Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Α	For the	e 2020 calendar year, or tax year beginning and	ending	_			
В	Check if applicab	C Name of organization		D Employer identifi	cation number		
	Addre	THE ANDREW MCDONOUGH B+ FOUNDATION					
	Name chang	Doing business as		42-17410	37		
F	Initial return Final return	101 BOOKEAND CIRCLE	Room/suite	E Telephone number 302-563-8389			
-	termin			G Gross receipts \$	6,248,786.		
	Amen	WILMINGTON, DE 19803		H(a) Is this a group re			
	Application			for subordinates			
	pendi	101 ROCKLAND CIRCLE, WILMINGTON, DE 19	9803	H(b) Are all subordinates in	ncluded? Yes No		
		empt status: X 501(c)(3) 501(c) ( ) ( insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions		
		te: WWW.BEPOSITIVE.ORG		H(c) Group exemptio			
		organization: X Corporation Trust Association Other	L Year	of formation: 2007	A State of legal domicile: DE		
Р	art I	Summary	MT CCTO	N OR MILE AN	DDEN		
Se	1	Briefly describe the organization's mission or most significant activities: THE MCDONOUGH B+ FOUNDATION IS TO FIGHT CHILI	MISSIO	OVICED INF WIN	DKEW		
Activities & Governance	2	Check this box  if the organization discontinued its operations or dispose		A ship to the management of the same of th	and a		
ver	3			1	9		
ဗ္ဗ	4	Number of independent voting members of the governing body (Part VI, line 1a)			6		
8	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)			8		
vitie	6	Total number of volunteers (estimate if necessary)			2500		
cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
			-	Prior Year	Current Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)		423,635.	606,662.		
	9	Program service revenue (Part VIII, line 2g)		0.	0.		
Re	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		125,310. 4,793,389.	-105,099. 3,734,634.		
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,342,334.	4,236,197.			
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		4,847,203.	3,773,204.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ģ	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	407,872.	446,799.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
xbe	b	Total fundraising expenses (Part IX, column (D), line 25)	73.				
ω̈	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		288,061.	207,088.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,543,136.	4,427,091.		
	19	Revenue less expenses. Subtract line 18 from line 12		-200,802.	-190,894.		
SOF			Be	ginning of Current Year	End of Year		
Net Assets of	20	Total assets (Part X, line 16)		5,136,499. 3,146.	5,105,999. 81,526.		
Vet /	21	Total liabilities (Part X, line 26)  Net assets or fund balances. Subtract line 21 from line 20		5,133,353.	5,024,473.		
	art II	Signature Block		3,133,333	3,024,473		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of m	v knowledge and belief, it is		
	100	t, and complete. Declaration of preparer (other than offiger) is based on all information of wh					
		A Comment		5/4	hi		
Sig	jn	Signature of efficer Williams		Date			
He	re	JOSEPH MCDONOUGH, PRESIDENT					
		Type or print name and title		Note	T. DTIN		
г.	ı	Print/Type preparer's name  Preparer's signature		Date Check	PTIN		
Pai		RENEE A VILLANO, CPA RENEE A VILLANO		5/U3/ZI self-employ	P00270347		
	parer	Firm's name ALBERO, KUPFERMAN & ASSOCIATES, Firm's address 1701 SHALLCROSS AVE, STE D	LLC	Firm's EIN	26-0645306		
US	Only	Firm's address 1701 SHALLCROSS AVE, STE D WILMINGTON, DE 19806		Phone no. (3	02) 230-7171		
Ma	v the II	RS discuss this return with the preparer shown above? See instructions		TEHORE IIO. ( 3	X Yes No		
ivia	V CITO II	, a alegade a no retain mai are proparer direvir above: Occ Heliatiacidis			100 110		

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE ANDREW MCDONOUGH B+ FOUNDATION FIGHTS CHILDHOOD CANCER BY:
	PROVIDING FINANCIAL ASSISTANCE TO FAMILIES OF KIDS WITH CANCER;
	FUNDING CUTTING-EDGE PEDIATRIC CANCER RESEARCH; AND ADVOCATING FOR
	INCREASED FUNDING AND AWARENESS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 2,817,807. including grants of \$ 2,332,895.) (Revenue \$ )
	FAMILY ASSISTANCE- PROVIDES FINANCIAL ASSISTANCE AND EMOTIONAL SUPPORT
	TO FAMILIES WITH CHILDREN BATTLING CANCER. THE B+ FOUNDATION IS ONE OF
	THE LARGEST PROVIDERS OF FINANCIAL ASSISTANCE TO FAMILIES OF KIDS WITH
	CANCER, HAVING HELPED 2,750 FAMILIES FROM OVER 200 HOSPITALS NATIONWIDE
	IN 2019.
	1 110 200
4b	(Code: 1,440,309.) (Expenses \$ 1,440,309.) (Revenue \$ )
	RESEARCH PROVIDES FUNDING FOR CUTTING-EDGE PEDIATRIC CANCER RESEARCH
	STRIVING FOR CURES AND/OR ENHANCED TREATMENT PROTOCOLS.
4c	(Code: ) (Expenses \$ 37,458 • including grants of \$ ) (Revenue \$ )
70	AWARENESS & ADVOCACY- TO INCREASE SUPPORT AND AWARENESS OF CHILDHOOD
	CANCER; TO SPREAD THE "B+" MESSAGE AND INSPIRE OTHERS.
	<u></u>
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 4,295,574.
	Form <b>990</b> (2020)

## Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
5	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	Ť		
	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, VIII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
12	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
13 14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
14a b		1 <del>7</del> 4		<del></del> -
	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 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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Yes No

Pai	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$1 last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and 15 last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and 15 last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and 15 last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and 15 last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and 15 last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and 15 last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and 15 last day of the year.
22	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization and the part VII, Section A, line 3, 4, or 5 about compensation of the organization and the part VII, Section A, line 3, 4, or 5 about compensation and the part VII, Section A, line 3, 4, or 5 about compensation and the part VII, Section A, line 3, 4, or 5 about compensation and the part VII, Section A, line 3, 4, or 5 about compensation and the part VII, Section A, line 3, 4, or 5 about compensation and the part VII, Section A, line 3, 4, or 5 about compensation and the part VII, Section A, line 3, 4, or 5 about compensation and the part VII, Section A, line 3, 4, or 5 about compensation and the part VII, section A, line 3, 4, or 5 about compensation and the part VII, section A, line 3, 4, or 5 about compensation and the part VII, section A, line 3, 4, or 5 about compensation and the part VII, section A, line 3, 4, or 5 about compensation and the part VII, section A, line 3, 4, or 5 about compensation and the part VII, section A, line 3, 4, or 5 about compensation and the part VII, section A, line 3, 4, or 5 about compensation and the part VII, section A, line 3, 4, or 5 about compensation and the part VII, section A, line 3, 4, or 5 about compensation and the part VII, section A, line 3, 4, or 5 about compensation and the part VII, section A, line 3, 4, or 5 about co
	Orbital to I
24a	
h	Did the organization invest any proceeds of tax-exempt honds beyond a temporary period exception?

	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			_
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
b	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 to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person 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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	37	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			7.7
	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	_		v
20	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			Х
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
J4		34		Х
35.2		35a		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	JJa		
b	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?	555		
-	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	х	

# Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ble gaming			
	(gambling) winnings to prize winners?			1c	Х	

032004 12-23-20

Form **990** (2020)

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

2a 18 to 18				Yes	No
b If a least one is reported on line 2a, did the organization file alrequired 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 ID if the organization have unrelated business goes income of \$1,000 or more during the year?  3a IV X  3b If Yes, Thas I filed a form 950°F for this year? If Yes 7 to line 3b, provide an explanation on Schedule 0  3b If Yes, Thas I filed a form 950°F for this year? If Yes 7 to line 3b, provide an explanation on Schedule 0  3c IV X  4a At any time during the calendary ear, did the organization have an interest in, or a significance or other authority over, a financial account; a foreign country (such as a bank account, account, or other financial accounts)?  4a At any time the harmed of the foreign country.  5b If Yes, Test the harmed of the foreign country.  5c Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5c University of the 5a or 5b, did the organization that It was or is a party to a prohibited tax shelter transaction?  5c If Yes 1 country or the 3a or 5b, did the organization that It was or is a party to a prohibited tax shelter transaction?  5c If Yes 2 field the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles of exhibitation and express statement that such contributions or gifts were not tax deductibles of exhibitation and express statement that such contributions or gifts were no tax deductibles of exhibitation and express statement that such contributions or gifts were not tax deductibles of exhibitation and express statement that such contributions or gifts were not tax deductibles of exhibitation and express statement that such contributions or gifts were not tax deductibles of exhibitation and the state of the goods or services provided?  7c Organizations that many receive deductible or the state of the goods or se	2a				
Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions)  3		filed for the calendar year ending with or within the year covered by this return 2a 8			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has tifled a Form 9907 for this year of "Wo" to fine 3b, proviside an explanation on Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b If "Yes," either the name of the foreign country.  5c In It "Yes" to line Sar o Sb, did the foreign country.  5c In It yes to line Sar o Sb, did the organization in Erom 8886 7:  6c Dos she organization have annual gross receipts that are normally greater than \$100,000, and did the organization in Erom 8886 7:  6c Doses 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?  6c Doses 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?  6c Doses the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c).  6c Did the organization self, section of the value of the goods or services provided?  6c Did the organization self, section only the donor of the value of the goods or services provided?  6c Did the organization self, section of the value of the goods or services provided?  6c Did the organization news and self, section of the value of the goods or services provided?  6c Did the organization received an contribution of qualified intellectual property, did the organization file a Form 1988 7.  7c X  7d Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1988 9.  8 Sponsoring organizations enabled an service provided from them.  9 Sponsoring organizatio	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b If Yes, "has it filed a Form 990 T for this year? If "No" to file 3b, provide an explanation on Schedule O  4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account? A  b If Yes, "enter the name of the foreign country [such as a bank account, securities account, or other financial accounts?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization file Form 888617.  6c Did 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?  6c Did the organization that may receive deductible contributions 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 seven a payment in excess of \$15 made party as contribution any party for goods and services provided?  7 to Yes," indicate the number of Forms 8282? Tied during the year  6 Did the organization sevel as payment in excess of \$15 made party as a contribution of payment and to tile Form 8282?  7 To Was, an organization received a contribution of care, boats, airplanes, or other vehicle, did the organization file form 8282?  7 To Was the organization received a contribution of care, boats, airplanes, or other vehicle, did the organization file form 8298 as required?  7 To Was the organization received a contribution of care, boats, airplanes, or other vehicle, did the anganization file of the washing the payment of the payment of the organization file of the sponsoring organization makes a distribution to a donor, dion		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A any time during the calendary year, dot the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  b If "Yes," enter the name of the foreign country ▶  5a Was the organization party to a prohibited tax shelter transaction? 5b X  b Id any taxable party notify the organization that it was or is a party to a prohibited tax enter transaction? 5c Sc X  b Id any taxable party notify the organization the fire fire M88677 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?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Organizations that may receive deductible contributions under section 170(c).  a Id the organization state any receive deductible contributions under section 170(c).  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Verse," Indicate the number of forms 8822 filed during the year to file form 88827 or the value of the goods or services provided?  6c Verse," Indicate the number of Forms 8822 filed during the year ID Id the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Forms 8820 are quited	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X
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b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  13c  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.			9a		
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c Enter the amount of reserves on hand 13c	b				
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.			15		X
If "Yes," complete Form 4720, Schedule O.					v
	16		16		Α.
		If "Yes," complete Form 4720, Schedule O.	Fe:	000	(2022)

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

	Check if Schedule O contains a response or note to any line in this Part VI						X	
Sec	tion A. Governing Body and Management							
						Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		9				
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent	1b		6				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other					
	officer, director, trustee, or key employee?			[	2	X		
3	Did the organization delegate control over management duties customarily performed by or under th	e dire	ect supervision					
	of officers, directors, trustees, or key employees to a management company or other person?				3		Х	
4	Did the organization make any significant changes to its governing documents since the prior Form S			г	4		X	
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?							
6	Did the organization have members or stockholders?			[	6		Х	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a							
	more members of the governing body?				7a		Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s							
	persons other than the governing body?				7b		Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by t	he following:					
а	The governing body?			[	8a	Х		
b	Each committee with authority to act on behalf of the governing body?			[	8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	ie Code.)					
						Yes	No	
10a	Did the organization have local chapters, branches, or affiliates?			[	10a		X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such cl	hapte	rs, affiliates,					
	and branches to ensure their operations are consistent with the organization's exempt purposes? $\dots$			[	10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y bef	ore filing the form	?	11a	Х		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			[	12a		X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to co	nflicts?	[	12b			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	es," c	describe					
	in Schedule O how this was done			[	12c			
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 and approve	al by i	independent					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
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 in Schedule O (see instructions).							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangements	ment	with a	ļ				
	taxable entity during the year?			[	16a		X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	te its	participation					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic	nizatio	on's					
	exempt status with respect to such arrangements?				16b			
Sec	tion C. Disclosure		· ·					
17	List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AR, CA, C							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 99	00-T (Section 501)	c)(3)	s only	) avail	able	
	for public inspection. Indicate how you made these available. Check all that apply.	^	abadul O					
46	Own website X Another's website X Upon request Upon request Other (explain		,					
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	ontlict	of interest policy	, and	d finar	ncial		
00	statements available to the public during the tax year.	-1-						
20	State the name, address, and telephone number of the person who possesses the organization's bounded by the person who possesses the organization by the person by th	oks a	ina recoras					
	101 ROCKLAND CIRCLE, WILMINGTON, DE 19803					000		
032006	SEE SCHEDULE O FOR FULL LIST OF STATES				Form	990	(2020)	

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See instructions for the order in which to list the persons above.

(A)	(B)	l		((	C)		iioui	(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	ition	) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot or/trus	h an	compensation	compensation	amount of
	week (list any	_				T	100,	from the	from related organizations	other compensation
	hours for	Individual trustee or director				D.		organization	(W-2/1099-MISC)	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC)	,	organization
	organizations	al trus	nal trı		loyee	omp				and related
	below	lividu	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JOSEPH MCDONOUGH	line) 60.00	트	l Si	#	ē.	, 등 등	휸			
PRESIDENT	00.00	X		x				150,525.	0.	0.
(2) DR. DASH DHANAK	1.00							130,323.	· ·	
DIRECTOR	1.00	Х						0.	0.	0.
(3) DEBORAH LEWIS	1.00							0.	· · ·	
DIRECTOR	1.00	X						0.	0.	0.
(4) CHRISTINE MCDONOUGH	5.00	25						0.	0.	<u> </u>
DIRECTOR	7.00	Х						0.	0.	0.
(5) ROBIN BRINKLEY	1.00									
TREASURER	<u> </u>	x		x				0.	0.	0.
(6) NINA TELLER	1.00			<del> </del>						•
DIRECTOR		Х						0.	0.	0.
(7) MARCO DIPRINZIO	1.00							-		
DIRECTOR		х						0.	0.	0.
(8) DR. ALI MCDONOUGH	5.00									
DIRECTOR		Х						0.	0.	0.
(9) DAVID ROSENFELD	1.00									
DIRECTOR		Х						0.	0.	0.
		1								
		_		_						
		1								
		-		_						
		1								
	L									- 000

Form **990** (2020)

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Part	VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, and	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(C	C)			(D)	(E)			(F)	
	Name and title	Average	(do		Posi			one	Reportable	Reportable		Es	timate	d
		hours per	box	, unle	ss pe	rson	is bot	th an	compensation	compensation		an	nount	of
		week	$\vdash$	cer ar	nd a d	irecto	or/trus	stee)	from	from related			other	
		(list any	director -						the	organizations		com	pensa	tion
		hours for	or dir	e e			ated		organization	(W-2/1099-MISC	2)		om the	
		related organizations	stee	truste			bens		(W-2/1099-MISC)				anizati	
		below	Jal tru	onal		oloye	ee ee						d relati	
		line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ınizatio	DIIS
		,	드	드	Ð	ᢌ	포등	윤			$\dashv$			
			1											
							₩							
			-											
							-							
			-											
1b	Subtotal							<b></b>	150,525.		0.			0.
	Total from continuation sheets to Part V							ightharpoons	0.		0.			0.
ď	Total (add lines 1b and 1c)							ightharpoonup	150,525.		0.			0.
2	Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bov	e) wl	ho r	eceived more than \$100	0,000 of reportable	,			
	compensation from the organization													1
													Yes	No
3	Did the organization list any <b>former</b> officer,	director, trust	ee, l	кеу (	empl	loye	e, o	r hig	ghest compensated emp	oloyee on				
1	ine 1a? If "Yes," complete Schedule J for s	uch individual										3		X
4	For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from	the organization				
	and related organizations greater than \$15									_		4	Х	
	Did any person listed on line 1a receive or a									idual for services				
	rendered to the organization? If "Yes," com	=				-			-			5		Х
	on B. Independent Contractors													
1 (	Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comp	ens	ation f	rom	
1	the organization. Report compensation for	the calendar y	ear	endi	ng w	vith	or w	/ithir	n the organization's tax	year.				
	(A)								(B)			(C	;)	
	Name and business	address	N	INC	Ξ				Description of s	services	С	omper		า
								]						
								Ī						
	Total number of independent contractors (i		ot li	mite	d to		_	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation >					0					Form	000	200
												Lorm		ハつつ)

THE ANDREW MCDONOUGH B+ FOUNDATION

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 53,625 1 a Federated campaigns 1a **b** Membership dues ..... 1b c Fundraising events ..... 1c d Related organizations 1d e Government grants (contributions) 1e 5,000. f All other contributions, gifts, grants, and similar amounts not included above 548,037 1f 45,091 g Noncash contributions included in lines 1a-1f 1g |\$ 606,662 h Total. Add lines 1a-1f ... **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f. Investment income (including dividends, interest, and 119,243. 119,243 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (ii) Other 7 a Gross amount from sales of (i) Securities 1,580,835 assets other than inventory **b** Less: cost or other basis Other Revenue 1,805,177 and sales expenses ..... 7b c Gain or (loss) -224,342. -224,342. -224,342. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See 3,908,802 Part IV, line 18 **b** Less: direct expenses \_\_\_\_\_ 3,741,260. c Net income or (loss) from fundraising events 3,741,260 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities  $\triangleright$ 10 a Gross sales of inventory, less returns and allowances 33,244 39,870. **b** Less: cost of goods sold ..... -6,626 -6,626. c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a d All other revenue e Total. Add lines 11a-11d ..... 4,236,197. 3,629,535. Total revenue. See instructions 12

032009 12-23-20

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

00011	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon				
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21	1,290,309.	1,290,309.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,482,895.	2,482,895.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	151,091.	120,873.	30,218.	
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	241,985.	208,660.	9,125.	24,200
8	Pension plan accruals and contributions (include		= 00,000	-,	,
J	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	24,267.	20,346.	2,428.	1,493
10	Payroll taxes	29,456.	24,695.	2,948.	1,813
11	Fees for services (nonemployees):	27, 430 •	24,000	2,740.	<u> </u>
	` ' ' '				
a	Management	16,341.		16,341.	
b	Legal	8,163.		8,163.	
С.	Accounting	0,103.		0,103.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17	11 127		11 127	
f	Investment management fees	11,137.		11,137.	
g	Other. (If line 11g amount exceeds 10% of line 25,	40 270	25 564	4 706	
	column (A) amount, list line 11g expenses on Sch O.)	40,270.	35,564.	4,706.	
12	Advertising and promotion	21 042	16 000	2 040	1 001
13	Office expenses	21,043.	16,082.	3,040.	1,921
14	Information technology				
15	Royalties	40.050	40.000	0.050	4 000
16	Occupancy	48,050.	40,283.	2,958.	4,809
17	Travel	7,321.	6,370.	951.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,029.		1,029.	
23	Insurance	1,916.		1,916.	
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 0.)				
а	SPECIAL EVENTS	25,727.	25,727.		
b	BUSINESS REGISTRATION F	14,360.	12,039.	884.	1,437
С	AWARENESS & ADVOCACY	11,731.	11,731.		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	4,427,091.	4,295,574.	95,844.	35,673
26	<b>Joint costs.</b> Complete this line only if the organization	-	-	-	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0 12-23-20			L	Form <b>990</b> (2020

Form **990** (2020)

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or no	te to ar	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,394,356.	1	1,534,109.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describe	ed in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			28,993.	8	36,063.
Ř	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	11,440.			
	b	Less: accumulated depreciation	10b	7,626.	2,456.	10c	3,814.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line	3,671,939.	12	3,486,364.		
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets	10,640.	14	10,374.		
	15	Other assets. See Part IV, line 11	28,115.	15	35,275.		
	16	Total assets. Add lines 1 through 15 (must equ		II	5,136,499.	16	5,105,999.
	17	Accounts payable and accrued expenses	3,146.	17	2,486.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for	mer offi	cer, director,			
≣		trustee, key employee, creator or founder, subs	stantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	ese pers	ons		22	
_	23	Secured mortgages and notes payable to unre	lated th	rd parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third	parties		24	
	25	Other liabilities (including federal income tax, p	ayables	to related third			
		parties, and other liabilities not included on line	s 17-24	). Complete Part X	•		<b>50.040</b>
		of Schedule D			0.		79,040.
	26	Total liabilities. Add lines 17 through 25			3,146.	26	81,526.
ű		Organizations that follow FASB ASC 958, ch	eck he	e 🕨 🔼			
nce		and complete lines 27, 28, 32, and 33.			F 101 C22		4 066 040
ala	27	Net assets without donor restrictions			5,101,633.	27	4,966,248.
d B	28	Net assets with donor restrictions			31,720.	28	58,225.
Ë		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 📖			
P		and complete lines 29 through 33.					
jts (	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or e				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated i		<b>—</b>	E 100 0E0	31	E 004 472
ž	32	Total net assets or fund balances		5,133,353.	32	5,024,473.	
	33	Total liabilities and net assets/fund balances			5,136,499.	33	5,105,999.

	990 (2020) THE ANDREW MCDONOUGH B+ FOUNDATION	42-17	41037	Pa	ge <b>12</b>
Pa	rt 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	4,23		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,42		
3	Revenue less expenses. Subtract line 2 from line 1	3	-19		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	5,13		
5	Net unrealized gains (losses) on investments	5	8	2,0	14.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	5,02	4,4	73.
Pa	rt XII Financial Statements and Reporting	I			
	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," explain in Schedule	O.	-		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed				
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	X Separate basis 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 oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired audit			

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2020)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization THE ANDREW MCDONOUGH B+ FOUNDATION 42-1741037 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	389,694.	206,934.	958,719.	944,344.	502,033.	3,001,724.
2	Tax revenues levied for the organ-						
	ization'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	200 604	006 024	050 510	044 244	F00 033	
4	Total. Add lines 1 through 3	389,694.	206,934.	958,719.	944,344.	502,033.	3,001,724.
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)						2 001 724
<u>6</u>	Public support. Subtract line 5 from line 4.						3,001,724.
	ndar year (or fiscal year beginning in)	(2) 2016	(b) 2017	(a) 2018	(4) 2010	(a) 2020	(f) Total
	Amounts from line 4	(a) 2016 389,694.	(b) 2017 206, 934.	(c) 2018 958, 719.	(d) 2019 944,344.	(e) 2020 502,033.	3,001,724.
	Gross income from interest,	30370310	200,3310	33077130	311/3110	302,0331	3,001,721.
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	84.933.	245,169.	114.049.	135.508.	119,243.	698,902.
9	Net income from unrelated business	01,000					000,000
·	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							3,700,626.
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	here					<b>&gt;</b>
	ction C. Computation of Publ						
14	Public support percentage for 2020 (					14	81.11 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	82.79 %
16a	33 1/3% support test - 2020. If the	•		•		•	
	<b>stop here.</b> The organization qualifies						<u>X</u>
b	33 1/3% support test - 2019. If the						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	-					
	and if the organization meets the fact				· ·	VI how the organiz	ation
	meets the facts-and-circumstances to	•	•	• • • •	•		
b	10% -facts-and-circumstances tes	_					1U% or
	more, and if the organization meets the		•				▶ □
40	organization meets the facts-and-circ						<b>_</b>
18	Private foundation. If the organization	n dia not check a	box on line 13, 16	a, 160, 17a, or 17b	o, cneck this box a	ına see instruction:	s ▶∟⊥

Schedule A (Form 990 or 990-EZ) 2020

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

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

Se	qualify under the tests listed be ction A. Public Support	low, please com	plete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Gifts, grants, contributions, and	(a) 2010	(6) 2017	(6) 2018	(u) 2019	( <del>e)</del> 2020	(i) iotai
'	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
2	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-						
	inoccupidor contion 512						
1	Tax revenues levied for the organ						
7	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
3	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 received from disqualified persons						
k	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						
,	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	(4) 2010	(2) 23 11	(0) 2010	(4) 2010	(6) 2020	(i) rotal
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b						
	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						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	vear as a section	501(c)(3) organizat	ion.
	ala a de Mais de accesar de Assa de acces	•				. , . ,	, ▶□
Se	ction C. Computation of Publi						
	Public support percentage for 2020 (li			column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves						-
17	Investment income percentage for 202	20 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box an						ightharpoons
k	33 1/3% support tests - 2019. If the						and
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization						

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a 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		
2		
3a		
- Ou		
3b		
3c		
4a		
4b		
4c		
5a		
5b 5c		
30		
6		
6		
7		
C		
8		
9a		
01-		
9b		
9с		
40-		
10a		
10b		

Pai	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described in line 11a above?	11b		
С	A 35%	6 controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
		·		Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	_	zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	•	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		I how providing such benefit carried out the purposes of the supported organization(s) that operated,	0		
Sec		vised, or controlled the supporting organization.  C. Type II Supporting Organizations	2		
-		7. Type it 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		163	140
•		stees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
		pported organization(s).	1		
Sec		D. All Type III Supporting Organizations	-		
				Yes	No
1	Did th	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (	ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organi	ization'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			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	son of the relationship described in line 2, above, did the organization's supported organizations have a			
	•	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
S00		rted organizations played in this regard.  Type III Functionally Integrated Supporting Organizations	3		<u> </u>
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions). The organization satisfied the Activities Test. Complete line 2 below.	•		
a b		The organization satisfied the Activities rest. Complete line 2 below.  The organization is the parent of each of its supported organizations. Complete line 3 below.			
C		The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	25)	
2		ies Test. <b>Answer lines 2a and 2b below.</b>	on a on o	Yes	No
		abstantially all of the organization's activities during the tax year directly further the exempt purposes of			110
		pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		the organization was responsive to those supported organizations, and how the organization determined			
	that th	nese activities constituted substantially all of its activities.	2a		
b	Did th	e activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
	one or	more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part V	Ithe 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		t of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		e 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.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov. 20, 1970 (explain in I	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complet	te Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	1 1		
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ated Type III supporting org	anization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Pai	T V   Type III Non-Functionally integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ed)	
Sect	ion D - Distributions		•	,	Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets	11 5		4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		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	ne organization is responsive	)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ıs	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2016				
h	Excess from 2017				

Schedule A (Form 990 or 990-EZ) 2020

c Excess from 2018d Excess from 2019e Excess from 2020

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

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

**Employer identification number** 

Da	THE ANDREW MCDONOUG		42-1/4103/
Pai			Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(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 fu	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o	or donor advisor, or for any other purpose conf	erring
			· — —
Pai			
1	Purpose(s) of conservation easements held by the organizati	·	.,
•	Preservation of land for public use (for example, recrea	` '	storically important land area
	Protection of natural habitat		rtified historic structure
	Preservation of open space	Freservation of a cer	Tilled Historic Structure
_	• •		
2	Complete lines 2a through 2d if the organization held a qualif	ned conservation contribution in the form of a d	
	day of the tax year.		Held at the End of the Tax Year
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic stru		2c
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by the orga	anization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation	easements during the year
	<b>▶</b> \$	, ,	<b>5</b> ,
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)	(B)(i)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation		
•	balance sheet, and include, if applicable, the text of the footr	•	
	organization's accounting for conservation easements.	lote to the organization's linaridial statements	that describes the
Pai		f Art Historical Treasures or Other	r Similar Assets
· u	Complete if the organization answered "Yes" on Form		ommai 7.000to.
			alanaa ahaat wada
па	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pub		rance of public
	service, provide in Part XIII the text of the footnote to its finar		
b	If the organization elected, as permitted under FASB ASC 95	68, to report in its revenue statement and balar	nce sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtheran	nce of public service,
	provide the following amounts relating to these items:		
	(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 treatments	asures, or other similar assets for financial gair	n, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1	_	> \$
	Assets included in Form 990, Part X		'
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2020

032051 12-01-20

Schedule D (Form 990) 2020

7,626.

e Other

**b** Buildings c Leasehold improvements d Equipment

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

11,440.

	MCDONOUGH B+	FOUNDATION	42-1741037	Page
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"				
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:	Cost or end-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A) BROKERAGE ACCOUNT	3,486,364.	END-OF-YEAR N	MARKET VALUE	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	3,486,364.			
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, lir	ne 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation:	Cost or end-of-year market	value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11d. See Form 990, Part X, lir	ne 15.	
(a)	Description		(b) Book va	alue
(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.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYCHECK PROTECTION PROGRAM LOAN	79,040.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 79,040.

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

Schedule D (Form 990) 2020

rm 990) 2020	THE	ANDREW	MCDONOUGH	B+	FOUNDATION	

ı aı	t XI Reconciliation of Revenue per Audited Financial Sta	atements with	nevellue per n	eturi	••
	Complete if the organization answered "Yes" on Form 990, Part IV, li	ne 12a.			
1	Total revenue, gains, and other support per audited financial statements .			1	4,346,944.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	82,014.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d			39,870.		
е	Add lines 2a through 2d			2e	121,884.
3	Subtract line 2e from line 1			3	4,225,060.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,137.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	11,137.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12	.)		5	4,236,197.
				_	
Pa	rt XII Reconciliation of Expenses per Audited Financial S			Retu	
Pa	rt XII Reconciliation of Expenses per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, li	tatements With		Retu	irn.
Pa 1		t <b>atements With</b> ne 12a.	Expenses per	Retu	
	Complete if the organization answered "Yes" on Form 990, Part IV, li	t <b>atements With</b> ne 12a.	Expenses per		irn.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements	tatements With	Expenses per		irn.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	tatements With	Expenses per		irn.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	2a 2b	Expenses per		irn.
1 2	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a   2b   2c	Expenses per		4,455,824.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a   2b   2c   2d	39,870.		39,870.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	39,870.	1	4,455,824.
1 2 a b c d	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	39,870.	1 2e	39,870.
1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	39,870.	1 2e	39,870.
1 2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d 4a	39,870.	1 2e	39,870. 4,415,954.
1 2 a b c d e 3 4 a b	Complete if the organization answered "Yes" on Form 990, Part IV, li Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a   2b   2c   2d	39,870. 11,137.	1 2e	39,870.

#### Part XIII Supplemental Information.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

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

#### PART X, LINE 2:

THE ORGANIZATION HAS BEEN DETERMINED EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO PROVISION FOR INCOME TAXES HAVE BEEN MADE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION'S INCOME TAX STATUS IS A PRIVILEGE, WHICH MAY BE REVOKED BY THE IRS FOR ANY ONE OF SEVERAL REASONS. THE ORGANIZATION HAS CONSIDERED THE NATURE OF THEIR ACTIVITIES AND THE DISCLOSURES MADE ON THEIR TAX RETURN, FORM 990, AND BELIEVES THEIR REPORTING IS APPROPRIATE BASED ON CURRENT FACTS AND CIRCUMSTANCES.

Schedule D (Form 990) 2020

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

THE ANDREW MCDONOUGH B+ FOUNDATION

Employer identification number

THE AND	REW MCDONOUGH B+ F	MUO.	DAT	TON	42-1741	037
Part I Fundraising Activities required to complete this par	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV,	line 17. Form 990-EZ	filers are not
<ul> <li>Indicate whether the organization rais a</li></ul>	e Solicitat f Solicitat g Special  or oral agreement with any individual cart VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-governaising of ding of ional f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con or con contribu	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
「otal			<b>•</b>			
List all states in which the organization or licensing.	n is registered or licensed to solicit	contrib	utions	s or has been notified	it is exempt from re	egistration

032081 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

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

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and gr	_			
<u> </u>			(a) Event #1	(b) Event #2  5K EVENT (event type)	(c) Other events  5 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	1,625,293.	97,362.	2,186,146.	3,908,801.
_	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	1,625,293.	97,362.	2,186,146.	3,908,801.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
irect E	7	Food and beverages				
	8	Entertainment Other direct expenses	4,622.	5,938.	156,982.	167,542.
	10	Direct expense summary. Add lines 4 through		, , , , , , , , , , , , , , , , , , , ,		167,542.
	11					3,741,259.
Pa	ırt I		answered "Yes" on Forn	n 990, Part IV, line 19, or i	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Revenue						(,
ď	1	Gross revenue				
Se	2	Cash prizes				
xpens	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				
	5	Other direct expenses				
		Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
		<u> </u>	•		·	
9						
		ter the state(s) in which the organization condi	· · · · -			
	ls t	the organization licensed to conduct gaming a	ctivities in each of these			Yes No
	ls t	· · · · · · · · · · · · · · · · · · ·	ctivities in each of these			Yes No
	ls t	the organization licensed to conduct gaming a	ctivities in each of these			Yes No
10a	Is t	the organization licensed to conduct gaming a No," explain:  ere any of the organization's gaming licenses re	ctivities in each of these	erminated during the tax		
10a	Is t	the organization licensed to conduct gaming a No," explain:	ctivities in each of these	erminated during the tax		

Schedule G (Form 990 or 990-EZ) 2020

032082 11-25-20

Sch	edule G (Form 990 or 990-EZ) 2020 THE ANDREW MCDONOUGH B+ FOUNDATION 42-1	.741037	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party  \$\sum_{\text{s}}\$		
	: If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	daming manager compensation > \$		
	Description of convices provided		
	Description of services provided		
	Director/officer Employee Independent contractor		
	Mandatory distributions:		
a	solution is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	L Yes	└── No
k	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 > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ırt III, lines 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990 or 990-EZ)	$\mathtt{THE}$	ANDREW	MCDONOUGH	B+	FOUNDATION	42-1741037	Page 4
Part IV	(Form 990 or 990-EZ) <b>Supplemental Info</b>	rmation	(continued)					
			· ·					_
-								-
-								
-								
-								-
-								

#### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

2020

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

➤ Attach to Form 990.

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

Open to Public Inspection

**Employer identification number** Name of the organization 42-1741037 THE ANDREW MCDONOUGH B+ FOUNDATION Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" on Form 990, Part IV. line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) ALBERT EINSTEIN COLLEGE OF MEDICINE - 1300 MORRIS PARK AVE -PEDIATRIC CANCER RESEARCH THE BRONX, NY 10461 75,000 0 BECKMAN INSTITUTE OF THE CITY OF HOPE - 1500 1. DUARTE ROAD -DUARTE, CA 91010 (C) (3) 75,000 PEDIATRIC CANCER RESEARCH CHILDRENS HOSPITAL OF PHILADELPHIA 3501 CIVIC CENTER BLVD, ROOM 3060 PHILADELPHIA, PA 19104 (C) (3) 75,000 0 PEDIATRIC CANCER RESEARCH CHILDRENS HOSPITAL OF PHILADELPHIA 3501 CIVIC CENTER BLVD, ROOM 3060 PHILADELPHIA PA 19104 (C) (3) 10 000 PEDIATRIC CANCER RESEARCH DANA-FARBER CANCER INSTITUTE 10 BROOKLINE PLACE WEST, 6TH FLOOR BROOKLINE, MA 30322 PEDIATRIC CANCER RESEARCH (C) (3) 10,000 0 ACCELERATE ORGANIZATION

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

3 Enter total number of other organizations listed in the line 1 table

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

CLOS CHAPELLE-AUX-CHAMPS 30/BOITE

1.30 - 1200 BRUXELLES (WOLUWE-SAINT-LAMBER

Schedule I (Form 990) 2020

PEDIATRIC CANCER RESEARCH

200 000

0

Page 1 Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (c) IRC section (g) Description of (a) Name and address of (b) EIN (d) Amount of (e) Amount of (f) Method of (h) Purpose of grant organization or government if applicable cash grant valuation non-cash assistance or assistance non-cash (book, FMV. assistance appraisal, other) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 44106 75,000 0 PEDIATRIC CANCER RESEARCH MEMORIAL SLOAN KETTERING CANCER CENTER - 1275 YORK AVE - NEW YORK NY 10065 (C) (3) 75,000 0 PEDIATRIC CANCER RESEARCH NEMOURS FUND FOR CHILDRENS HEALTH 1600 ROCKLAND ROAD WILMINGTON, DE 19809 (C) (3) 10,000 0 PEDIATRIC CANCER RESEARCH NEMOURS FUND FOR CHILDRENS HEALTH 1600 ROCKLAND ROAD WILMINGTON, DE 19809 50,000 0 PEDIATRIC CANCER RESEARCH (C) (3) RESEARCH INSTITUTE NATIONWIDE CHILDRENS HOSPITAL - 700 CHILDREN'S DRIVE - COLUMBUS, OH PEDIATRIC CANCER RESEARCH 43205 (C) (3) 75,000 0 SEATTLE CHILDRENS HOSPITAL 1100 OLIVE WAY, SUITE 100 SEATTLE, WA 19807 (C) (3) PEDIATRIC CANCER RESEARCH 10,000 0 THE REGENTS OF THE UNIV. OF CHICAGO - 900 E. 57TH STREET -CHICAGO, IL 60637 (C) (3) 75 000 0 PEDIATRIC CANCER RESEARCH VIRGINIA COMMONWEALTH UNIVERSITY 907 FLOYD AVE RICHMOND, VA 23284 (C) (3) 75,000 0 PEDIATRIC CANCER RESEARCH UNIVERSITY OF UTAH 2000 CIRCLE OF HOPE - OFFICE 4345 SALT LAKE CITY, UT 84112 (C) (3) 75 000 0 PEDIATRIC CANCER RESEARCH

42-1741037 THE ANDREW MCDONOUGH B+ FOUNDATION Schedule I (Form 990) Page 1 Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of (a) Name and address of (b) EIN (c) IRC section (d) Amount of (h) Purpose of grant (e) Amount of (g) Description of organization or government if applicable cash grant non-cash valuation non-cash assistance or assistance assistance (book, FMV. appraisal, other) UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD DALLAS, TX 75390 (C) (3) 10,000 0 PEDIATRIC CANCER RESEARCH WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - CAMPUS BOX 1192, ONE BROOKINGS DRIVE - ST. LOUIS, MO 63130 (C) (3) 10,000 0 PEDIATRIC CANCER RESEARCH YALE UNIVERSITY PO BOX 208002 NEW HAVEN, CT 06520 (C) (3) 75,000 0 PEDIATRIC CANCER RESEARCH STANFORD UNIVERSITY LORRY LOKEY STEM CELL BUILDING SIM1, 1265 CAMPUS DRIVE -STANFORD, CA 94304 75,000 0 PEDIATRIC CANCER RESEARCH STANFORD UNIVERSITY LORRY LOKEY STEM CELL BUILDING SIM1, 1265 CAMPUS DRIVE -STANFORD, CA 94304 75,000 0 PEDIATRIC CANCER RESEARCH TRUSTEES OF DARTMOUTH UNIVERSITY 1 MEDICAL CENTER DR. LEBANON, NH 03766 75,000 PEDIATRIC CANCER RESEARCH 0

Part III Can be duplicated if additional space is needed.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

3470	2,462,895.		
3470			
0	20,000.	0.	
0	20,000.	0.	
			Part I. line 2: Part III. column (b): and any other additional information.

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

PART I, LINE 2:

THE ORGANIZATION HAS A FORMAL GRANT APPLICATION PROCESS THAT DESCRIBES THE

FAMILY NEEDS AND THE CHILD'S CANCER DIAGNOSIS. APPLICATIONS ARE FORWARDED

THROUGH THE HOSPITAL'S SOCIAL WORKERS, WHO ARE ALSO REQUIRED TO SIGN THE

APPLICATION. APPLICATIONS ARE REVIEWED THOROUGHLY AND ASSISTANCE CHECKS ARE

WRITTEN ONCE A WEEK. A DATABASE OF APPLICANTS AND ALL APPLICATIONS ARE THEN

SCANNED AND KEPT ON FILE BY THE ORGANIZATION.

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

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

THE ANDREW MCDONOUGH B+ FOUNDATION

**Employer identification number** 42-1741037

	·		Yes	No
<b>1</b> a	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 Compensation survey or study			
	Form 990 of other organizations  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		X
	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		

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

Schedule J (Form 990) 2020

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred benefits		(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	berients	(B)(i)-(D)	reported as deferred on prior Form 990
(1) JOSEPH MCDONOUGH	(i)	150,525.	0.	0.	0.	0.	150,525.	0.
PRESIDENT	(ii)	0.	0.	0.	0.	0.		0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii) (i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
-	(ii) (i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

**Noncash Contributions** 

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Name of the organization THE ANDREW MCDONOUGH B+ FOUNDATION Employer identification number 42-1741037

Pai	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of dete noncash contributi	•	ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
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	X	1	30,000.	FAIR MARKET	VALUE	! !
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			45.004			
25	Other (PRO BONO SERV)	X	1	15,091.	FAIR MARKET	VALUE	i
26	Other ()						
27	Other ()						
28	Other ( )			<u> </u>			
29	Number of Forms 8283 received by the organize						
	for which the organization completed Form 828	33, Part V, E	Oonee Acknowledg	ement <b>29</b>		<del></del>	Т
				=		Yes	No
30a	During the year, did the organization receive by						
	must hold for at least three years from the date						x
	exempt purposes for the entire holding period?	'				30a	<u> </u>
	If "Yes," describe the arrangement in Part II.			-f	-ti0	0.4	x
31	Does the organization have a gift acceptance p					31	<del>  ^</del>
32a	Does the organization hire or use third parties of		-			20-	x
L	contributions?					32a	$\vdash^{\Delta}$
	If "Yes," describe in Part II.	-l (-\ *		faudalala aati	al card		
33	If the organization didn't report an amount in co	oiumn (c) fo	r a type of propert	y for which column (a) is che	скеа,		
	describe in Part II.						

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

Schedule M (Form 990) 2020

Schedule M (Form 990) 2020

032142 11-23-20

# SCHEDULE O

Department of the Treasury

Internal Revenue Service

(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 ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

THE ANDREW MCDONOUGH B+ FOUNDATION

**Employer identification number** 42-1741037

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE B+ FOUNDATION IS ABOUT KIDS HELPING KIDS FIGHT CANCER THROUGH FAMILY ASSISTANCE, RESEARCH AND ADVOCACY, AND SHARING THE LIFESTYLE MESSAGE TO "LIVE LIKE ANDREW" AND "BE POSITIVE".

FORM 990, PART VI, SECTION A, LINE 2:

JOSEPH MCDONOUGH & CHRISTINE MCDONOUGH- PRESIDENT & DIRECTOR- HUSBAND/WIFE JOSEPH MCDONOUGH & ALI MCDONOUGH- PRESIDENT & DIRECTOR- FATHER/DAUGHTER CHRISTINE MCDONOUGH & ALI MCDONOUGH- DIRECTOR & DIRECTOR- MOTHER/DAUGHTER

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

THE FORM 990 WILL BE GIVEN TO THE PRESIDENT/EXEC. DIRECTOR OF THE ORGANIZATION FOR REVIEW PRIOR TO THE RETURN BEING FILED. ONCE APPROVED BY THE ORGANIZATION AND THE E-FILE AUTHORIZATION IS FILED, THE RETURN WILL BE SUBMITTED ELECTRONICALLY TO THE IRS.

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

THE PERSONNEL COMMITTEE IS RESPONSIBLE FOR ANNUALLY REVIEWING THE EXECUTIVE DIRECTOR POSITION AS WELL. THE PERSONNEL COMMITTEE IS RESPONSIBLE FOR ANNUALLY REVIEWING STAFF SALARIES AND BENEFITS PACKAGES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: AL,AK,AR,CA,CO,CT,FL,GA,HI,IL,KS,KY,ME,MD,MA,MI,MN,MS,NH,NJ,NM,NY,NC,ND,OH OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization						Employer identification number 42-1741037
	THE	ANDREW	MCDONOUGH	B+	FOUNDATION	42-1741037
UPON REQUEST						
OTON KEQUEST						