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

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

Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

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

AF	or the	2021 calendar year, or tax year beginning and c	enaing	30			
B C	heck if	C Name of organization		D Employer identific	cation number		
	Addres change Name	THE ANDREW MCDONOUGH B+ FOUNDATION			0.5		
	_change			42-17410	37		
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 101 ROCKLAND CIRCLE	Room/suite	E Telephone numbe 302-563-			
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	6,031,531.		
	Ameno			H(a) Is this a group re			
	Applica	F Name and address of principal officer:JOSEPH MCDONOUGH		for subordinates	? Yes X No		
	pendin	9 101 ROCKLAND CIRCLE, WILMINGTON, DE 19	9803	H(b) Are all subordinates in	ncluded? Yes No		
ΙT	ax-exe	mpt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) c	or 527	0.0000000	list. See instructions		
		e: ► WWW.BEPOSITIVE.ORG		H(c) Group exemptio	n number >		
K F	orm of	organization: X Corporation Trust Association Other	L Year	of formation: 2007 N	A State of legal domicile: DE		
Pa		Summary					
d)	1	Briefly describe the organization's mission or most significant activities: $\overline{ ext{THE}}$.	MISSIC	N OF THE AN	DREW		
Activities & Governance		MCDONOUGH B+ FOUNDATION IS TO FIGHT CHILI	DHOOD	CANCER.			
rns	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as			
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	9		
S G		Number of independent voting members of the governing body (Part VI, line 1b)			6		
es 2	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)		5	7		
viti	6	Total number of volunteers (estimate if necessary)		6	5000		
\cti		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
1	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0.		
				Prior Year	Current Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)		606,662.	750,178.		
	9	Program service revenue (Part VIII, line 2g)		0.	0.		
leve	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		-105,099.			
щ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,734,634.	4,494,924.		
es.	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		4,236,197.	5,566,397.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		3,773,204.	4,378,859.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5·10) .		446,799.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ж	b	Total fundraising expenses (Part IX, column (D), line 25)	04.				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		207,088.	211,897.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,427,091.	5,081,831.		
		Revenue less expenses. Subtract line 18 from line 12		-190,894.	484,566.		
s or rees			Ве	ginning of Current Year	End of Year		
Net Assets Fund Balanc	Co. 100 100 110 110	Total assets (Part X, line 16)		5,105,999.	5,256,523.		
et A	I	Total liabilities (Part X, line 26)		81,526.	2,070.		
		Net assets or fund balances. Subtract line 21 from line 20		5,024,473.	5,254,453.		
	art II	Signature Block					
		ties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is		
true,	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	non preparer	nas any knowledge.	. /		
۰.		Signature of officer		Date Date	172		
Sigr		JOSEPH MCDONOUGH PRESIDENT		Dato			
Her	е	Type or print name and title					
		Fun 2 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -		Date Check	II PTIN		
Paid		Print/Type preparer's name RENEE A VILLANO, CPA RENEE A VILLANO	5.0	000			
	arer	Firm's name ALBERO, KUPFERMAN & ASSOCIATES,	LLC	Firm's EIN s	26-0645306		
	Only	Firm's address 1701 SHALLCROSS AVE, STE D	יייי	THIII S EIN	20 0040000		
550	Jiny	WILMINGTON, DE 19806		Phone no (3	02) 230-7171		
May	the IF	RS discuss this return with the preparer shown above? See instructions		11 110110 110. (0	X Yes No		

Pa	Till Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	n
		<u>-</u>
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	—
2		_
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	J
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No.	_
3	3, 3 3	3
	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. (Code:) (Expenses \$ 3,177,065 • including grants of \$ 2,649,667 •) (Revenue \$	_
4a	(Code:) (Expenses \$\frac{3,177,065}{1,0000} \text{ including grants of \$\frac{2,649,667.}{ASSISTANCE} \text{ ND 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.	_
	IN 2019.	—
		—
		—
		—
		_
41-	(Code:) (Expenses \$ 1,729,192. including grants of \$ 1,729,192.) (Revenue \$	_
4b	(Code:) (Expenses \$ 1,729,192. including grants of \$ 1,729,192.) (Revenue \$ RESEARCH - PROVIDES FUNDING FOR CUTTING-EDGE PEDIATRIC CANCER RESEARCH	-)
	STRIVING FOR CURES AND/OR ENHANCED TREATMENT PROTOCOLS.	—
	DIMITING TON CONED TRUE ON ENHANCED INCESTED TO THE CONED TO	—
		_
		—
		_
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		_
		_
		_
		_
		_
4c	(Code:) (Expenses \$)
	AWARENESS & ADVOCACY- TO INCREASE SUPPORT AND AWARENESS OF CHILDHOOD	
	CANCER; TO SPREAD THE "B+" MESSAGE AND INSPIRE OTHERS.	
		_
4d	Other program services (Describe on Schedule O.)	_
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 4,952,179.	
	Form 990 (202	21)

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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,,
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		.
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
-	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,	7		$ _{\mathbf{x}}$
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		x
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	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		Х	
	Schedule D, Parts XI and XII	12a	Λ	
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
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
-	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			.,,
	complete Schedule G, Part III	19		X
20a	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		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Λ	<u> </u>

	1990 (2021) THE ANDREW MCDONOUGH B+ FOUNDATION 42-174	<u> 1037</u>	' Р	age 4
Pa	rt IV Checklist of Required Schedules (continued)			_
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		٠,,	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
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		٠,,	
	Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			٠,,
	Schedule K. If "No," go to line 25a	24a	<u> </u>	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c	<u> </u>	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			١
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			١
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	•		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	5		

132004 12-09-21

Form **990** (2021)

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

(gambling) winnings to prize winners?

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

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
b	If "Yes," enter the name of the foreign country ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	7 Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			l					
	to file Form 8282?	7c		X					
d	d If "Yes," indicate the number of Forms 8282 filed during the year								
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		Α.					
8									
0	sponsoring organization have excess business holdings at any time during the year?								
9	Sponsoring organizations maintaining donor advised funds. Did the appropriate organization make any tayable distributions under section 40662	9a							
_	 a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 								
10	Section 501(c)(7) organizations. Enter:	9b							
а	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								
11	Section 501(c)(12) organizations. Enter:								
а	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?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
	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								
	Enter the amount of reserves on hand			77					
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		X					
excess parachute payment(s) during the year?									
If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.								
17									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.	17							

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			
	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 relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the 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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
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, CO, CT, FL, GA, HI	,IL	,KS	, KY
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, an	d finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	JOSEPH MCDONOUGH - 302-563-8389			
	101 ROCKLAND CIRCLE, WILMINGTON, DE 19803			
	CPP CCUPNII P A PAD PIII I I CM AP CMAMPC	Ганга	Ω	/nnn -

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 the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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 the instructions for the order in which to list the persons above.

(A)	(B)	(C)					ilou	(D)	(E)	(F)
Name and title	Average	Position (do not check more than one) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		officer and a dir		director/trasteer		100)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC/	compensation from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tru		oyee	ompe		1099-NEC)	•	and related
	below	vidua	Institutional trustee	Ser	Key employee	Highest compensated employee	Former			organizations
	line)	ib	Inst	Officer	Key	Hig	P			
(1) JOSEPH MCDONOUGH	60.00	,,		,,				162 146	0	0
PRESIDENT	1 00	Х		X		\square		163,146.	0.	0.
(2) DR. DASH DHANAK	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(3) DEBORAH LEWIS	1.00								•	•
DIRECTOR	F 00	Х					<u> </u>	0.	0.	0.
(4) CHRISTINE MCDONOUGH	5.00					ľ		_	•	•
DIRECTOR	1 00	Х						0.	0.	0.
(5) ROBIN BRINKLEY	1.00							_	•	•
TREASURER	1 00	Х		Х				0.	0.	0.
(6) NINA TELLER	1.00								•	•
DIRECTOR	1 00	Х						0.	0.	0.
(7) MARCO DIPRINZIO	1.00	,,						0	0	0
DIRECTOR	F 00	Х						0.	0.	0.
(8) DR. ALI MCDONOUGH	5.00	٠,,						0	0	0
DIRECTOR	1 00	Х						0.	0.	0.
(9) DAVID ROSENFELD	1.00	٠,,						0	0	0
DIRECTOR		Х				_		0.	0.	0.
						_				
							_			
				\vdash		_	\vdash			
		-								
						\vdash	\vdash			
		ł								
						-	\vdash			
		ł								
						<u> </u>				- 000

Form **990** (2021)

Par	t VII Section A. Officers, Directors, Trus		ploy	ees			ighe	st C		es (continued)				
	(A)	(B)	(C) Position					(D)	(E) Reportable			(F)		
	Name and title	Average hours per		not c	heck	more	than		Reportable			timate		
		week		, unle cer ar									nount o other	Oī
		(list any		ctor					the	organization	1		pensa	tion
		hours for	or dire	يو			ated		organization	(W-2/1099-MIS			om the	
		related organizations	ustee	truste		9	ubeus		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	,		anizati d relati	
		below	Individual trustee or director	Institutional trustee	_	Key employee	st cor	ia ia	1099-1120)				anizatio	
		line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former						
							H							
									<u> </u>					
1b	Subtotal							>	163,146.		0.			0.
	Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)								163,146.	000 - 6	0.			0.
	Total number of individuals (including but n compensation from the organization	iot iimited to tr	iose	IISLE	eu ai	DOV	e) wi	10 10	eceived more than \$100	,,000 or reportab	<u></u>		1	1
•	Did the evereinting list on fewers of the	dina atau turrat									1		Yes	No
3	Did the organization list any former officer, line 1a? If "Yes." complete Schedule J for s	•		•	•	•	-	_		•		3		Х
4	For any individual listed on line 1a, is the su								her compensation from			3		
	and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4	Х	
5	Did any person listed on line 1a receive or a					-			ed organization or indiv	dual for services	;			7.7
	rendered to the organization? If "Yes," com tion B. Independent Contractors	plete Schedul	e J t	or s	uch	pers	son .					5		X
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 con	npens	ation 1	rom	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithir	n the organization's tax	year.				
	(A) Name and business	address	N	INC	3				(B) Description of s	ervices	С	ompe)	;) nsatio	n
2	Total number of independent contractors (i \$100,000 of compensation from the organi		ot li	mite	d to	tho	se li:	stec	d above) who received m	nore than				
						_		_						

Form **990** (2021)

Page 9 Form 990 (2021) 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 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d 76,222. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 673,956 1f 31,700 g Noncash contributions included in lines 1a-1f 1g |\$ 750,178 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 271,842 271,842. 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) 7 a Gross amount from sales of (i) Securities (ii) Other 332,220. assets other than inventory 7a **b** Less: cost or other basis Other Revenue 282,767 and sales expenses 7b c Gain or (loss) 49,453. 49,453. 49,453. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 4,584,884 **b** Less: direct expenses _____ 169,636 c Net income or (loss) from fundraising events 4,415,248 4,415,248 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 13,367 12,731. **b** Less: cost of goods sold 10b 636 636. c Net income or (loss) from sales of inventory **Business Code** Miscellaneous Revenue 11 a FORGIVENESS OF DEBT- PRIOR YEAR P 79,040 79,040 b d All other revenue 79,040 e Total. Add lines 11a-11d

12 132009 12-09-21

4,687,726. Form 990 (2021)

5,566,397.

Total revenue. See instructions

128,493

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

<u> </u>	on 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	1,729,192.	1,729,192.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	2,649,667.	2,649,667.		
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	163,146.	130,517.	32,629.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			4.0.0	
7	Other salaries and wages	270,267.	230,163.	13,077.	27,027
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	24 525	20 222	2 525	4 500
9	Other employee benefits	24,505.	20,389.	2,586.	1,530
10	Payroll taxes	33,157.	27,593.	3,496.	2,068
11	Fees for services (nonemployees):				
а	Management	2 605		2 (25	
b	Legal	2,625.		2,625.	
С	Accounting	7,650.		7,650.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	11 650		11 (50	
f	Investment management fees	11,658.		11,658.	
g	Other. (If line 11g amount exceeds 10% of line 25,	F2 649	47 750	4 000	
	column (A), amount, list line 11g expenses on Sch 0.)	52,648.	47,758.	4,890.	
12	Advertising and promotion	14.472	10 025	2 151	1 207
13	Office expenses	14,473.	10,935.	2,151.	1,387
14	Information technology				
15	Royalties	49,800.	41,443.	3,105.	5,252
16	Occupancy	7,269.	4,867.	2,402.	5,252
17	Travel	1,209.	4,007.	2,402.	
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Payments to affiliates				
21 22	Depreciation, depletion, and amortization	1,434.		1,434.	
23		1,916.		1,916.	
23 24	Other expenses. Itemize expenses not covered	_,,,,,,		=,5±0.	
4	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	37,104.	37,104.		
b	BUSINESS REGISTRATION F	16,502.	13,733.	1,029.	1,740.
c	AWARENESS & ADVOCACY	8,818.	8,818.	,	,
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	5,081,831.	4,952,179.	90,648.	39,004
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	12-09-21			L	Form 990 (202

Form **990** (2021)

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to a	ny line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1,534,109.	1	1,828,734.	
	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					
		trustee, key employee, creator or founder, sub	contributor, or 35%				
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ		6			
şţs	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			36,063.	8	24,424
⋖	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		12,939.			
	b	Less: accumulated depreciation		· · · · · · · · · · · · · · · · · · ·	3,814.	10c	4,146
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line	3,486,364.	12	3,326,738		
	13	Investments - program-related. See Part IV, lin	10.054	13	10.10		
	14	Intangible assets	10,374.	14	10,107 62,374		
	15	Other assets. See Part IV, line 11			35,275.	15	62,374
	16	Total assets. Add lines 1 through 15 (must ed			5,105,999.	16	5,256,523
	17	Accounts payable and accrued expenses			2,486.	17	2,070
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
ies	22	Loans and other payables to any current or fo		~			
Ħ		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of th				22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	es 17-2	1). Complete Part X	79,040.		0.
		of Schedule D			81,526.		2,070
	26	Total liabilities. Add lines 17 through 25			01,320.	26	2,070
es		Organizations that follow FASB ASC 958, cl	neck ne	re 🖊 🔼			
auc auc	07	and complete lines 27, 28, 32, and 33.			4,966,248.	27	5 147 004
3ali	27	Net assets without donor restrictions Net assets with donor restrictions			58,225.	28	5,147,004
Jd E	28	Organizations that do not follow FASB ASC			30,223.	20	107,113
Ξ		and complete lines 29 through 33.	930, CI	leck fiere			
٥	29	Capital stock or trust principal, or current fund	łe			29	
ets	30	Paid-in or capital surplus, or land, building, or			30		
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			5,024,473.	32	5,254,453
Z		Total liabilities and net assets/fund balances			5,105,999.	33	5,256,523
	33	TOTAL HADHILLES AND THE ASSETS/TUND DAIANCES			<u> </u>	J	5,250,525

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
			_		<i>-</i>	о п		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,56				
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	,08		$\frac{31.}{66.}$		
3	Revenue less expenses. Subtract line 2 from line 1							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))							
5	Net unrealized gains (losses) on investments	5		-25	4,5	86.		
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	, 25	4,4	<u>53.</u>		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					Ш		
	<u> </u>				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 on Schedule O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?			2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basi	s,					
	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 audi	t,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c		X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule	Ο.					
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 Aı	udit					
	Act and OMB Circular A-133?			За		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	udit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				
				3b				

Form **990** (2021)

SCHEDULE A

(Form 990)

Total

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).) 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. 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 ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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	· · ·		,							
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total				
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	` '	.,				
	membership fees received. (Do not										
	include any "unusual grants.")	206,934.	958,719.	944,344.	502,033.	1,051,840.	3,663,870.				
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	006 004	050 510	0.4.4.0.4.4	500 000						
	Total. Add lines 1 through 3	206,934.	958,719.	944,344.	502,033.	1,051,840.	3,663,870.				
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)										
	Public support. Subtract line 5 from line 4.						3,663,870.				
	ction B. Total Support					 					
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020 502,033.	(e) 2021	(f) Total				
	Amounts from line 4	206,934.	958,719.	944,344.	502,033.	1,051,840.	3,663,870.				
8	Gross income from interest,										
	dividends, payments received on										
	securities loans, rents, royalties,	0.45 1.60	114 040	125 500	110 040	000 004	025 052				
	and income from similar sources	245,169.	114,049.	135,508.	119,243.	222,004.	835,973.				
9	Net income from unrelated business										
	activities, whether or not the										
	business is regularly carried on										
10	Other income. Do not include gain										
	or loss from the sale of capital										
	assets (Explain in Part VI.)						1 100 010				
	Total support. Add lines 7 through 10		,				4,499,843.				
12	Gross receipts from related activities,					12					
13	First 5 years. If the Form 990 is for the				-		. □				
Sec	organization, check this box and stop etion C. Computation of Publ		rcentage				<u></u>				
	Public support percentage for 2021 (I		<u>-</u>	column (f))		14	81.42 %				
	Public support percentage from 2020					15	81.11 %				
	33 1/3% support test - 2021. If the o					L L					
	stop here. The organization qualifies										
b	33 1/3% support test - 2020. If the o										
	and stop here. The organization qual	-									
17a	10% -facts-and-circumstances tes										
		-									
						_					
b		ū	•		•						
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					-		▶ □				
18	•		-	•			s >				
	and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions										

Schedule A (Form 990) 2021

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.)

qualify under the tests listed Section A. Public Support	below, please com	nplete Part II.)				
	T () 2017	#10040		(0 0000	1 , , , , , ,	1
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for	the organization's	first, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
check this box and stop here						<u></u> ▶□
Section C. Computation of Pub	lic Support Pe	ercentage				
15 Public support percentage for 2021	(line 8, column (f),	divided by line 13,	column (f))		15	%
16 Public support percentage from 202	0 Schedule A, Par	t III, line 15			16	%
Section D. Computation of Inve			·			
17 Investment income percentage for 2	2021 (line 10c, colu	ımn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from					18	%
19a 33 1/3% support tests - 2021. If th						
more than 33 1/3%, check this box	-					
b 33 1/3 % support tests - 2020. If th	e organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3%,	and
line 18 is not more than 33 1/3%, ch						
20 Private foundation. If the organization	on did not check a	a box on line 14, 19	a, or 19b, check t	his box and see ir	structions	<u></u> ▶□

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

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Par	Part IV Supporting Organizations (continued)			
			Yes	No
11	1 Has the organization accepted a gift or contribution from any of the following persor	ns?		
а	a A person who directly or indirectly controls, either alone or together with persons de	scribed on lines 11b and		
	11c below, the governing body of a supported organization?	11a		
b	b A family member of a person described on line 11a above?	11b		
С	c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to	line 11a, 11b, or 11c, provide		
	detail in Part VI.	11c		
Sect	ection B. Type I Supporting Organizations			
			Yes	No
1	1 Did the governing body, members of the governing body, officers acting in their officers	ial capacity, or membership of one or		
	more supported organizations have the power to regularly appoint or elect at least a			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI hov effectively operated, supervised, or controlled the organization's activities. If the organization is activities.			
	organization, describe how the powers to appoint and/or remove officers, directors, or			
	supported organizations and what conditions or restrictions, if any, applied to such p			
2	2 Did the organization operate for the benefit of any supported organization other than	n the supported		
	organization(s) that operated, supervised, or controlled the supporting organization?	If "Yes," explain in		
	Part VI how providing such benefit carried out the purposes of the supported organia	zation(s) that operated,		
	supervised, or controlled the supporting organization.	2		
Sect	ection C. Type II Supporting Organizations			
			Yes	No
1	1 Were a majority of the organization's directors or trustees during the tax year also a	majority of the directors		
	or trustees of each of the organization's supported organization(s)? If "No," describe	in Part VI how control		
	or management of the supporting organization was vested in the same persons that	controlled or managed		
	the supported organization(s).			
Sect	ection D. All Type III Supporting Organizations			
		_	Yes	No
1				
	organization's tax year, (i) a written notice describing the type and amount of suppor			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification of the company of the Form 990 that was most recently filed as of the date of notification of the company of the Form 990 that was most recently filed as of the date of notification of the company of the Form 990 that was most recently filed as of the date of notification of the company of the Form 990 that was most recently filed as of the date of notification of the company of the compan			
_	organization's governing documents in effect on the date of notification, to the exter			
2	, , ,	*		
	organization(s) or (ii) serving on the governing body of a supported organization? If			
•	the organization maintained a close and continuous working relationship with the sup			
3	, , , , , , , , , , , , , , , , , , , ,			
	significant voice in the organization's investment policies and in directing the use of	9		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role	e trie organization s		
Sect	supported organizations played in this regard. Section E. Type III Functionally Integrated Supporting Organizations			
1				
' a		art rest during the yea(see instructions).		
b		te line 3 helow		
c			ns)	
2		a supported a governmental orthly (see matractic	Yes	No
a		the exempt purposes of	103	140
-	the supported organization(s) to which the organization was responsive? <i>If</i> "Yes," <i>th</i>			
	those supported organizations and explain how these activities directly furthered	-		
	how the organization was responsive to those supported organizations, and how the			
	that these activities constituted substantially all of its activities.	2a		
b				
-	one or more of the organization's supported organization(s) would have been engage	,		
	Part VI the reasons for the organization's position that its supported organization(s) v			
	these activities but for the organization's involvement.	2b		
3				
		ficers, directors, or		
	trustees of each of the supported organizations? If "Yes" or "No" provide details in P			
b	b Did the organization exercise a substantial degree of direction over the policies, proc			

Schedule A (Form 990) 2021

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	dule A (Form 990) 2021 THE ANDREW MCDONOUGH B+	FOU	NDATION	42-1741037 Page 6
Pai		g Org	anizations	Ŭ
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (explai	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	comple	ete Sections A through I	Ξ.
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		
е	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
•	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	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		

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

Schedule A (Form 990) 2021

3

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

3

4 5

6

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ıed)	
Secti	on D	- Distributions		•		Current Year
1	Amou	unts paid to supported organizations to accomplish exe	1			
2	Amou	unts paid to perform activity that directly furthers exemp				
	orgar	izations, in excess of income from activity		2		
3	Admi	nistrative expenses paid to accomplish exempt purpose	าร	3		
4	Amou	ınts paid to acquire exempt-use assets			4	
5	Quali	fied set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other	distributions (describe in Part VI). See instructions.			6	
7	Total	annual distributions. Add lines 1 through 6.			7	
8	Distri	butions to attentive supported organizations to which the	ne organization is responsive	е		
	(provi	de details in Part VI). See instructions.			8	
9	Distri	butable amount for 2021 from Section C, line 6			9	
10	Line 8	3 amount divided by line 9 amount		ı	10	
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021
1	Distril	butable amount for 2021 from Section C, line 6				
2	Unde	rdistributions, if any, for years prior to 2021 (reason-				
	able o	cause required - explain in Part VI). See instructions.				
3	Exces	ss distributions carryover, if any, to 2021				
а	From	2016				
b	From	2017				
c	From	2018				
d	From	2019				
e	From	2020				
f	Total	of lines 3a through 3e				
g	Appli	ed to underdistributions of prior years				
		ed to 2021 distributable amount				
i_	Carry	over from 2016 not applied (see instructions)				
<u>j</u>	Rema	ainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distril	butions for 2021 from Section D,				
	line 7					
		ed to underdistributions of prior years				
		ed to 2021 distributable amount				
		ainder. Subtract lines 4a and 4b from line 4.				
5		aining underdistributions for years prior to 2021, if				
	-	Subtract lines 3g and 4a from line 2. For result greater				
		zero, explain in Part VI. See instructions.				
6		aining underdistributions for 2021. Subtract lines 3h				
		b from line 1. For result greater than zero, explain in				
		VI. See instructions.				
7		ss distributions carryover to 2022. Add lines 3j				
	and 4					
8_		kdown of line 7:				
		es from 2017				
		es from 2018 es from 2019				
		ss from 2020				
u	トマクロ	33 HOH 2020				

Schedule A (Form 990) 2021

e Excess from 2021

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

Inspection

Name of the organization

THE ANDREW MCDONOUGH B+ FOUNDATION

Employer identification number 42-1741037

Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of parists from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grant to the organization is exclusive legal control? 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impormassible private benefity of the organization of the organization answered "Yes" on Form 900, Part IV, Im 7. 1 Purpose(s) of conservation Easements. Complete if the organization answered "Yes" on Form 900, Part IV, Im 7. 1 Purpose(s) of conservation easements held by the organization of education) preservation of a certified historic structure preservation of land for public use (for example, recreation or education) preservation of a certified historic structure included in (a). 2 Complete lines 2 through 2d if the organization held a qualified conservation contribution in the form of a conservation easements and a certified historic structure included in (a). 4 Number of conservation easements included in (a) calculated after 7725/06, and not on a historic structure listed in the National Register 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements included in (a). 4 Number of states where property subject to conservation easements in dided? 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservat	Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the						
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 of and donors and donor advisors in writing that the assets held in donor advised funds are the organization in property, subject to the organizations exclusive legal control? Did the organization in sproperty, subject to the organizations exclusive legal control? Post property of the property o		organization answered "Yes" on Form 990, Part IV, lin		(b) Funds and other accounts				
2 Aggregate value of contributions to (during year) 4 Aggregate value at end of year 5 Did the organization inform all othors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charidable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible provate banefit? Pert II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of open space 2 Complete line 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 1 Total number of conservation easements 2	1	Total number at end of year	(a) perior davised rarias	(b) i and and enter deceans				
4 Aggregate value of grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization in property, subject to the organization's exclusive legal control? No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissable private benefit? Part II Conservation Easements. Complete if the organization chock all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of natural habitat Preservation of natural habitat Preservation of antirol habitat Preservation of antirol habitat Preservation of on attract habitat Preservation of conservation easements on the last day of the tax year. 2 Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easements and year Preservation of conservation easements 2a Held at the End of the Tax Year 2a Total number of conservation easements 2a Preservation	_							
4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantalize purposes and not for the benefit of the donor or donor advisors or writing that grant funds can be used only for chantalize purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Protection of natural habitat Preservation of open space 2 Complete lines 2 at through 2 of the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. 3 Total number of conservation easements 5 Total acreage restricted by conservation easements 6 Number of conservation easements in chudded in (a). 6 Number of conservation easements in contribution in the form of a conservation easement on a certified historic structure included in (a). 7 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 8 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 9 Number of states where property subject to conservation easements is located ► 5 Does the organization have a written policy regarding the periodic monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Number of states where property subject to conservation easements in its revenue and expenses statement and b								
5 bill the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization is property, subject to the organization's exclusive legal control?								
are the organization's property, subject to the organization's exclusive legal control?	_		Learning that the assets held in donor advised	1 funds				
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissable private benefit? Part III Conservation Easements held by the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space	3		_					
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply).	6							
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply).	Ü							
Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). □ Preservation of and for public use (for example, recreation or education) □ Preservation of a historically important land area □ Protection of natural habitat □ Protection of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (s) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► 4 Number of states where property subject to conservation easements is located ► Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(li) and section 170(h)(4)(B)(li)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IVI, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue stat								
Preservation of land for public use (for example, recreation or education)	Par							
Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Protection of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Itel d at the End of the Tax Year Total number of conservation easements D Total acreage restricted by conservation easements Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ No staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcement of the conservation easements it holds? Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(l) and section 170(h)(4)(B)(l)(l) the secondary of				,				
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Preservation of open space								
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D ASSETS INCIDIDED IN FORM 990, PART X								
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021				Schedule D (Form 990) 2021				

132051 10-28-21

Pai	rt III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, d	or Othe	r Simila	ır Asse	ts (continu	ed)
3	Using the organization's acquisition, accession	n, and other record	ls, check	any of the	following tha	t make si	ignificant ı	use of its		
	collection items (check all that apply):									
а	Public exhibition	d	ι 🔲 ι	_oan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	llections and explai	n how th	ey further t	he organizati	on's exer	npt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or	receive donations	of art, his	storical trea	sures, or oth	er similar	assets			
	to be sold to raise funds rather than to be ma	intained as part of t	the orgar	nization's co	ollection?				Yes	No No
Pai	rt IV Escrow and Custodial Arrang	gements. Comple	ete if the	organizatio	n answered '	'Yes" on	Form 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Part	X, line 21.								
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for o	contributior	ns or other as	sets not	included		_	
	on Form 990, Part X?							L	Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	able:						
									Amount	
С	Beginning balance						. 1c			
d	Additions during the year						. 1d			
е	Distributions during the year						. 1e			
f	Ending balance						. 1f			
2a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for e	escrow or c	ustodial acco	unt liabili	ty?	L	Yes	<u></u> No
	If "Yes," explain the arrangement in Part XIII.									
Pai	rt V Endowment Funds. Complete if									
		(a) Current year	(b) P	rior year	(c) Two year	s back (d) Three ye	ears back	(e) Four y	ears back
1a	Beginning of year balance									
b	Contributions									
	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curre	ent year end baland	e (line 1	g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С	Term endowment	=								
	The percentages on lines 2a, 2b, and 2c should									
3a	Are there endowment funds not in the posses	ssion of the organiz	ation tha	it are held a	nd administe	red for th	ne organiz	ation	[T	
	by:								- 	es No
	(i) Unrelated organizations									
	(ii) Related organizations									
b	If "Yes" on line 3a(ii), are the related organizat								3b	
4	Describe in Part XIII the intended uses of the		wment f	unds.						
Pai	rt VI Land, Buildings, and Equipm			,			40			
	Complete if the organization answered									
	Description of property	(a) Cost or o basis (investr		. ,	or other (other)		cumulate reciation	d	(d) Book	value
1a	Land									
	Buildings									
	Leasehold improvements									
d	Equipment									
	Other			1	2,939.		8,79	3.		,146.
Tota	I. Add lines 1a through 1e. (Column (d) must eq	jual Form 990, Part	X, colun	nn (B), line 1	10c.)			>	4	,146.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.			J
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 en	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other	2 226 720	THE OF WEAR MARKET	
(A) BROKERAGE ACCOUNT	3,326,738.	END-OF-YEAR MARKET	' VALUE
(B)			
(C)			
(D)			
<u>(E)</u>			
(F)			
(G)			
(H)	3,326,738.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related.	3,320,730.		
Complete if the organization answered "Yes"	on Form 000 Part IV line	11c Soc Form 900 Part V line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
	(b) Book value	(c) Wethod of Valuation. Cost of Ch	d of year market value
(1)			
(2)			
(3)			
(4)			
(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, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	e 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 29	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin			<u> </u>
2. Liability for uncertain tax positions. In Part XIII, provide		_	
organization's liability for uncertain tax positions under	FASB ASC 740. Check he	ere if the text of the footnote has been p	rovided in Part XIII X

132053 10-28-21

onedate b (i onii 330	0) 2021			_,
Part XI Recon	ciliation of Rever	ue per Audited F	Financial Statemer	nts With Revenue per Re

га	neconciliation of nevertide per Addited Financial State	remente Mith	nevellue per n	eturi	1.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	5,312,885.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-254,585.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d			12,731.		
е				2e	-241,854.
3	Subtract line 2e from line 1			3	5,554,739.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,658.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	11,658.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,566,397.
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	itements With	Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	5,082,905.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d			12,732.		
е	Add lines 2a through 2d			2e	12,732.
3	Subtract line 2e from line 1	.))		3	5,070,173.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	7			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,658.		
b	Other (Describe in Part XIII.)	4b			

Part XIII Supplemental Information.

c Add lines 4a and 4b

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) 2021

11,658.

5,081,831.

4c

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

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

2021

Open to Public Inspection

Name of the organization

THE ANDREW MCDONOLIGH B+ FOLINDATION

Employer identification number

	REW MCDONOUGH B+ F			42-1741	
Part I Fundraising Activities required to complete this par	 Complete if the organization answer t. 	ered "Yes" o	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
1 Indicate whether the organization rais	sed funds through any of the followi	ng activities.	. Check all that apply		
a Mail solicitations	e Solicita	tion of non-g	overnment grants		
b Internet and email solicitations	s f Solicita	tion of gover	rnment grants		
c Phone solicitations	g Special	I fundraising	events		
d In-person solicitations					
2 a Did the organization have a written of	or oral agreement with any individua	l (including c	officers, directors, tru	stees, or	
key employees listed in Form 990, P	art VII) or entity in connection with p	orofessional	fundraising services?	Yes Yes	No
b If "Yes," list the 10 highest paid indi-	viduals or entities (fundraisers) purs	uant to agree	ements under which	the fundraiser is to b	oe
compensated at least \$5,000 by the	organization.				
		(iii) p		(v) Amount paid	
(i) Name and address of individual	(ii) Activity	fundraiser	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?	from activity	fundraiser listed in col. (i)	organization
				listed in col. (i)	
		Yes No			
	<u> </u>	1 1			
Total					
3 List all states in which the organization	on is registered or licensed to solicit	contribution	s or has been notifie	d it is exempt from re	egistration
or licensing.					
LHA For Paperwork Reduction Act Not	ice, see the Instructions for Form	990 or 990-	EZ.	Schedule	G (Form 990) 2021

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

		of fundraising event contributions and gro			events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			UDANCE	MARATHON	5	(add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
υne			(event type)	(CVCIII LYPC)	(total number)	
Revenue	1	Gross receipts	1,104,627.	87,434.	3,392,822.	4,584,883.
Ä				,		
	2	Less: Contributions				
			1 104 607	07.424	2 202 022	4 504 003
	3	Gross income (line 1 minus line 2)	1,104,627.	87,434.	3,392,822.	4,584,883.
	4	Cash prizes				
	ľ	54517 p.1.255				
	5	Noncash prizes				
ses						
kper	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
Dire	'	1 ood and beverages				
	8	Entertainment				
	9	Other direct expenses	18,455.		150,931.	169,636.
	10	Direct expense summary. Add lines 4 through				169,636. 4,415,247.
Pa	rt I	Net income summary. Subtract line 10 from li Gaming. Complete if the organization a		990 Part IV line 19 or		4,413,247.
		\$15,000 on Form 990-EZ, line 6a.	answered res on roll	1000, 1 art 10, mic 10, or	reported more than	
a)		·	(a) Pingo	(b) Pull tabs/instant	(a) Other gaming	(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Rev						
	1	Gross revenue				
	2	Cash prizes				
nse						
xpe	3	Noncash prizes				
Direct Expenses						
Dire	4	Rent/facility costs				
	5	Other direct expenses				
		,	Yes %	☐ Yes %	Yes %	
	6	Volunteer labor	No No	No No	No	
	_					
	7	Direct expense summary. Add lines 2 through	1 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
1		, , , , , , , , , , , , , , , , , , , 	, , ,		,	
		ter the state(s) in which the organization condu	_			
		the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	It "	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
b	If "	Yes," explain:				

132082 10-21-21 Schedule G (Form 990) 2021

Schedule G (Form 990) 2021 THE AND	REW MCDONOUGH B+ FO	UNDATION 42-	1/4103/	Page 3
11 Does the organization conduct gaming activities	with nonmembers?		Yes	☐ No
12 Is the organization a grantor, beneficiary or truste				
to administer charitable gaming?		•	Yes	☐ No
13 Indicate the percentage of gaming activity condu				
			ا ء٥٠ ا	0.4
a The organization's facility				<u>%</u>
b An outside facility			13b	%
14 Enter the name and address of the person who p	repares the organization's gaming/spec	cial events books and records:		
Name ▶				
Address				
15a Does the organization have a contract with a third	d party from whom the organization rec	eives gaming revenue?	Yes	☐ No
b If "Yes," enter the amount of gaming revenue rec	eived by the organization ▶ \$	and the amount		
of gaming revenue retained by the third party				
c If "Yes," enter name and address of the third part				
• If Tes, effect hame and address of the third part	.y.			
Name				
Address ►				
16 Gaming manager information:				
daming manager imormation.				
		*		
Name				
Gaming manager compensation > \$				
Description of services provided				
Director/officer Employee	Independent contract	ctor		
17 Mandaton, distributions:				
17 Mandatory distributions:				
a Is the organization required under state law to ma	ake charitable distributions from the gai	ming proceeds to		—
retain the state gaming license?			Yes	└── No
b Enter the amount of distributions required under	state law to be distributed to other exer	mpt organizations or spent in the		
organization's own exempt activities during the ta	ax year 🕨 \$			
Part IV Supplemental Information. Provi	de the explanations required by Part I,	line 2b, columns (iii) and (v); and F	Part III, lines 9,	9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also	o provide any additional information. Se	ee instructions.		
	·			

SCHEDULE I (Form 990)

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

THE ANDREW MCDONOUGH B+ FOUNDATION

 $\begin{array}{c} \text{Employer identification number} \\ 42 - 1741037 \end{array}$

Part I General Information on Grants an	d Assistance							
1 Does the organization maintain records to	substantiate th	ne amount of the grant	s or assistance, the	grantees' eligibilit	ty for the grants or ass	sistance, and the selec		
criteria used to award the grants or assist	ance?						X Yes	No
2 Describe in Part IV the organization's prod	cedures for mor	nitoring the use of gran	t funds in the Unite	d States.				
Part II Grants and Other Assistance to D					anization answered "\	Yes" on Form 990, Part	IV, line 21, for any	
recipient that received more than \$5	5,000. Part II ca	n be duplicated if addi	tional space is need	ded.				
(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of or assistand	-
ALBERT EINSTEIN COLLEGE OF MEDICINE - 1300 MORRIS PARK AVE - THE BRONX, NY 10461			75,000.	0.			PEDIATRIC CANCER	RESEARCH
BECKMAN INSTITUTE OF THE CITY OF HOPE - 1500 1. DUARTE ROAD - DUARTE, CA 91010		(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.	0.			PEDIATRIC CANCER	RESEARCH
BAYLOR COLLEGE OF MEDICINE 1 MOURSUND ST HOUSTON, TX 77030		(C) (3)	75,000.	0.			PEDIATRIC CANCER	RESEARCH
DANA-FARBER CANCER INSTITUTE 10 BROOKLINE PLACE WEST, 6TH FLOOR BROOKLINE, MA 30322		(C) (3)	30,000.	0.			PEDIATRIC CANCER	RESEARCH
THE CHILDRENS ONCOLOGY GROUP 1900 9TH AVE SEATTLE, WA 98101		(C) (3)	20,000.	0.			PEDIATRIC CANCER	RESEARCH
2 Enter total number of section 501(c)(3) an 3 Enter total number of other organizations	-	-	he line 1 table				_	

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.) (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 noncash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) CASE WESTERN RESERVE UNIVERSITY 10900 EUCLID AVE CLEVELAND, OH 44106 (C) (3) 150,000 0 PEDIATRIC CANCER RESEARCH MEMORIAL SLOAN KETTERING CANCER CENTER - 1275 YORK AVE - NEW YORK NY 10065 (C) (3) 75,000 PEDIATRIC CANCER RESEARCH 0 NEMOURS FUND FOR CHILDRENS HEALTH 1600 ROCKLAND ROAD WILMINGTON, DE 19809 (C) (3) 50,000 PEDIATRIC CANCER RESEARCH NEMOURS FUND FOR CHILDRENS HEALTH 1600 ROCKLAND ROAD WILMINGTON, DE 19809 (C) (3) 10,000 PEDIATRIC CANCER RESEARCH 0 JOHN HOPKINS UNIVERSITY SCHOOL OF MEDICINE - 733 N. BROADWAY -BALTIMORE , MD 21205 PEDIATRIC CANCER RESEARCH (C) (3) 75,000 0 LURIE'S CHILDRENS HOSPITAL OF CHICAGO - 225 E CHICAGO AVE -CHICAGO, IL 60611 (C) (3) PEDIATRIC CANCER RESEARCH 48,000 0 ONCHOEROES BIOSCIENCES INC. 43 KENT ST BROOKLINE, MA 02445 (C) (3) 100,000 0 PEDIATRIC CANCER RESEARCH SEATTLE CHILDRENS HOSPITAL 1100 OLIVE WAY, SUITE 100 SEATTLE, WA 19807 (C) (3) 95,000 0 PEDIATRIC CANCER RESEARCH SEATTLE CHILDRENS FOUNDATION 1100 OLIVE WAY, SUITE 100

PEDIATRIC CANCER RESEARCH

SEATTLE, WA 19807

0

100 000

(C) (3)

Part II Continuation of Grants and Other	Assistance to Do	mestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	ırt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE REGENTS OF UNIV OF MICHIGAN 503 THOMPSON ST, ANN ARBOR, MI 48109		(C) (3)	75,000.	0.			PEDIATRIC CANCER RESEARCH
UNIVERSITY OF COLORADO 1800 GRANT ST DENVER, CO 80203		(C) (3)	75,000.	o.			PEDIATRIC CANCER RESEARCH
VIRGINIA COMMONWEALTH UNIVERSITY 907 FLOYD AVE RICHMOND, VA 23284		(C) (3)	75,000.	0.			PEDIATRIC CANCER RESEARCH
UNIVERSITY OF MIAMI 1320 S DIXIE HWY CORAL GABLES, FL 33146		(C) (3)	75,000.	0.			PEDIATRIC CANCER RESEARCH
UNIVERSITY OF NORTH CAROLINA 101 MANNING DR CHAPEL HILL , NC 27514		(C) (3)	75,000.	0.			PEDIATRIC CANCER RESEARCH
WEILL CCORNELL MEDICAL COLLEGE 418 E 71ST ST #21 NEW YORK, NY 10021		(C) (3)	75,000.	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
ACCELERATE 30,BTE 1.30.30, BE 1200 BRUSSELS, BELGIUM, BELGIUM			200,000.	0.			PEDIATRIC CANCER RESEARCH Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
MONETARY	3443	2,629,667.	0.		
MONETARY - TUITION ASSISTANCE	0	20,000.	. 0.		
				·	

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

Department of the Treasury

Internal Revenue Service

THE ANDREW MCDONOUGH B+ FOUNDATION

Employer identification number 42-1741037

Pa	art I Questions Regarding Compensation			
			Yes	No
1 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			
7	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
c	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
	Any related organization?	5b		Х
	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		Х
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			v
_	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			v
_	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		<u></u>

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred (D) Nontaxable benefits		(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JOSEPH MCDONOUGH	(i)	163,146.	0.	0.	0.	0.		0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)				·			
	(ii)							
	(i)							
	(ii)				<u> </u>			
	(i)							
	(ii)							
	(i)							
	(ii)							
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► 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.

THE ANDREW MCDONOUGH B+ FOUNDATION

Employer identification number 42-1741037

Par	t 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 de noncash contribu	•	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	X	1	30 000	FAIR MARKET	772 T.TTE	7
16	Real estate - Commercial	Λ		30,000.	FAIR MARKEI	VALUE	•
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20 21	Drugs and medical supplies						
22	Taxidermy						
23	Historical artifacts Scientific specimens						
24	Archeological artifacts						
25	Other (PRO BONO SERV)	X	1	1.700.	FAIR MARKET	VALUE	<u> </u>
26	Other ()		_				<u>=</u>
27	Other ()						
28	Other (
29	Number of Forms 8283 received by the organization	zation durin	g the tax year for c	contributions			
	for which the organization completed Form 828	33, Part V, D	Oonee Acknowledg	gement 29			
						Yes	No
30a	During the year, did the organization receive by	contribution	on any property rep	ported in Part I, lines 1 throu	gh 28, that it		
	must hold for at least three years from the date	of the initia	al contribution, and	d which isn't required to be u	sed for		
	exempt purposes for the entire holding period?	?				30a	Х
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribu	ıtions?	31	Х
32a	Does the organization hire or use third parties of	or related or	ganizations to soli	cit, process, or sell noncash			
	contributions?					32a	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,		
	describe in Part II.						

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

Schedule M (Form 990) 2021

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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.

orm 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

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) 2021

Schedul	e O (Form 990) 20	21					Page 2
Name of	the organization		ANDREW	MCDONOUGH	B+	FOUNDATION	Employer identification number 42-1741037
UPON	REQUEST						
						<u> </u>	