foreign country (such as a bank account, securities account, or other financial account)? b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes' to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year f Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization in receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization make any taxable distributions under section 4966? b To the organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make a distr		_		
		7c		X
		_		
		7e		X
f		7f		X
g		7g 7h		
_		/ 11		
0		8		
۵				
		9a		
		9b		
	·			
	·			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12 a	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			
		1.4-		37
		14a		X
		14b		
15		15		v
		13		X
16		16		Х
16		.0		21
17				
17	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes." complete Form 6069.			

85-4129850

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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					21
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	5			
	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	5			
2	Did any officer, director, trustee, or key employee have a family relationship or a business rel	ations	hin with			
_	any other officer, director, trustee, or key employee?		-	2		Х
3	Did the organization delegate control over management duties customarily performed by or un					
-	supervision of officers, directors, trustees, or key employees to a management company or other p			3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fill			4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's			5		Х
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to ele					
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval	by) n	nembers,			
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions under	ertake	n during			
	the year by the following:					
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 the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Inte			Code	.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of					
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	ırpose	s?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ing the	e form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests t	hat co	ould give			
	rise to conflicts?			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the po	-				
	describe on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review an independent persons, comparability data, and contemporaneous substantiation of the deliberation		-			
а	The organization's CEO, Executive Director, or top management official			15a	Х	
b	Other officers or key employees of the organization			15b		Х
	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 simila	r arra	ngement			
	with a taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization	o eva	aluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to organization's exempt status with respect to such arrangements?			16b		
Secti	ion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed ▶ NY,					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable),	990.	and 990-1	Γ (sec	tion 5	01(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that applications of the control	oly.		(300		- (-)
19	Describe on Schedule O whether (and if so, how) the organization made its governing document and financial statements available to the public during the tax year.	ents,	conflict o	f inter	est p	olicy,
20	State the name, address, and telephone number of the person who possesses the organization's by MSDCC C/O TEFEDEY DOLD 250 PRADUIDST AVE NEW YORK NY 10039	ooks	and record	s ►		

212-760-9600

Form **990** (2021)

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

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

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

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

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

(A) Name and title	(B) Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from the organization (W-2/	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) SALINA MUELLICH	35.00									
EXECUTIVE DIRECTOR	NONE			Х				96,886.	125,095.	40,329.
(2) JOHN STARR	1.00							20,000.	120,000.	10,020.
BOARD CHAIRPERSON	NONE	Х		Х				NONE	NONE	NONE
(3) PATRICK GALLAGHER	1.00									
BOARD SECRETARY AND TREASURER	NONE	Х		Х				NONE	NONE	NONE
(4) RICHARD EADDY	1.00									
TRUSTEE	2.00	Х						NONE	NONE	NONE
(5) JOSEPH GANTZ	1.00									
TRUSTEE	2.00	Х						NONE	NONE	NONE
(6) OBA MCMILLAN	1.00									
TRUSTEE	2.00	X						NONE	NONE	NONE
(7)										
(8)										
(9)										
(10)										
<u>(11)</u>										
(12)										
(13)										
(14)		-								

Form **990** (2021)

Form 990 (20		SQUARE	BOYS	: Al	MD.	GI	KLS	CL	UB FOUNDATION	85· 	-41298	350	P	age 8
Part VII	Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	ye	es,	and F	ligl	nest Compensate	ed Employ	ees (co	ontinuea	<u> </u>	
	(A) Name and title	(B) Average hours per week (list any hours for	officer and a direct			e than o is both or/trust	ne an ee)	(D) Reportable compensation from the	(E) Reporta compensation relate organization	ible on from d	Estir amo	F) mated unt of her	on	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	orgar and	n the nizatior related ization	
			-											
			-											
			-											
			-											
			-											
1b Sub-to	otal	•							96,886.	125	,095.		40,3	329.
c Total	from continuation sheets to Part VII, S	Section A						\blacktriangleright	NONE		NONE		1	NONE
	(add lines 1b and 1c)								96,886.		,095.		40,3	329.
	number of individuals (including but not able compensation from the organization		hose	liste		bove NOI	•	re	ceived more than	\$100,000	of			
													Yes	No
	he organization list any former offic yee on line 1a? <i>If "Yes," complete Sche</i> c											3		X
•	•													
organ	ny individual listed on line 1a, is the ization and related organizations gradual	eater than	\$15	0,0	00?	l If	"Yes	5," (complete Schedu	e J for		4	х	
5 Did a	ny person listed on line 1a receive or rvices rendered to the organization? If ")	accrue co	mpen	sati	on f	fron	n any	uni	related organization	n or indivi		5		X
	3. Independent Contractors	, / -						-						
	lete this table for your five highest con ensation from the organization. Report													
	(A) Name and business ad	dress							(B) Description of se	rvices	Co	(C) ompensa	ition	

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► NONE

Part VIII Statement of Revenue

		Check if Schedule O	contains a resp	onse or note to a	ny line in this Part \	/III		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues						
هَ ۾َ	С	Fundraising events						
fts	d	Related organizations						
ច្ច		Government grants (contri						
ns,	f	All other contributions, gifts	,		-			
를 유		and similar amounts not include	-	1,987,572.				
혈훈	g	Noncash contributions inc		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
달	9	lines 1a-1f		\$ 160,728.				
a Se	h	Total. Add lines 1a-1f		•	4,185,798.			
	- "	Total. Add lilles 1a-11		Business Code	4,103,730.			
ą.	_			Business Code				
Š	2a			_				
Ser	b			-				
Ĕ Ž	С			-				
gra Re	d			_				
Program Service Revenue	е			-				
ш.	f	All other program service r			27027			
	g	Total. Add lines 2a-2f			NONE			
	3	Investment income (incl	•	_	1,450.			1,450.
		other similar amounts)						1,450.
	4	Income from investment of		•	NONE			
	5	Royalties	(i) Real	(ii) Personal	NONE			
	_		.,,	(II) I elsoliai	-			
	6a	Gross rents 6a			-			
	b	Less: rental expenses 6b			-			
	C	Rental income or (loss) 6c	_	ONE NONE				
	_ d	Net rental income or (loss)			NONE			
	7a	Gross amount from	(i) Securities	(ii) Other	-			
		sales of assets						
		other than inventory 7a	25,58	15.	-			
evenue	b	Less: cost or other basis						
Ven		and sales expenses 7b			-			
Re	С	Gain or (loss) 7c	; 19	96.				
e	d	Net gain or (loss)	· · · · · · <u>·</u>	<u> ▶</u>	196.			196.
Other	8a	Gross income from	fundraising					
•		events (not including \$	2,198,226.					
		of contributions reporte	ed on line					
		1c). See Part IV, line 18 .	8					
	b	Less: direct expenses		b 795,878.				
	С	Net income or (loss) from	fundraising even	<u>ts ▶</u>	-479,828.			-479,828.
	9a	Gross income from	0 0					
		activities. See Part IV, line	19 <u>9</u>	a NONE				
	b	Less: direct expenses	9	b NONE				
	С	Net income or (loss) from	gaming activitie	s	NONE			
	10a	Gross sales of inver	•					
		returns and allowances .	10					
		Less: cost of goods sold .						
	С	Net income or (loss) from s	sales of inventory		NONE			
Sno				Business Code				
nec	11a	-		-				
Miscellaneous Revenue	b	-		-				
Sce	C	A.II		-				
Ξ	d	All other revenue			310375			
		Total revenue See instrue			NONE			470 100
	12	Total revenue. See instruc	UUIIS	<u> </u>	3,707,616.		I	-478,182.

85-4129850

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a res	sponse or note to any line	e in this Part IX		
Do not include amounts reported on lines 6b, 7b 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations				
and domestic governments. See Part IV, line 21	1,730,000.	1,730,000.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	. NONE			
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	238,593.	NONE	NONE	238,593.
6 Compensation not included above to disqualified				
persons (as defined under section $4958(f)(1)$) and				
persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				440,658.
8 Pension plan accruals and contributions (include	28,213.			28,213
section 401(k) and 403(b) employer contributions				
9 Other employee benefits				46,486
10 Payroll taxes	48,299.			48,299.
11 Fees for services (nonemployees):				
a Management		304,486.		
b Legal			13,056.	
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	. NONE			
9 Other. (If line 11g amount exceeds 10% of line 25, column				
(A), amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion			22.155	41 500
13 Office expenses			33,155.	41,720.
14 Information technology			5,781.	
15 Royalties				
16 Occupancy				706
17 Travel	726.			726
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings		17 222		5,235
20 Interest		17,333.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	NONE			
24 Other expenses. Itemize expenses not covered				
above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column				
(A), amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	75.	NONE	75.	NONI
		NONE	75.	NOM
b				
С				
d				
e All other expenses Add lines 1 through 246	2 052 016	2 051 010	52,067.	849,930.
Total functional expenses. Add lines 1 through 24eJoint costs. Complete this line only if the	2,953,816.	2,051,819.	52,007.	049,930.
organization reported in column (B) joint costs				
from a combined educational campaign and fundraising solicitation. Check here				
following SOP 98-2 (ASC 958-720)				

Form 990 (2021)

Page **11**

		Check if Schedule O contains a response or note to any line in this Pa	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	818,081.	1	594,113.
	2	Savings and temporary cash investments	NONE	2	NONE
	3	Pledges and grants receivable, net	NONE	3	NONE
	4	Accounts receivable, net	19,873.	4	256,500.
	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)	NONE	6	NONE
sts	7	Notes and loans receivable, net	NONE	7	NONE
Assets	8	Inventories for sale or use	NONE	8	NONE
Ř	9	Prepaid expenses and deferred charges	NONE	9	181,480.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	h	Less: accumulated depreciation	NONE	100	
	11	Investments - publicly traded securities	NONE		NONE
	12	Investments - other securities. See Part IV, line 11	NONE		98,148.
	13	Investments - program-related. See Part IV, line 11.	NONE		NONE
	14	Intangible assets	NONE		NONE
	15	Other assets. See Part IV, line 11	NONE		NONE
	16	Total assets. Add lines 1 through 15 (must equal line 33)	837,954.	16	1,130,241.
	17	Accounts payable and accrued expenses	65,290.	17	54,989.
	18	Grants payable	NONE		NONE
	19	Deferred revenue	NONE		32,500.
	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,	TOTAL		IVOIVE
ij		trustee, key employee, creator or founder, substantial contributor, or 35%			
Liabilities		controlled entity or family member of any of these persons	NONE	22	NONE
<u>:</u>	23	Secured mortgages and notes payable to unrelated third parties	NONE		NONE
	24	Unsecured notes and loans payable to unrelated third parties	NONE		NONE
	25	Other liabilities (including federal income tax, payables to related third	110112		110112
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	667,748.	25	186,367.
	26	Total liabilities. Add lines 17 through 25	733,038.		273,856.
Fund Balances		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.	, 55, 7555.		270,000
au	27	Net assets without donor restrictions	104,916.	27	856,385.
Ba	28	Net assets with donor restrictions.	NONE		NONE
pu	20	Organizations that do not follow FASB ASC 958, check here ▶	NONE	20	NONE
or Fu		and complete lines 29 through 33.			
ts c	29	Capital stock or trust principal, or current funds		29	
sse	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ą	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets or	32	Total net assets or fund balances	104,916.	32	856,385.
_	33	Total liabilities and net assets/fund balances	837,954.	33	1,130,241.

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	· · · ·					
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,7	07,	<u>616</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2	:	2,9	53,	<u>816</u> .
3	Revenue less expenses. Subtract line 2 from line 1	3		7	53,	<u>800</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		1	04,	<u>916</u>
5	Net unrealized gains (losses) on investments	5			-2,	<u> 331</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				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		8	56,	<u> 385</u>
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			-		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," ex	ĸplain	on			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ted o	na			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth 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	lergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	•		3b		

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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number Name of the organization MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION 85-4129850 INC Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of Χ one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. X Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. X Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. 1 Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of (iv) Is the organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) document? instructions) SEE SUPPLEMENTAL PAGE Yes No (A) (B) (C) (D) (E) Total 1,730,000

							- 3 -
Pai	t I Support Schedule for Orga						
	(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)						
		is to quality u	nder the tests	listed below, p	lease comple	te Part III.)	
	tion A. Public Support		T		T	T	
Cale	endar year (or fiscal year beginning in)	(a) 2017	(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	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						
	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 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	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
	tion C. Computation of Public Sup					T T	
14	Public support percentage for 2021 (li	,	, .				<u>%</u>
15	Public support percentage from 2020						<u> </u>
16a	331/3% support test - 2021. If the org	-		•			
	box and stop here. The organization q	•		•			
D	331/3% support test - 2020. If the organization						
170	this box and stop here . The organization 10%-facts-and-circumstances test - 2			_			
ı / a	10% or more, and if the organization		_				
	Part VI how the organization meets					•	•
	organization			_	•		
h							
IJ	b 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain						
	in Part VI how the organization meets			_	-		* *
	organization						🚩 📖

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

Sec	tion A. Public Support				'	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(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						
	Amounts included on lines 1, 2, and 3						
. a	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						
r	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		•				
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10 a	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	ear as a section	501(c)(3)
	organization, check this box and stop here.						▶ 🔲
Sec	tion C. Computation of Public Supp	ort Percenta	ige				
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 Scheo	dule A, Part III, liı	ne 15	<u> </u>	<u></u> .	16	%
Sec	tion D. Computation of Investment	Income Per	centage				
17	Investment income percentage for 2021 (lin	ie 10c, column ((f), divided by line	13, column (f))		17	%
18	Investment income percentage from 2020 S	Schedule A, Part	III, line 17			18	%
19 a	331/3% support tests - 2021. If the org					ore than 331/3 %	, and line
	17 is not more than 331/3 %, check this	-					. \square
b	331/3% support tests - 2020. If the orga		_				
	line 18 is not more than 331/3 %, check	this box and s	top here. The or	ganization qualifie	es as a publicly	supported organi	zation ►
20	Private foundation. If the organization of	did not check	a box on line 1	4, 19a, or 19b,	, check this bo	x and see instru	ictions ►

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
,			
	1	Х	
; 1			
	2		X
r	3a		X
l			
)	3b		
	3с		
f			
	4a		X
)			
	4b		
1 1			
)	4c		
,			
1			
	5a		X
'	5b		
	5c		
	6		_X_
	7		_X_
	8		X
;			
	9a		_X_
	9b		X
	9с		X
1			23
	10a		X
)	10b		

	Me A (1 01111 000) 2021			age o
Part	N Supporting Organizations (continued)		V	
44			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
а	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described on line 11a above?	11b		X
C	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c,</i>	110		- 21
·	provide detail in Part VI.	11c		Х
Secti	ion 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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		X
Secti	ion D. All Type III Supporting Organizations			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior		Yes	No
	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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations	<u> </u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structi	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	uction	s).
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described 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 Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 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			
b	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3a 3b		

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Schedule A (Form 990) 2021

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part V Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 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 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of 6 property held for production of income (see instructions) 7 Other expenses (see instructions) 8 **8 Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4) (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 3 Subtract line 2 from line 1d. 3 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 4 see instructions). 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by 0.035. 6 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount **Current Year** 1 Adjusted net income for prior year (from Section A, line 8, column A) 2 Enter 0.85 of line 1. 2 3 Minimum asset amount for prior year (from Section B, line 8, column A) 3 4 Enter greater of line 2 or line 3. 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

Schedule A (Form 990) 2021

(see instructions).

Page 7 Schedule A (Form 990) 2021 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions Current Year						
1	Amounts paid to supported organizations to accomplish ex	1				
2	Amounts paid to perform activity that directly furthers exer					
	organizations, in excess of income from activity	2				
3	Administrative expenses paid to accomplish exempt purpo	3				
4	Amounts paid to acquire exempt-use assets			4		
5	Qualified set-aside amounts (prior IRS approval required - p	rovide details in Part VI)		5		
6	Other distributions (describe in Part VI). See instructions.	·		6		
7	Total annual distributions. Add lines 1 through 6.			7		
8	Distributions to attentive supported organizations to which	the organization is resp	onsive			
	(provide details in Part VI). See instructions.			8		
9	Distributable amount for 2021 from Section C, line 6			9		
10	Line 8 amount divided by line 9 amount			10		
	· ·		(ii)		(iii)	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistribution Pre-2021		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					
а	From 2016					
b	From 2017					
С	From 2018					
d	From 2019					
е	From 2020					
f	Total of lines 3a through 3e					
g	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
i	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: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2021 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI. See instructions.					
6	Remaining underdistributions for 2021. Subtract lines 3h					
•	and 4b from line 1. For result greater than zero, explain in					
	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					
C	Excess from 2019					
d	Excess from 2020					

Schedule A (Form 990) 2021

Excess from 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 IV, SECTION C, LINE 1

PER THE CORPORATION'S GOVERNANCE DOCUMENTS, A MAJORITY OF THE

CORPORATION'S BOARD MUST AT ALL TIMES BE INDIVIDUALS WHO ARE ALSO SERVING

AS DIRECTORS OF THE SUPPORTED ORGANIZATION. A MINORITY WILL ALWAYS BE

INDEPENDENT TRUSTEES WHO DO NOT OVERLAP WITH THE SUPPORTED

ORGANIZATION'S BOARD, BUT AS A MATTER OF PRACTICE THE CORPORATION

PRIMARILY INTENDS TO ELECT FORMER DIRECTORS OF THE SUPPORTED

ORGANIZATION. THE SUPPORTED ORGANIZATION WILL ANNUALLY RECOMMEND NOMINEES

FOR BOTH THE OVERLAPPING AND INDEPENDENT POSITIONS ON THE CORPORATION'S

BOARD OF TRUSTEES.

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

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

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATION	S				
	=	(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) AMOUNT OF
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	OTHER SUPPORT
MADISON SQUARE BOYS AND GIRLS CLUB, INC.	13-5596792	7	X	1,730,000	
TOTAL AMOUNT OF SUPPORT				1,730,000	•
				==========	==========

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Employer identification number

2021

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990 or Form 990-PF.

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

MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION 85-4129850 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. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 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

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Name of organization MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION Employer identification number INC. 85-4129850

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Χ 1 N/APerson **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 2 Χ N/APerson **Payroll** 15,000. Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 3 N/AΧ Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 Χ N/APerson **Payroll** 30,000. \$ Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 Χ N/APerson **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Χ 6 N/A Person **Payroll** \$ 15,250. Noncash (Complete Part II for

Name of organization MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION

Employer identification number

1NC 85-4129850

INC. 85-4129850 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** 7 Χ N/APerson **Payroll** 15,000. 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** 7,500. Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 9 N/AΧ Person **Payroll** 40,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 Χ N/APerson **Payroll** 10,075. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 Χ N/APerson **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Χ 12 N/A Person **Payroll** \$ 7,500. Noncash

(Complete Part II for noncash contributions.)

Name of organization MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION

Employer identification number

1NC 85-4129850

INC. 85-4129850 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Χ 13 N/A Person **Payroll** 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 14 Χ N/APerson **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 15 N/AΧ Person **Payroll** 125,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 16 Χ N/APerson **Payroll** 45,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 17 Χ N/APerson **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Χ 18 N/A Person **Payroll** \$ 5,250. Noncash (Complete Part II for

Name of organization MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION

Employer identification number

1NC 85-4129850

INC. 85-4129850 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Χ 19 N/A Person **Payroll** 15,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 20 Χ N/APerson **Payroll** 20,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 21 N/AΧ Person **Payroll** 20,086. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 22 Χ N/APerson **Payroll** <u>5,</u>000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 23 Χ N/APerson **Payroll** 40,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Χ 24 N/A Person **Payroll** \$ 76,000. Noncash

(Complete Part II for noncash contributions.)

Name of organization MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION Employer identification number INC. 85-4129850

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Χ 25 N/A Person **Payroll** 5,250. Noncash (Complete Part II for noncash contributions.) (c) (a) (b) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 26 Χ N/APerson **Payroll** 20,500. Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 27 N/AΧ Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 28 Χ N/APerson **Payroll** 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 29 Χ N/APerson **Payroll** 6,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Χ 30 N/A Person **Payroll** \$ 5,000. Noncash (Complete Part II for noncash contributions.)

Name of organization MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION Employer identification number INC. 85-4129850

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Χ 31 N/A Person **Payroll** 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 32 Χ N/APerson **Payroll** 30,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 33 N/AΧ Person **Payroll** 28,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 34 Χ N/APerson **Payroll** <u>5,</u>000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 35 Χ N/APerson **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Χ 36 N/A Person **Payroll** \$ 25,000. Noncash (Complete Part II for noncash contributions.)

Name of organization MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION Employer identification number INC. 85-4129850

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Χ 37 N/A Person **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 38 Χ N/APerson **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 39 N/AΧ Person **Payroll** 36,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 40 Χ N/APerson **Payroll** 30,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 41 Χ N/APerson **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Χ 42 N/A Person **Payroll** \$ 10,000. Noncash (Complete Part II for

Name of organization MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION

Employer identification number

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INC. 85-4129850 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Χ 43 N/APerson **Payroll** 100,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 44 Χ N/APerson **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 45 N/AΧ Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 46 Χ N/APerson **Payroll** <u>6,</u>000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 47 Χ N/APerson **Payroll** 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Χ 48 N/A Person **Payroll** \$ 50,000. Noncash (Complete Part II for

Name of organization MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION

Employer identification number

1NC 85-4129850

INC. 85-4129850 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Χ 49 N/A Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 50 Χ N/APerson **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 51 N/AΧ Person **Payroll** 20,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 52 Χ N/APerson **Payroll** 5,250. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 53 Χ N/APerson **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Χ 54 N/A Person **Payroll** \$ 5,000. Noncash (Complete Part II for

Name of organization MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION

Employer identification number

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INC. 85-4129850 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Χ 55 N/A Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 56 Χ N/APerson **Payroll** 100,000. Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 57 N/AΧ Person **Payroll** 30,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 58 Χ N/APerson **Payroll** <u>8,</u>000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 59 Χ N/APerson **Payroll** 6,113. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Χ 60 N/A Person **Payroll** \$ 30,000. Noncash (Complete Part II for

MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION Name of organization **Employer identification number**

INC. 85-4129850 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Χ 61 N/A Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 62 Χ N/APerson **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 63 N/AΧ Person **Payroll** 15,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 64 Χ N/APerson **Payroll** 15,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 65 Χ N/APerson **Payroll** 20,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Χ 66 N/A Person **Payroll**

\$

5,250.

Noncash (Complete Part II for noncash contributions.)

Name of organization MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION

Employer identification number

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INC. 85-4129850 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Χ 67 N/A Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 68 Χ N/APerson **Payroll** 16,000. Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 69 N/AΧ Person **Payroll** 35,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 70 Χ N/APerson **Payroll** 15,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 71 Χ N/APerson **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Χ 72 N/A Person **Payroll** \$ 5,000. Noncash

(Complete Part II for noncash contributions.)

Name of organization MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION Employer identification number INC. 85-4129850

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Χ 73 N/APerson **Payroll** 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 74 Χ N/APerson **Payroll** 5,250. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 75 N/AΧ Person **Payroll** 100,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 76 Χ N/APerson **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 77 Χ N/APerson **Payroll** 15,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Χ 78 N/A Person **Payroll** \$ 35,000. Noncash (Complete Part II for noncash contributions.)

Name of organization MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION

Employer identification number

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INC. 85-4129850 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Χ 79 N/A Person **Payroll** 50,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 80 Χ N/APerson **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 81 N/AΧ Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 82 Χ N/APerson **Payroll** 15,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 83 Χ N/APerson **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Χ 84 N/A Person **Payroll** \$ 14,000. Noncash

(Complete Part II for noncash contributions.)

Name of organization MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION Employer identification number INC. 85-4129850

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Χ 85 N/A Person **Payroll** 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 86 Χ N/APerson **Payroll** 30,000. Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 87 N/AΧ Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 88 Χ N/APerson **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 89 Χ N/APerson **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 90 Χ N/A Person **Payroll** \$ 7,500. Noncash (Complete Part II for noncash contributions.)

Name of organization MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION Employer identification number INC. 85-4129850

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Χ 91 N/A Person **Payroll** 15,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 92 Χ N/APerson **Payroll** 25,000. Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 93 N/AΧ Person **Payroll** 15,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 94 Χ N/APerson **Payroll** <u>5,</u>000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 95 Χ N/APerson **Payroll** 15,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Χ 96 N/A Person **Payroll** \$ 5,000. Noncash (Complete Part II for noncash contributions.)

MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION Name of organization **Employer identification number**

INC. 85-4129850 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Χ 97 N/A Person **Payroll** 75,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 98 Χ N/APerson **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 99 N/AΧ Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 100 Χ N/APerson **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 101 Χ N/APerson **Payroll** 20,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Χ 102 N/A Person **Payroll**

\$

30,000.

Noncash (Complete Part II for noncash contributions.)

MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION Name of organization **Employer identification number**

INC. 85-4129850 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Χ 103 N/A Person **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 104 Χ N/APerson **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (b) (a) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 105 N/AΧ Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 106 Χ N/APerson **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 107 Χ N/APerson **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Χ 108 N/A Person **Payroll**

\$

5,000.

Noncash (Complete Part II for noncash contributions.)

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	5-4129850
Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed	d.

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
109	N/A	\$50,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
110_	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
111_	N/A	\$ 5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
112	N/A	\$ 175,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
_113	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
114_	N/A	\$10,662.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION

Employer identification number

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INC. 85-4129850 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Χ 115 N/A Person **Payroll** 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 116 Χ N/APerson **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 117 N/AΧ Person **Payroll** 35,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 118 Χ N/APerson **Payroll** 20,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 119 Χ N/APerson **Payroll** 275,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Χ 120 N/A Person **Payroll** \$ 5,000. Noncash (Complete Part II for

noncash contributions.)

MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION Name of organization **Employer identification number**

INC. 85-4129850 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 121 Χ N/A Person **Payroll** 125,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 122 Χ N/APerson **Payroll** 45,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 123 N/AΧ Person **Payroll** 50,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 124 Χ N/APerson **Payroll** 100,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 125 Χ N/APerson **Payroll** 50,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Χ 126 N/A Person **Payroll**

\$

25,000.

Noncash (Complete Part II for noncash contributions.)

Name of organization MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION

Employer identification number

1NC 85-4129850

INC. 85-4129850 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 127 Χ N/A Person **Payroll** 5,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 128 Χ N/APerson **Payroll** 12,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 129 N/AΧ Person **Payroll** 455,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 130 Χ N/APerson **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 131 Χ N/APerson **Payroll** 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Χ 132 N/A Person **Payroll** \$ 10,000. Noncash (Complete Part II for

noncash contributions.)

MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION Name of organization **Employer identification number**

INC. 85-4129850 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Χ 133 N/A Person **Payroll** 45,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 134 Χ N/APerson **Payroll** 15,750. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 135 N/AΧ Person **Payroll** 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 136 Χ N/APerson **Payroll** 15,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 137 Χ N/APerson **Payroll** 32,500. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Χ 138 N/A Person

\$

Payroll

Noncash (Complete Part II for noncash contributions.)

10,000.

Name of organization MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION

Employer identification number

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INC. 85-4129850 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. 139 Χ N/A Person **Payroll** 15,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 140 Χ N/APerson **Payroll** 15,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 141 N/AΧ Person **Payroll** 25,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 142 Χ N/APerson **Payroll** 186,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 143 Χ N/APerson **Payroll** 10,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Χ 144 N/A Person **Payroll** \$ 5,411. Noncash

(Complete Part II for noncash contributions.)

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Name of o	organization MADISON SQUARE BOYS AND GIRLS CL	UB FOUNDATION	Employer identification number			
	INC.		85-4129850			
Part I	Contributors (see instructions). Use duplicate copie	s of Part I if additional space is r	needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
145	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
146	N/A	\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
_147	N/A	\$ 115,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
148_	N/A	\$5,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
149	N/A	\$16,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
150	N/A	\$ 5,500.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION

Employer identification number

1NC 85-4129850

INC. 85-4129850 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. 151 N/A Person **Payroll** Χ 6,000. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution 152 Person **Payroll** 9,000. Noncash (Complete Part II for noncash contributions.) (b) (d) (a) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 153 N/APerson **Payroll** 7,750. Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 154 N/APerson **Payroll** <u>6,</u>000. 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 MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION
INC.

Employer identification number
85-4129850

Part II 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
149	GIFT CERTIFICATES		
		\$16,000.	12/03/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
150	EVENT TICKETS		
		\$5,500.	12/03/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	GIFT CERTIFICATES		
		\$6,000.	12/03/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
152	GIFT CERTIFICATES		
		\$9,000.	12/03/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
153	GIFT CERTIFICATES		
		\$7,750.	12/03/2021
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
154_	GIFT CERTIFICATES		
		\$6,000.	06/01/2022

Name of organization **Employer identification number** MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION 85-4129850 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

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.

Open to Public Inspection

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.

	MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION	OF 41200E0
ING	art I Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	85-4129850
1 6	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	oodinis.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
5	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 fund	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
Pa	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		a historically important land area
		a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	e 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	ła 📗
b	Total acreage restricted by conservation easements	eb .
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
	historic structure listed in the National Register	ed .
3	Number of conservation easements modified, transferred, released, extinguished, or terminal	ted by the organization during the
	tax year 🕨	
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	- 1 1 1
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	nservation easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing cons	servation easements during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	The state of the s
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial organization's accounting for conservation easements.	statements that describes the
De	art III Organizations Maintaining Collections of Art, Historical Treasures, or Other S	imilar Assats
1 6	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	miniai Assets.
4-		statement and belonce about works
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	research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that describes the	se items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue state	
	art, historical treasures, or other similar assets held for public exhibition, education, or resear provide the following amounts relating to these items:	rch in turtherance of public service,
	(i) Revenue included on Form 990, Part VIII, line 1	> \$
	(ii) Assets included in Form 990, Part X	▶ \$
2	If the organization received or held works of art, historical treasures, or other similar ass	
~	following amounts required to be reported under FASB ASC 958 relating to these items:	octo for illiancial gain, provide the
а	Revenue included on Form 990, Part VIII, line 1	> \$
	Assets included in Form 990 Part X	

Pa	rt Organizations Maintaini	ng Collections of	Art, Histo	rical Tre	easure	s, or	Other	Similar A	Assets (d	continue	<u>d) </u>
3	Using the organization's acquisition	n, accession, and	other recor	ds, checl	k any o	f the	follow	ing that n	nake sigr	nificant us	se of its
	collection items (check all that app	ly):									
а	Public exhibition		d	Loan	or exch	ange	progra	m			
b	Scholarly research		е	Other							
С	Preservation for future gene	rations	_								
4	Provide a description of the organ		s and expla	ain how	thev fu	rther	the or	ganization'	s exemp	t purpose	in Part
	XIII.				,			J	•		
5	During the year, did the organization	on solicit or receive	donations o	of art. hist	orical tr	easu	res. or	other simil	ar		
-	assets to be sold to raise funds rath									Yes	No
Pa	rt IV Escrow and Custodial A				- 3						
	Complete if the organiza 990, Part X, line 21.		es" on For	m 990, F	Part IV,	line	9, or r	eported a	n amoui	nt on For	m
1 a	Is the organization an agent, trus	tee, custodian or o	other intern	nediary fo	or cont	ributi	ons or	other ass	ets not _		
	included on Form 990, Part X?								L	Yes	No
b	If "Yes," explain the arrangement is	n Part XIII and com	plete the fo	llowing tal	ble:						
									Amount		
С	Beginning balance					1c					
d	Additions during the year					1d					
е	Distributions during the year					1e					
f	Ending balance					1f					
2a	Did the organization include an am	ount on Form 990,	Part X, line	21, for e	escrow	or cu	stodial	account lia	bility?	Yes	No
b	If "Yes," explain the arrangement is	n Part XIII. Check h	ere if the e	xplanation	has be	en pr	ovided	on Part XII	١		
Pa	rt V Endowment Funds.										
	Complete if the organiza	tion answered "Y	es" on For	m 990, F							
		(a) Current year	(b) Pric	or year	(c) Tw	o year	s back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance										
b	Contributions	100,000.									
С	Net investment earnings, gains,										
	and losses	-1,854.									
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs										
f	Administrative expenses										
g	End of year balance	98,146.									
2	Provide the estimated percentage		and halanc	a (lina 1a	column	(2))	hald as				
а	Board designated or quasi-endown Permanent endowment ▶ 100.0	nent ►		o (iii lo 1g,	, column	ι (α))	riola ao	•			
		000									
·	The percentages on lines 2a, 2b, a	. ′ °	100%								
3a	Are there endowment funds not in	•		ation that	are hel	d and	d admir	nistered for	the		
Ju	organization by:	5 2000000001 01 1	organiza	anon mat	3.5 1101	- uil				Y	es No
	(i) Unrelated organizations									3a(i)	X
	(ii) Related organizations									3a(ii)	X
b	If "Yes" on line 3a(ii), are the relate									3b	
4	Describe in Part XIII the intended u					- •					<u> </u>
Pa	rt VI Land, Buildings, and Equ Complete if the organize	uipment.				, line	11a. S	See Form	990, Pa	ırt X, line	10.
	Description of property		r other basis stment)	(b) Cost		asis		cumulated	(0) Book valu	e
12	Land	,	ouneill)	(0	other)		uepi	eciation			
ı a b	Buildings					-					
	_			-		+					
C C	Leasehold improvements					+					
d	Equipment			-		+					
Tota	Other I. Add lines 1a through 1e. (Column		m 000 Port	Y colum	n (R) liv	10	IC)				
iota	. Add iiiles Ta tillougil Te. (Colullii)	(u) musi equal FOI	ııı əəu, Fall	A, COIUITI	ווו (ט), ווו	ie 10	u.)				

Part VII Investments - Other Section 1	ison square boys and gir. Uritias	LS CLUB FOUNDATION 85-4129850 Page
		90, Part IV, line 11b. See Form 990, Part X, line 12.
(a) Description of security or cate (including name of security)	egory (b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col.	(B) line 12.) . ►	
Part VIII Investments - Program R	Related.	90, Part IV, line 11c. See Form 990, Part X, line 13.
(a) Description of investment		(c) Method of valuation:
		Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.	(B) line 13.) . >	
Part IX Other Assets.	'	
	ition answered "Yes" on Form 9	90, Part IV, line 11d. See Form 990, Part X, line 15.
	(a) Description	(b) Book value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990,	Part X. col. (B) line 15.)	•
Part X Other Liabilities.		
	ition answered "Yes" on Form 9	90, Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book value
(1) Federal income taxes	(a) Doscription of Hability	(b) Dook value
(2)DUE TO RELATED ORG		186,367.
(3)		100,507.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part >	V col (P) line 25)	100 207
		to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part	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
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	-
C	Recoveries of prior year grants	-
d	Other (Describe in Part XIII.)	-
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
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	
b	Other (Describe in Part XIII.)	
С	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5
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
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
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b	_
b	Other (Describe in Part XIII.)	4.
С 5	Add lines 4a and 4b	4c 5
	XIII Supplemental Information.	<u> </u>
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	Part V, line 4; Part X, line nation.
SEE	SUPPLEMENTAL PAGE	

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4

FUNDS APPROPRIATED FROM THE ENDOWMENT FUND ARE TO BE DISTRIBUTED TO MADISON SQUARE BOYS & GIRLS CLUB, INC. IN SUPPORT OF THE PROGRAM OPERATING COSTS OF THE PINKERTON CLUBHOUSE.

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 Open to Public

Department of the Treasury Internal Revenue Service

Inspection

		JARE BOYS AND G	IRLS CI	OR LOOL	NDATION	Linployer identification	
INC.)/" F 0/	85-412985	
Part	Fundraising Activities. Cor Form 990-EZ filers are not				Yes" on Form 98	90, Part IV, line 1	7.
1	Indicate whether the organization				activities Check a	all that annly	
a	Mail solicitations	e		_	non-government g		
	Internet and email solicitations				government grants		
b	Phone solicitations				ising events	5	
C		g	Spec	Jiai Turiura	ising events		
d	In-person solicitations						
2a	Did the organization have a written						Yes No
L	or key employees listed in Form 9 If "Yes," list the 10 highest paid in						
D	compensated at least \$5,000 by the		(Turiuraise	is) puisua	ini to agreements	under which the	iuliulaisei is to be
	tompensated at least 40,000 by the	ic organization.					
						(v) Amount paid to	
	(i) Name and address of individual	(ii) A ativity		draiser have or control of	(iv) Gross receipts	(or retained by)	(vi) Amount paid to (or retained by)
	or entity (fundraiser)	(ii) Activity		outions?	from activity	fundraiser listed in	organization
			Yes	No		col. (i)	
1			100	1.0			
2							
3							
Ū							
4							
3							
6							
7							
8							
9							
10							
. •							
Total							
3	List all states in which the organi	zation is registered of	or licensed	d 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	U.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			CTB GALA	Y <u>OY GALA</u>	4	(add col. (a) through col. (c))
a)			(event type)	(event type)	(total number)	001. (0))
ű	_	One and an arrivate				
Revenue	1	Gross receipts	1,392,624.	855,911.	265,740.	2,514,275.
ď	2	Loos: Contributions	1 040 510	E40 E01	005 006	0 100 006
		Less: Contributions Gross income (line 1 minus	1,242,719.	749,701.	205,806.	2,198,226.
	3		149,905.	106 210	59,934.	216 040
_		line 2)	149,905.	106,210.	39,934.	316,049.
	4	Cash prizes				
	5	Noncash prizes	104,879.		30,460.	135,339.
S			, , , , , ,		,	
ıse	6	Rent/facility costs	205,581.	120,940.	103,832.	430,353.
Direct Expenses						
\overline{X}	7	Food and beverages				
e Sct						
	8	Entertainment	25,850.		5,000.	30,850.
	^	Oth or direct overses				
	9	Other direct expenses	118,415.	50,170.	30,750.	199,335.
	10	Direct expense summary. Add line	es 1 through 9 in colu	mn (d)		705 077
	11	Net income summary. Subtract lin	ne 10 from line 3 colu	ımn (d)		795,877. -479,828.
Pa			anization answered "	Ves" on Form 990 F	Part IV line 10 or	reported more than
		\$15,000 on Form 990-EZ, lin		103 011 1 01111 000, 1	art IV, IIIIC 13, Or	reported more than
Ф			() D:	(b) Pull tabs/instant	(a) Other gening	(d) Total gaming (add
'n			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
<u>~</u>	1	Gross revenue				
"	_					
ses	2	Cash prizes				
Direct Expenses	2	Nanagah prizas				
Ϋ́	3	Noncash prizes				
g G	1	Rent/facility costs				
)ire	4	Neminacinty costs				
ш	5	Other direct expenses				
_		o in our or portion in it is in the interest of the interest o	Yes %	Yes %	Yes %	
	6	Volunteer labor	No ~	No	No No	
	7	Direct expense summary. Add line	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	ubtract line 7 from line	1, column (d)	<u></u> ▶	
_		-		. , , , , , ,		
9		Enter the state(s) in which the orga				
a k		Is the organization licensed to con If "No," explain:			es?	Yes No
L	•	ii No, explain.				
10a	ı	Were any of the organization's gaming	a licenses revoked, sus	pended, or terminated du	uring the tax vear?	Yes No
k		If "Vaa " avalain.		portada, or terminated at		100 140
_		<u>-</u>				

Sched	ule G (Form 990 or 990-EZ) 2021 MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION 85-4129850 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity
	formed to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and 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 proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations
	or spent in the organization's own exempt activities during the tax year \$ \ \\$
Part	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information. Name of the organization MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

INC.						85-4129850	
Part I General Information on Gran	nts and Assistanc	е				•	
 Does the organization maintain record the selection criteria used to award th Describe in Part IV the organization's 	e grants or assistand	e?					X Yes No
Part II Grants and Other Assistance	e to Domestic Or	ganizations a	nd Domestic Gov	vernments. Com	plete if the organiz	ation answered "Y	es" on Form 990,
Part IV, line 21, for any recip	ient that received	more than \$5	,000. Part II can	be duplicated if	additional space is r	needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
_(1) MADISON SQUARE BOYS & GIRLS CLUB, INC.							
250 BRADHURST AVE NEW YORK, NY 10039	13-5596792	501(C)3	1,730,000.				GENERAL OPERATING S
(2)							
_(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
2 Enter total number of section 501(c)(33 Enter total number of other organization	, •	•					1

85-4129850

(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					
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

ALL GRANTS ARE DISTRIBUTED SOLELY TO THE SUPPORTED ORGANIZATION - MADISON SQUARE BOYS & GIRLS CLUB, INC.

PROVIDES THE CORPORATION WITH VARIOUS REPORTS ON ITS PROGRAMMATIC

ACTIVITIES THAT DEMONSTRATES THE GRANT FUNDS ARE BEING USED FOR THEIR

INTENDED PURPOSES.

SCHEDULE J (Form 990)

Compensation InformationFor 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.

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

Department of the Treasury Internal Revenue Service Name of the organization

MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION

Employer identification number 85-4129850

OMB No. 1545-0047

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

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

Schedule J (Form 990) 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
SALINA MUELLICH	(i)	70,694.	26,192.	NONE	2,364.	9,351.	108,601.	
1 EXECUTIVE DIRECTOR	(ii)	116,487.	8,000.	608.	12,593.	16,021.	153,709.	
	(i)							
2	(ii)							
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 7

SALINA MUELLICH RECEIVED DISCRETIONARY BONUSES APPROVED BY THE BOARD

OF TRUSTEES.

Page 3

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

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

MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION

Employer identification number 85-4129850

INC Types of Property

гаі	Types of Froperty	1			1			
		(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 conti			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
3	goods			26,036.	SELLING P	RICE		
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	2	25,389.	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 ►(SEE SUPP PAGE)		110.	109,303.				
26	Other ►()							
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received	by the org	anization during the tax ye	ear for contributions for				
	which the organization completed F	Form 8283,	Part V, Donee Acknowledge	ement	29			
					r		Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through			
	28, that it must hold for at least the	-						
	to be used for exempt purposes for	the entire h	olding period?			30a		X
b	If "Yes," describe the arrangement i							
31	Does the organization have a							
	contributions?					31		Х
32a	Does the organization hire or use	•	_	· · · · · · · · · · · · · · · · · · ·				
	contributions?					32a		Х
	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in c	olumn (c) for a type of prop	perty for which column (a)	is checked,			
	describe in Part II.							

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

Schedule M (Form 990) 2021

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

SCHEDULE M, PART I	OTHER NC			
DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
GIFT CERTIFICAT	X	110	109,303.	SELLING PRICE
TOTALS	==	110.	109,303.	

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 AND GIRLS CLUB FOUNDATION

85-4129850

FORM 990, PART VI, SECTION A, LINE 3

PURSUANT TO A SHARED SERVICES AGREEMENT, MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION UTILIZES THE SERVICES OF SOME OF THE EMPLOYEES OF MADISON SQUARE BOYS AND GIRLS CLUB INC. FOR THE PURPOSES OF ASSISTING WITH FINANCE, ACCOUNTING, BOOKKEEPING, PREPARATION OF REGULATORY FILINGS (INCLUDING FEDERAL AND STATE TAX RETURNS AND PAYROLL RETURNS), EXECUTIVE MANAGEMENT, HUMAN RESOURCES ADMINISTRATION, CERTAIN LIMITED INFORMATION TECHNOLOGY SUPPORT, MARKETING, COMMUNICATIONS, DESIGN, AND OTHER RELATED MANAGEMENT AND ADMINISTRATIVE SERVICES.

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

THE FINAL DRAFT OF THE 990 WAS CIRCULATED ELECTRONICALLY TO THE FULL BOARD OF TRUSTEES FOR REVIEW AND COMMENT PRIOR TO FILING WITH THE IRS. ANY ISSUES OR QUESTIONS ARE DISCUSSED WITH THE PREPARER PRIOR TO FILING.

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

EACH YEAR THE BOARD, OFFICERS, AND KEY EMPLOYEES REVIEW AND SIGN 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 BOARD TO ENSURE THEIR EXCLUSION IN ANY RELATED PROCESSES.

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

THE BOARD CONDUCTED A REVIEW OF THE EXECUTIVE DIRECTOR'S COMPENSATION IN 2022.

FORM 990, PART VI, SECTION C, LINE 19

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

Employer identification number

MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION

85-4129850

AUDITED CONSOLIDATED 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.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

MADISON SQUARE BOYS AND GIRLS CLUB FOUNDATION

Employer identification number 85-4129850

INC.

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
<u>(5)</u>					
<u>(6)</u>					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	_	Section 5	(g) 512(b)(13) crolled tity?
						Yes	No
(1) MADISON SQUARE BOYS AND GIRLS CLUB INC. 13-5596792							
250 BRADHURST AVE NEW YORK, NY 10039	RECREATIONAL	NY	501(C)(3)	LINE 7	N/A		х
(2) MSBGC-NYC SUPPORT CORPORATION 81-5459134							
250 BRADHURST AVE NEW YORK, NY 10039	SUPPORT	NY	501(C)(3)	LINE 12A	MAD. SQ. BGC	Х	
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2021

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	allocations?		Disproportionate allocations? Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)		eral or aging tner?	(k) Percentage ownership
		Country					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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

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

Yes No

B 4 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.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more r	elated organizations lis	ted in Parts II-IV?				
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	_			1a		Х
	Gift, grant, or capital contribution to related organization(s)				1b	Х	
	Gift, grant, or capital contribution from related organization(s)				1c		Х
	Loans or loan guarantees to or for related organization(s)				1d		Х
	Loans or loan guarantees by related organization(s)				1e	Х	
	, , , , , , , , , , , , , , , , , , , ,						
f	Dividends from related organization(s)				1f		Χ
	Sale of assets to related organization(s)				1g		Х
	Purchase of assets from related organization(s)				1h		Х
i	Exchange of assets with related organization(s)				1i		X
	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х
,							
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)				11		Х
	Performance of services or membership or fundraising solicitations by related organization(s).				1m		Х
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	х	
	Sharing of paid employees with related organization(s)				10	Х	
•							
n	Reimbursement paid to related organization(s) for expenses				1р	х	
	Reimbursement paid by related organization(s) for expenses				1q		Х
ч	Tromburger of the by rotated organization (b) for expenses 1111111111111111111111111111111111						
r	Other transfer of cash or property to related organization(s)				1r	х	
	Other transfer of cash or property from related organization(s).				1s		Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete the	his line, including cove	ered relationships and transa	ction thre	sholds	s.	
	(a)	(b)	(c)		(d)		
	Name of related organization	Transaction type (a-s)	Amount involved	Method	of dete Int invo		g
		type (a 3)		anioc		ivea	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
			Sch	edule R (Form 9	990) 2	202

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?		total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership
			sections 512 - 514)	Yes	No			Yes	No	, ,	Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													