Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

Α	For the	e 2022 calendar year, or tax year beginning and endir	ng					
В	Check if applicable	C Name of organization		D Employer identific	cation number			
	Addres	THE ANDREW MCDONOUGH B+ FOUNDATION						
	Name change	Doing business as		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	/suite	E Telephone number 302-563-8389				
	termin- ated			G Gross receipts \$	9,097,801.			
	Ameno	WILMINGTON, DE 19803		H(a) Is this a group return				
	Applic tion			for subordinates				
	pendir	101 ROCKLAND CIRCLE, WILMINGTON, DE 1980	3	H(b) Are all subordinates in	cluded? Yes No			
<u> 1</u>	Tax-exe	empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or	527	If "No," attach a	list. See instructions			
	Websit			H(c) Group exemption				
			_ Year (of formation: 2007 N	1 State of legal domicile: \mathbf{DE}			
P		Summary	<u> </u>		DD 511			
ė	1 1	Briefly describe the organization's mission or most significant activities: THE MIS	STO	ON OF THE AN	DREW			
Activities & Governance		MCDONOUGH B+ FOUNDATION IS TO FIGHT CHILDHO						
/err	1	Check this box if the organization discontinued its operations or disposed o		1 1	sets.			
Ĝ		Number of voting members of the governing body (Part VI, line 1a)			9			
ფ		Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2022 (Part V, line 2a)		·····	11			
ij		Total number of volunteers (estimate if necessary)			5000			
ţį	72	Total unrelated business revenue from Part VIII, column (C), line 12			0.			
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
	Ť			Prior Year	Current Year			
Revenue	8	Contributions and grants (Part VIII, line 1h)		750,178.	2,561,224.			
		Program service revenue (Part VIII, line 2g)		0.	0.			
eve	1	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		321,295.	64,180.			
Œ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,494,924.	5,765,500.			
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,566,397.	8,390,904.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	. L	4,378,859.	7,077,881.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)	. L	0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	. L	491,075.	719,067.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	. L	0.	0.			
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 72,083.		011 000	24.0.000			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		211,897.				
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		5,081,831.	8,116,230.			
	19	Revenue less expenses. Subtract line 18 from line 12		484,566.				
Net Assets or Fund Balances		T. I. J. (D. I.V.); 40)		ginning of Current Year 5, 256, 523.	End of Year 5, 265, 896.			
Asse Bals	20	Total assets (Part X, line 16)	` ├─	2,070.	2,417.			
Net /	21 22	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from line 20	.	5,254,453.	5,263,479.			
P	art II	Signature Block		3/231/1331	3/203/1/34			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and	statem	ents, and to the best of m	/ knowledge and belief, it is			
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of which pr			,,			
		Ope McDarwyk	•	05/08/2023				
Sig	n	Signature of officer		Date				
He		JOSEPH MCDONOUGH, PRESIDENT						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pai		RENEE A VILLANO, CPA RENEE A VILLANO, C	PA0					
		Firm's name AKA ADVISORY, LLC		Firm's EIN 2	6-0645306			
Use	Only	Firm's address 1701 SHALLCROSS AVE, STE D			00\ 000 7171			
		WILMINGTON, DE 19806		Phone no. (3				
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No			

Pa	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE ANDREW MCDONOUGH B+ FOUNDATION FIGHTS CHILDHOOD CANCER BY:
	PROVIDING FINANCIAL ASSISTANCE TO FAMILIES OF KIDS WITH CANCER;
	FUNDING CUTTING-EDGE PEDIATRIC CANCER RESEARCH; AND ADVOCATING FOR
	INCREASED FUNDING AND AWARENESS.
_	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 5,843,046 • including grants of \$ 5,070,673 •) (Revenue \$
	FAMILY ASSISTANCE - PROVIDES FINANCIAL ASSISTANCE AND EMOTIONAL SUPPORT
	TO FAMILIES WITH CHILDREN BATTLING CANCER. THE B+ FOUNDATION IS ONE OF
	THE LARGEST PROVIDERS OF FINANCIAL ASSISTANCE TO FAMILIES OF KIDS WITH
	CANCER, HAVING HELPED 3,500 FAMILIES FROM OVER 200 HOSPITALS
	NATIONWIDE.
	MATIONWIDE.
4b	(Code:) (Expenses \$ 2,007,208 • including grants of \$ 2,007,208 •) (Revenue \$
	RESEARCH- PROVIDES FUNDING FOR CUTTING-EDGE PEDIATRIC CANCER RESEARCH
	STRIVING FOR CURES AND/OR ENHANCED TREATMENT PROTOCOLS.
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 7,927,395.
	Form 990 (2022)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 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			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			3,7
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		х
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0		8		х
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			
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	Ť		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more 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		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			37
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			х
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a b		144		
b	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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		37	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

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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		X	
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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	23	x	
24.5	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23		
2 -1 0	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			l
	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%			\ _{3,7}
	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	07		x
28	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
20	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			
u	"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		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			l
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			٠,,
	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			x
25-	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		12
b	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000		
00	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	"		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
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
	Litter the number reported in box 6 of 1 cm 1666. Enter 6 in not applicable	2		
	Effect the fluthbol of forms w 2d included of line 1a. Effect of infocuspileable	2		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

(gambling) winnings to prize winners? 232004 12-13-22

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Form 990 (2022) THE ANDREW MCDONOUGH B+ FOUNDATION 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	2a 11							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	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 A	ccounts (FBAR).							
5a	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 transa		5b		Х				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с						
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?		6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	-							
_	were not tax deductible?		6b						
7	Organizations that may receive deductible contributions under section 170(c).	Output and the debugger	_	Х					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser		7a	X					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Λ					
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 2002	•	7c		Х				
ч	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	70		- 25				
e	51.11								
_	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?								
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?								
h									
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained								
	sponsoring organization have excess business holdings at any time during the year?								
9	9 Sponsoring organizations maintaining donor advised funds.								
a Did the sponsoring organization make any taxable distributions under section 4966?									
b	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?								
10	10 Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
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:	I							
а	Gross income from members or shareholders	11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
40	amounts due or received from them.)	11b	40						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ı	12a						
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b							
	Is the organization licensed to issue qualified health plans in more than one state?		13a						
а	Note: See the instructions for additional information the organization must report on Schedule O.		104						
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	13b							
С	Enter the amount of reserves on hand	13c							
14a			14a		Х				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune								
	excess parachute payment(s) during the year?		15		Х				
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16									
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	If "Yes," complete Form 6069.		_	000	(0000)				

232005 12-13-22

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

	Check if Schedule O contains a response or note to any line in this Part VI			X					
Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 10								
	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 9								
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?									
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		Х					
7 4	more members of the governing body?	7a		Х					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	74							
		7b		х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	75							
		8a	Х						
b	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	OD							
3	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.)	9							
000	tion B. I onoics (mis section b requests information about policies not required by the internal nevertue code.)		Yes	No					
102	Did the organization have local chapters, branches, or affiliates?	10a	163	X					
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IUa							
b	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
110		11a	Х						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Па	21						
b									
	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	40-							
40	on Schedule O how this was done	12c		Х					
13	Did the organization have a written whistleblower policy?	13	Х	-21					
14	Did the organization have a written document retention and destruction policy?	14	77						
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?	45-	Х						
	The organization's CEO, Executive Director, or top management official	15a	X						
a	Other officers or key employees of the organization	15b	Λ						
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
ıba	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	40-		Х					
	taxable entity during the year?	16a		Λ					
a	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	401							
800	exempt status with respect to such arrangements?	16b							
	tion C. Disclosure	тт	ъс	νv					
17 10	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								
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	aDIE					
	for public inspection. Indicate how you made these available. Check all that apply.								
46	Own website X Another's website X Upon request Upon request Charles (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	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		000						
00000	SEE SCHEDILLE O FOR FILL LIST OF STATES	Form	aan	いいいいい					

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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)				is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) JOSEPH MCDONOUGH PRESIDENT	60.00	x		\mathbf{x}				165,525.	0.	0.
(2) DR. DASH DHANAK DIRECTOR	1.00	х						0.	0.	0.
(3) SHERRIE CALDWELL	1.00	^						0.	0.	0.
DIRECTOR		Х						0.	0.	0.
(4) CHRISTINE MCDONOUGH DIRECTOR	5.00	x		х				0.	0.	0.
(5) TOM O'DONNELL	1.00	1								
TREASURER		Х		Х				0.	0.	0.
(6) NINA TILLER	1.00	x						0.	0.	0
OIRECTOR (7) MARCO DIPRINZIO	1.00	^						0.	0.	0.
DIRECTOR		x						0.	0.	0.
(8) DR. ALI SPANO SECRETARY	5.00	х						0.	0.	0.
(9) DAVID ROSENFELD DIRECTOR	1.00	х		х				0.	0.	0.
(10) T.J. ZAK DIRECTOR	1.00	x						0.	0.	0.
	1									

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Page 8

Name and title Average Pour p per Section Compensation	Part VII Sec	tion A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d H	ighe	st (Compensated Employe	es (continued)				
Thouse per West and the Companies and the Compan		(A)	(B)							(D)	(E)			(F)	
The Subtotal To Total from continuation sheets to Part VII, Section A To A Total from continuation sheets to Part VII, Section A To Total from continuation sheets to Part VII, Section A To A Total from continuation sheets to Part VII, Section A To A Total from continuation sheets to Part VII, Section		Name and title		(do					one	1	•				
Subtotal 165,525 0 0 0 0 0 0 0 0 0				box	, unle	ss pe	rson	is bot	h an	· ·	•				of
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of compensation and related organizations and related organizations. View V				\vdash	o, all		T								41
1b Subtotal 165,525. 0. 0. 0. 1 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.			, ,	irecto							•				
1b Subtotal 165,525. 0. 0. 0. 1 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.				e or d	tee			sated		_	•				
1b Subtotal 165,525. 0. 0. 0. 1 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.				truste	al trus		99	mpen		,	1000 (120)		•		
1b Subtotal 165,525. 0. 0. 0. 1 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.			below	idual	ution	<u></u>	oldm	est co	-Ba	,		(
1b Subtotal 1c Total from continuation sheets to Part VII, Section A 1c Total from continuation sheets to Part VII, Section A 1d Total (add lines to and to) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization is tary to the organization is tary to the organization is the sum of reportable compensation from the organization is tary to the organization is the sum of reportable compensation and other compensation from the organization and related organization greater than \$150,000 of 1' Yes, 'complete Schedule J for such individual and related organization greater than \$150,000 if Yes (complete Schedule J for such individual and the organization of the organization of Yes (complete Schedule J for such person is the organi			line)	Indiv	Instit	Office	Key e	High empl	Form						
c Total from continuation sheets to Part VII, Section A 165 , 525 . 0 . 0 . 0 . 0 . 1 . 0 . 161 (add lines 1b and 1c) . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 . 0 .															
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes No	c Total fron	n continuation sheets to Part V	II, Section A							_					
compensation from the organization Yes No	d Total (add	l lines 1b and 1c)				<u></u>		<u></u>		165,525.		0.			0.
Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1 a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization of services Post of the compensation from the organization of services or accrue compensation from the organization or hidroidual or accrue to the organization or individual or accrue to the organization or individual for services or accrue compensation from the organization or individual for services or accrue compensation from the organization or individual for services or accrue compensation from the organization or individual for services or accrue organizati			ot limited to th	ose	liste	ed al	bov	e) wl	no r	eceived more than \$100	,000 of reportable				1
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1 a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person. Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organization.	compensa	ation from the organization											Τ,	V	
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For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the organizati		•		-	•		•		•		•		2		X
and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization from the												···			
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Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	5 Did any pe	erson listed on line 1a receive or a	accrue compe	nsat	ion f	rom	any	y uni	elat	ted organization or indiv	dual for services				
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) Name and business address NONE (B) Description of services Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization			plete Schedul	e J f	or st	ıch	pers	son .				<u> </u>	5		_X_
the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Compensation Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization		-													
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Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	the organi		tne calendar y	ear	enai	ng v	vitn	or w	itnii		year.		(C)		
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization O			address	NO	ONE	3					ervices	Com			n
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\$100,000 of compensation from the organization															
\$100,000 of compensation from the organization															
\$100,000 of compensation from the organization				ot li	mite	d to		^	stec	d above) who received m	nore than				
	\$100,000	ot compensation from the organi	zation					U					O	ΩΩ //	2000)

THE ANDREW MCDONOUGH B+ FOUNDATION

232008 12-13-22

Pa	rt VI	III Statement of Revenue	<u> </u>
		Check if Schedule O contains a response or note to any lin	e in this Part VIII
			(A) (B) (C) (D) Total revenue Related or exempt function revenue business revenue from tax under sections 512 - 514
ts	1 a	a Federated campaigns 1a	
Contributions, Gifts, Grants and Other Similar Amounts		b Membership dues 1b	
S, G		c Fundraising events 1c	
Sift:		d Related organizations 1d	
imil		e Government grants (contributions)	
tion		f All other contributions, gifts, grants, and	
the		similar amounts not included above 1f 2,561,224.	
d O	ç	g Noncash contributions included in lines 1a-1f 1g \$ 33,666.	
a C	h	h Total. Add lines 1a-1f	2,561,224.
		Business Code	
<u>e</u>	2 a	a	
er.	b	b	
n S	c	c	
grar Rev	c	d	
Program Service Revenue	e	e	
ъ		f All other program service revenue	
-		g Total. Add lines 2a-2f	
	3	Investment income (including dividends, interest, and	99 145
	4	other similar amounts)	88,145.
	4 5	Income from investment of tax-exempt bond proceeds	
	3	Royalties (ii) Personal	
	6 =		
		b Less: rental expenses 6b	
		c Rental income or (loss) 6c	
		d Net rental income or (loss)	
		a Gross amount from sales of (i) Securities (ii) Other	
		assets other than inventory 7a 379,117.	
	b	b Less: cost or other basis	
nue		and sales expenses 7b 403,082.	
Revenue	c	c Gain or (loss) 7c 23,965.	
å.	c	d Net gain or (loss)	-23,96523,965.
Other	8 a	a Gross income from fundraising events (not	
δ		including \$ of	
		contributions reported on line 1c). See	
		Part IV, line 18 8a 6,052,098.	
		b Less: direct expenses 8b 276,535.	5 775 560
		c Net income or (loss) from fundraising events	5,775,563. 5,775,563.
	9 a	a Gross income from gaming activities. See	
		Part IV, line 19 9a b Less: direct expenses 9b	
		b Less: direct expenses	
		a Gross sales of inventory, less returns	
	10 6	and allowances10a 17,217.	
	r	b Less: cost of goods sold 10b 27,280.	
		c Net income or (loss) from sales of inventory	-10,06310,063.
<u>"</u>		Business Code	
Miscellaneous Revenue	11 a	a	
ane	b	b	
es es	c	с	
Mis	c	d All other revenue	
	e	e Total. Add lines 11a-11d	
	12	Total revenue. See instructions	8,390,90423,965. 0. 5,853,645.

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (D) (C) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 2,007,208 2,007,208. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 5,070,673 5,070,673. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 165,525. 132,420. 33,105. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 55,293. 461,823. 385,499. 21,031. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 44,997. 37,148. 3,883. 3,966. Other employee benefits 9 46,722. 4,032. 38,572. 4,118. Payroll taxes 10 Fees for services (nonemployees): a Management 5,603. 5,603. Legal 8,800. 8,800. Accounting Lobbying Professional fundraising services. See Part IV, line 17 14,684. 14,684. Investment management fees _____ Other, (If line 11g amount exceeds 10% of line 25, 60,868. 5,447 66,315 column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 28,081. 2,248. 21,491. 4,342. Office expenses 13 Information technology 14 Royalties 15 4,535. 52,552. 43,385. 4,632. 16 Occupancy 41,542. 34,590. 6,952. 17 Travel

1,787.

54,645.

22,496.

22,288.

8,116,230.

489.

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1,923.

72,083.

Check here

18

19 20

21

22

23

24

c d

е

25

Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings

Payments to affiliates

Depreciation, depletion, and amortization

above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)

BUSINESS REGISTRATION F

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Other expenses. Itemize expenses not covered

AWARENESS & ADVOCACY

SPECIAL EVENTS

All other expenses

54,645.

22,496.

18,400.

7,927,395.

1,787.

1,965.

116,752.

489.

	1 990 (2 rt X	Balance Sheet	ONCOGN B1	- FOUNDAI	TON	42-	1/4103/ Page 11
га	ILA	Check if Schedule O contains a response or not	to to any line in thi	s Dart V			
		Check ii Schedule O contains a response of no	te to any line in thi	s Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,828,734.	1	2,353,923.
	2	Savings and temporary cash investments			· · · · · · · · · · · · · · · · · · ·	2	<u> </u>
	3	Pledges and grants receivable, net			3		
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current of					
	-	trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of these				5	
	6	Loans and other receivables from other disquali					
		under section 4958(f)(1)), and persons describe			6		
S	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		24,424.	8	11,875.	
Ϋ́	9	B				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	16,230.			
	b	Less: accumulated depreciation		10,336.	4,146.	10c	5,894.
	11	Investments - publicly traded securities	4,146. 3,326,738.	11	2,723,432.		
	12	Investments - other securities. See Part IV, line			12	100,000.	
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		10,107.	14	9,863.	
	15	Other assets. See Part IV, line 11			62,374.	15	60,909.
	16	Total assets. Add lines 1 through 15 (must equ			5,256,523.	16	5,265,896.
	17	Accounts payable and accrued expenses			2,070.	17	2,417.
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV of Schedul	e D		21	
es	22	Loans and other payables to any current or form	ner officer, directo	r,			
Liabilities		trustee, key employee, creator or founder, subs	tantial contributor	, or 35%			
jab		controlled entity or family member of any of the	se persons			22	
_	23	Secured mortgages and notes payable to unrela		_		23	
	24	Unsecured notes and loans payable to unrelate	d third parties			24	
	25	Other liabilities (including federal income tax, pa	yables to related t	hird			
		parties, and other liabilities not included on lines	s 17-24). Complete	Part X			
		of Schedule D			0.050	25	0.445
	26	Total liabilities. Add lines 17 through 25			2,070.	26	2,417.
ű		Organizations that follow FASB ASC 958, che	eck here X				
nce		and complete lines 27, 28, 32, and 33.			F 147 004		F 102 F00
ala	27	Net assets without donor restrictions			5,147,004.	27	5,103,508.
d B	28	Net assets with donor restrictions			107,449.	28	159,971.
ڃ		Organizations that do not follow FASB ASC 9	58, check here				
P		and complete lines 29 through 33.					
ts (29	Capital stock or trust principal, or current funds			29		
SSE	30	Paid-in or capital surplus, or land, building, or ed				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in			E 0E4 4E2	31	E 262 470
ž	32	Total net assets or fund balances			5,254,453.	32	5,263,479.
	33	Total liabilities and net assets/fund balances			5,256,523.	33	5,265,896.

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
			_					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		3,39 3,11				
2	Total expenses (must equal Part IX, column (A), line 25)							
3								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4							
5	Net unrealized gains (losses) on investments	5		-26	5,6	48.		
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	, 26	3, <u>4</u>	79.		
Part 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	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	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		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s,					
	consolidated basis, or both:							
	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				
	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							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		udit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>		3b				
					$\overline{\Omega}$	· ·		

Form **990** (2022)

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.

Open to Public

OMB No. 1545-0047

Name of the organization

Employer identification number

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))

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

(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	71	,	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	958,719.	944,344.	502,033.	1,051,840.	1,846,017.	5,302,953.
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	050 510	0.4.4.0.4.4	500 000			
4	Total. Add lines 1 through 3	958,719.	944,344.	502,033.	1,051,840.	1,846,017.	5,302,953.
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.						5,302,953.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020 502, 033.	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	958,719.	944,344.	502,033.	1,051,840.	1,846,017.	5,302,953.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	114 040	135 500	110 242	222 004	00 145	679 040
	and income from similar sources	114,049.	135,508.	119,243.	222,004.	88,145.	678,949.
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.)						F 001 000
	Total support. Add lines 7 through 10		`			40	5,981,902.
12	•			f		12	
13	First 5 years. If the Form 990 is for the					501(C)(3)	
Sec	organization, check this box and storection C. Computation of Publ		rcentage				L
	Public support percentage for 2022 (column (f))		14	88.65 %
	Public support percentage from 2021					15	81.42 %
	33 1/3% support test - 2022. If the o						,,,
100	stop here. The organization qualifies	•		•		•	
h	33 1/3% support test - 2021. If the						
~	and stop here. The organization qual	-					
17 a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances to			=			
h	10% -facts-and-circumstances tes	-	•		-		
~	more, and if the organization meets the	-					
	organization meets the facts-and-circ				-		
18	Private foundation. If the organization		-				
		c u		, , ,	,		(Form 000) 2022

Schedule A (Form 990) 2022

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.)

Sec	ction A. Public Support	elow, please con	ipiete i art ii.)				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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						
2	Gross receipts from activities that					+	
3	are not an unrelated trade or bus-						
	in						
4						+	
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						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons				<u> </u>		
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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
	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						
13	assets (Explain in Part VI.)						
	First 5 years. If the Form 990 is for the	o organization's	first second third	fourth or fifth tay	voar as a soction	1 501(c)(3) organizat	tion
17	check this box and stop here	•		•	•		lion,
Sec	ction C. Computation of Publ		ercentage				
	Public support percentage for 2022 (I			column (f))		15	0
						16	9
	Public support percentage from 2021 ction D. Computation of Investigation					16	<u> </u>
						17	
	Investment income percentage for 20					—	9
	Investment income percentage from 2					18	17 is not
198	33 1/3% support tests - 2022. If the						17 IS NOT
	more than 33 1/3%, check this box at						
b	33 1/3% support tests - 2021. If the	· ·			•	•	
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organizatio	n did not check a	a box on line 14, 19	a, or 19b, check t	his box and see i	nstructions	L

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

1		Yes	No
	1		
	2		
	3a		
	3b		
	30		
	3с		
	4a		
	4b		
	4c		
	40		
	5a		
	Ja		
	5b		
	5c		
	6		
	7		
	e		
	8		
	9a		
	9b		
	OD.		
	9с		
	10a		
	. 34		
	401-		
	10b		<u> </u>
alut	A (Forr	n 990)	2022

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of o			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's off	ricers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supp	orted		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Seci	tion D. All Type III Supporting Organizations		1	T
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s).			
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	2		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instru	uctions)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	actions).		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	tv (see instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.	,, (Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Sche	edule A (Form 990) 2022 THE ANDREW MCDONOUGH B+	FOU	NDATION	42-1741037 Page 6				
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	anizations					
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov. 20, 1970 (explain ii	Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must c	omple	te Sections A through E.					
Sect	ection A - Adjusted Net Income (A) Prior 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	tion 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						

1d

2

3

4

5

6

7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Sec	tion C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		
	emergency temporary reduction (see instructions).	6	

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

Schedule A (Form 990) 2022

c Fair market value of other non-exempt-use assets

e Discount claimed for blockage or other factors

Acquisition indebtedness applicable to non-exempt-use assets

Net value of non-exempt-use assets (subtract line 4 from line 3)

Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,

d Total (add lines 1a, 1b, and 1c)

(explain in detail in Part VI):

3 Subtract line 2 from line 1d.

Multiply line 5 by 0.035.

see instructions).

5

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _{(continu}	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	ns	3		
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified 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	Distributions to attentive supported organizations to which the	he organization is responsiv	е		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	s	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2018				
b	Excess from 2019				
С	Excess from 2020				
d	Excess from 2021				

Schedule A (Form 990) 2022

e Excess from 2022

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

Par			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e o. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Bener advised failes	(b) Farias and strict assessmen
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the access hold in depart adv	ined funds
3	are the organization's property, subject to the organization's	•	
6	Did the organization inform all grantees, donors, and donor a		
O	for charitable purposes and not for the benefit of the donor of	* · ·	-
		, , ,	·
Par		panization answered "Yes" on Form 990.	
1	Purpose(s) of conservation easements held by the organizat		1 4 4 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
•	Preservation of land for public use (for example, recrea		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space	Treservation o	n a definited filotoffo diffactare
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	n of a conservation easement on the last
_	day of the tax year.	ned defined validit definitional in the form	Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
-	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, re		
	year		g
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		F
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	3, 1	,	0 ,
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ration easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	O(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expens	se statement and
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial stater	ments that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or (Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	olic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these ite	ems.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
			<u> </u>
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financi	ial gain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2022

232051 09-01-22

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apyly: a Public exhibition b Scholarly research c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization is collections and explain how they further the organization's exempt purpose in Part XIII. 6 During the year, did the organization is collection?	Pai	t III Organizations Maintaining C	ollections of A	rt, His	torical Tr	easures, c	r Other	Similar A	sset	S (contin	ued)
a Public exhibition d	3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following that	t make sig	nificant use	of its		
b Scholarly research ce Other Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Provide a description of the organization osloic or receive donations of air, historical treasures, or other similar assests to be sed to asias hunds arther than to be maintained as part of the organization collection? Vee No Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Tall is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Tall is the organization and an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Tall is the organization suring the year Tall is possible to the part X iii Tall is possible to the part X iii Tall is Tall is		collection items (check all that apply):									
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Exorow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is it she organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is it she organization are agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escribing the part X, line 21, for escribing the year and Additions during the year and Additions during the year and Additions during the year are placed as a form 150 part X, line 21, for escribing the year and Additions during the year are placed as a form 150 part X, line 21, for escribing the year and Part X, line 21, for escribing the year are placed as a form 150 part X, line 21, for escribing the year are placed as a form 150 part X, line 21, for escribing the year and 161 part X, line 10, for year and 161 part X, line 21, for escribing the year and 21, for escribing t	а	Public exhibition	d		Loan or exc	hange progra	ım				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part V Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX, line 21. 1b Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XX, line 21. 1c Beginning balance 1c Beginning balance 1d Amount 1d Selection so during the year 1 to Selection so Selection so Selection so Selection so Selection Select	b	Scholarly research	е		Other						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IX, line 21. Is the organization an angent, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X In 21. Is the organization an agent, flustees, custodian or other intermediary for contributions or other assets not included on Form 990, Part X In 21. Is the organization and in the arrangement in Part XIII and complete the following table:	С	Preservation for future generations									
To be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 9, or reported an amount on Form 990, Part X, line 10. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 11. 1b If "Yes," explain the arrangement in Part XIII and complete the following table:	4	Provide a description of the organization's co	ollections and explai	n how th	ney further t	he organization	on's exem	pt purpose ir	Part 2	XIII.	
Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 9, or reported an amount on Form 990, Part IV, line 10 Yes	5	During the year, did the organization solicit o	r receive donations	of art, hi	storical trea	sures, or othe	er similar a	assets			
reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves		to be sold to raise funds rather than to be ma	aintained as part of t	the orga	nization's c	ollection?				Yes	☐ No
Tale Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pai			ete if the	organizatio	n answered "	'Yes" on F	orm 990, Par	t IV, liı	ne 9, or	
on Form 990, Part X7 b if "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year e Distributions during the year f Ending balance 1 te 1 f Ending balance 1 te 2		reported an amount on Form 990, Par	t X, line 21.								
b If "Ves," explain the arrangement in Part XIII and complete the following table: Amount Ite	1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as:	sets not ir	ncluded			
b If "Ves," explain the arrangement in Part XIII and complete the following table: Amount Ite		on Form 990, Part X?							.Ш	Yes	└── No
c Beginning balance	b										
d Additions during the year 1d 1e 1f 1f 1f 1f 1f 1f 1f									,	Amount	
e Distributions during the year f fending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or dustodial account liability? Yes No Incomplete if the organization answered Yes' on Form 990, Part X, line 10. Part V Endowment Funds. Complete if the organization answered Yes' on Form 990, Part IV, line 10. [a] Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (fo) Three years back (fo) Thr	С	Beginning balance						1c			
f Ending balance	d	Additions during the year						1d			
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part N, line 10. [a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (e) Contributions c Net investment earnings, gains, and losses (d) Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses (e) Fund year endowment (line 1g, column (a)) held as: a Board designated or quasi-endowment (e) Permanent endowment (e) Permanent endowment (f) Unrelated organization by: (i) Unrelated organizations (ii) Related organizations listed as required on Schedule R? 4. Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land Called Called (d) Book value designated organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Eccapacity of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Eccapacity of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Eccapacity of the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Eccapacity of the organization answered "Yes" on Form 990, Part I	е	Distributions during the year						1e			
Bill Tyes, "explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Import											
Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back	2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for	escrow or c	ustodial acco	unt liability	y?	. Ш	Yes	└─ No
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back											
1a Beginning of year balance	Pai	t V Endowment Funds. Complete in									
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment y6 The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b if "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment C Equipm			(a) Current year	(b) F	rior year	(c) Iwo year	s back (c	i) Three years I	back	(e) Four	years back
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	1a										
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment y6 b Permanent endowment y6 The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations b If "yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment c Cheasehold improvements d Equipment e Other	b	Contributions									
e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment b Permanent endowment f The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment c Leasehold improvements d Equipment e Other	С	Net investment earnings, gains, and losses									
and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	d	Grants or scholarships									
g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	е	Other expenditures for facilities									
g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment		and programs									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment	f	Administrative expenses									
a Board designated or quasi-endowment	g	End of year balance									
b Permanent endowment	2	Provide the estimated percentage of the curr	ent year end baland	e (line 1	g, column (a	a)) held as:					
c Term endowment	а	Board designated or quasi-endowment		_%							
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations (iii) Related organizations (iv) If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other 16, 230, 10, 336, 5,894.	b	Permanent endowment	%								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other 16,230 10,336 5,894	С	Term endowment	%								
organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
(ii) Unrelated organizations (iii) Related organizations 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other 16, 230 10, 336 5, 894 .	3a		ssion of the organiz	ation tha	at are held a	and administe	red for the)		-	
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings c Leasehold improvements d Equipment e Other 16,230. 10,336. 5,894.		organization by:								$\overline{}$	Yes No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other 16,230. 10,336. 5,894.		(i) Unrelated organizations								3a(i)	
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) C) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other 16,230. 10,336. 5,894.		(ii) Related organizations								3a(ii)	
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other 16,230 10,336 5,894	b									3b	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other 16,230 10,336 5,894				wment	funds.						
Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 16, 230. 10, 336. 5, 894.	Pai										
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other 16,230. 10,336. 5,894.		Complete if the organization answered	d "Yes" on Form 990	D, Part I	/, line 11a. S	See Form 990	, Part X, li	ne 10.			
b Buildings c Leasehold improvements d Equipment e Other 16,230. 10,336. 5,894.		Description of property				1			((d) Book	c value
b Buildings c Leasehold improvements d Equipment e Other 16,230. 10,336. 5,894.	1a	Land									
c Leasehold improvements d Equipment e Other 16,230. 10,336. 5,894.											
e Other 16,230. 10,336. 5,894.											
e Other 16,230. 10,336. 5,894.	d	Equipment									
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)	<u>e</u>				1	6,230.		10,336.		Ţ	5,894.
	Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line	10c.)				Ţ	o,894.

Schedule D (Form 990) 2022

Part VII Investments - Other Securities. Complete if the organization answered "Yes" of	on Form 990 Part IV line	11h See Form 990 Part Y line 12	rago
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-ye	 ear market value
	(b) Book value	(c) Wethod of Valuation. Gost of end of y	Cai market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-ye	ear market value
(1)			
(2)			
(3)			_
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered "Yes" of	on Form 000 Dort IV line :	11d Con Form 000 Part V line 15	
	Description	Tru. See Form 990, Fart X, line 13.	(b) Book value
	Description		(b) Book value
(1)			
(2)		+	
(3)			
(4) (5)			
(6)		<u> </u>	
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.	,		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)		
2. Liability for uncertain tax positions. In Part XIII, provide			eports the

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

Schedule D (Form 990) 2022

Sche	dule D (Form 990) 2022 THE ANDREW MCDONOUGH B+	FOUNDATION	42-1741037	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Sta	tements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expense	es per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ne 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990. Part VIII, line 7b	4a		

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

b Other (Describe in Part XIII.) c Add lines 4a and 4b

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 ELECTED TO BE CLASSIFIED AS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, IT IS NOT SUBJECT TO STATE OR FEDERAL INCOME TAXES. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAX IS PRESENTED IN THESE FINANCIAL STATEMENTS.

THE ORGANIZATION ACCOUNTS FOR THE EFFECT OF ANY UNCERTAIN TAX POSITIONS BASED ON A "MORE LIKELY THAN NOT" THRESHOLD TO THE RECOGNITION OF THE TAX POSITIONS BEING SUSTAINED BASED ON THE TECHNICAL MERITS OF THE POSITION UNDER SCRUTINY BY THE APPLICABLE TAXING AUTHORITY. THE ORGANIZATION RECOGNIZES ACCRUED INTEREST AND PENALTIES ASSOCIATED WITH UNCERTAIN TAX IF ANY, AS A COMPONENT OF FUNCTIONAL EXPENSES. POSITIONS, THE ORGANIZATION

Schedule D (Form 990) 2022

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

2022

Open to Public Inspection

Name of the organization THE AND	REW MCDONOUGH B+ F	OUN	DAT	ION		Employer ide 42-1741	ntification number 037
	Complete if the organization answe				ine 1		
1 Indicate whether the organization rais a	sed funds through any of the following and solicitate and solicitate and solicitate are solicitated. Solicitated and solicitated are solicitated and solicitated are solicitated as a solicitated and solicitated are solicitated as a solicitated are solicitated as a solicitated and solicitated are solicitated as a solicitated and solicitated are solicitated as a solicitated and solicitated are solicitated as a solicitated are solicitated are solicitated are solicitated as a solicitated are sol	ion of ion of fundra (includerofess	non-g gover lising o ding o ional f	overnment grants nment grants events fficers, directors, trus undraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
		Z					
S List all states in which the organization of linearing.				or has been notified	d it is	exempt from re	egistration
or licensing.							

232081 10-27-22

Schedule G (Form 990) 2022

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

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	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				FACE OF	_	(add col. (a) through
				HORROR	5	col. (c))
ē			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	1,168,142.	947,411.	3,936,545.	6,052,098.
ш	2	Less: Contributions				
	_					
	3	Gross income (line 1 minus line 2)	1,168,142.	947,411.	3,936,545.	6,052,098.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
Jirect E	7	Food and beverages				
_	8	Entertainment				
	9	Other direct expenses	32,135.	0.	244,400.	276,535.
	10		n 9 in column (d)			276,535.
		Net income summary. Subtract line 10 from li	ne 3, column (d)	<u></u>		5,775,563.
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		# > Dull tobe (instant		(n = 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
nue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						
ш	1	Gross revenue				
es	2	Cash prizes				
ens	_					
Exp	3	Noncash prizes				
Direct Expenses	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	n 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
			(9)			
9	Ent	ter the state(s) in which the organization condu	ucts gaming activities:			
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
	_					
		ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
D	IT "	Yes," explain:				

232082 10-27-22 Schedule G (Form 990) 2022

Schedule G (Form 990) 2022 THE ANDREW MCDONOUGH B+ FOUNDATION	42-1/4103/ Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity forme	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
	10
a The organization's facility	
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and re	ecords:
Name	
Address	
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received by the organization \$ and the	amount
of gaming revenue retained by the third party \$	
c If "Yes," enter name and address of the third party:	
on res, enter hand address of the time party.	
News	
Name	
Address	
16 Gaming manager information:	
Garning manager information.	
Name	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
	Yes No
retain the state gaming license?	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or sp	ent in the
organization's own exempt activities during the tax year \$	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and	I (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

SCHEDULE I (Form 990)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

Name of the organization THE ANDREW MCDONOUGH B+ FOUNDATION

Employer identification number 42-1741037

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of valuation (book, grants) procedures for monitoring the use of grant funds in the United States. (f) Method of valuation (book, grants) procedures for monitoring the use of grant funds in the United States.	X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of valuation (hook valuation (hook))	
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990 recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of valuation (hook valuation (hook))	Part IV line 21 for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description (hook (g) Des	Part IV line 21 for any
1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (f) Method of (g) Description	raitiv, iiile 21, ioi aily
(g) Description	
or government (if applicable) cash grant noncash assistance FMV, appraisal, other) noncash assista	1 ', '
CHILDRENS HOSPITAL OF PITTSBURGH 105 40TH ST	
PITTSBURGH, PA 15201 (C) (3) 75,000. 0.	PEDIATRIC CANCER RESEARCH
CHILDRENS RESEARCH INSTITUTE 5323 HARRY HINES BLVD DALLAS, TX 75390 (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) 20,000. 0.	PEDIATRIC CANCER RESEARCH
THE CHILDRENS ONCOLOGY GROUP 1900 9TH AVE SEATTLE, WA 98101 (C) (3) 100,000. 0.	PEDIATRIC CANCER RESEARCH
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	

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

		() ''DO '''					41.5
(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
CASE WESTERN RESERVE UNIVERSITY							
10900 EUCLID AVE							
CLEVELAND, OH 44106		(C) (3)	75,000.	0.			PEDIATRIC CANCER RESEARC
		(0)	70,000.				
MEMORIAL SLOAN KETTERING CANCER							
CENTER - 1275 YORK AVE - NEW YORK,							
NY 10065		(C) (3)	75,000.	ο.			PEDIATRIC CANCER RESEARC
NEMOURS FUND FOR CHILDRENS HEALTH							
1600 ROCKLAND ROAD							
WILMINGTON, DE 19809		(C) (3)	61,961.	0.	<u> </u>		PEDIATRIC CANCER RESEARC
NEMOURS FUND FOR CHILDRENS HEALTH							
1600 ROCKLAND ROAD							
WILMINGTON, DE 19809		(C) (3)	10,000.	0.			PEDIATRIC CANCER RESEARCE
JOHN HOPKINS UNIVERSITY SCHOOL OF							
MEDICINE - 733 N. BROADWAY -				_			
BALTIMORE, MD 21205		(C) (3)	75,000.	0.			PEDIATRIC CANCER RESEARCE
SEATTLE CHILDRENS FOUNDATION							
1100 OLIVE WAY, SUITE 100							
SEATTLE, WA 19807		(C) (3)	20,000.	0.			PEDIATRIC CANCER RESEARCE
SEATTLE, WA 19007		(6) (3)	20,000.	0.			FEDIAIRIC CANCER RESEARCE
CITY OF HOPE							
1500 E DUARTE RD							
DUARTE, CA 91010		(C) (3)	150,000.	0.			PEDIATRIC CANCER RESEARC
			,				
UNIVERSITY OF COLORADO							
1800 GRANT ST							
DENVER, CO 80203		(C) (3)	150,000.	0.			PEDIATRIC CANCER RESEARCI
EMORY UNIVERSITY							
201 DOWMAN DR							
ATLANTA, GA 30322		(C) (3)	75,000.	0.			PEDIATRIC CANCER RESEARC

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 (b) EIN (g) Description of (a) Name and address of (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) 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 PEDIATRIC CANCER RESEARCH 0 WEILL CCORNELL MEDICAL COLLEGE 418 E 71ST ST #21 NEW YORK, NY 10021 (C) (3) 75,000 PEDIATRIC CANCER RESEARCH WASHINGTON UNIVERSITY SCHOOL OF MEDICINE - CAMPUS BOX 1192, ONE BROOKINGS DRIVE - ST. LOUIS, MO 63130 (C) (3) 75,000 PEDIATRIC CANCER RESEARCH 0 INSTITUTE FOR CANCER RESEARCH -FOX CHASE - 333 CORMAN AVE -PHILADELPHIA, PA 19111 (C) (3) 75,000 PEDIATRIC CANCER RESEARCH 0 ACCELERATE 30,BTE 1.30.30, BE 1200 BRUSSELS, BELGIUM, BELGIUM PEDIATRIC CANCER RESEARCH 200,000 0 JOHN HOPKINS UNIVERSITY 733 N. BROADWAY BALTIMORE, MD 21205 (C) (3) 150,000 0 PEDIATRIC CANCER RESEARCH MOUNT SINAI HOSPITAL 1468 MADISON AVE NEW YORK, NY 10029 (C) (3) 75,000 0 PEDIATRIC CANCER RESEARCH OFFICE OF RESEARCH & SPONSORED PROJECTS - 1505 RACE ST -

PEDIATRIC CANCER RESEARCH

PHILADELPHIA, PA 19102

75 000

0

(C) (3)

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 (a) Name and address of (b) EIN (d) Amount of (e) Amount of (f) Method of (g) Description of (h) Purpose of grant organization or government if applicable cash grant noncash valuation non-cash assistance or assistance assistance (book, FMV, appraisal, other) THE UNIV OF ALABAMA AT BIRMINGHAM 1720 UNIVERSITY BLVD BIRMINGHAM, AL 35294 (C) (3) 75,000 0 PEDIATRIC CANCER RESEARCH UT SOUTHWESTERN MEDICAL CENTER 5323 HARRY HINES BLVD DALLAS, TX 75390 (C) (3) 10,000. 0 PEDIATRIC CANCER RESEARCH

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

(a) Type of grant or assistance	(b) 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
ONETARY	5092	5,050,673.	0.		
ONETARY - TUITION ASSISTANCE	0	20,000.	0.		
			X		
		5			

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

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

THE ANDREW MCDONOUGH B+ FOUNDATION

 $Employer\ identification\ number \\ 42-1741037$

Schedule J (Form 990) 2022

			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			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

232111 10-18-22

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

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

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

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

		(B) Breakdown of V	V-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	incentive reportable compensation				reported as deferred on prior Form 990	
(1) JOSEPH MCDONOUGH	(i)	165,525.	0.	0.	0.	0.		0.	
PRESIDENT	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

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.

Open to Public Inspection

Employer identification number

Schedule M (Form 990) 2022

	THE ANDREW MO	CDOMOG	GH B+ FOU	NDATION	42-1	/4T03	/
Pa	rt I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	•	nts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous		A				
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial	X	1	30,000.	FAIR MARKET	' VALU	E
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (PRO BONO SERVIC)	X	1	3,666.	FAIR MARKET	VALU	E
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organiz	ation during	g the tax year for c	contributions			
	for which the organization completed Form 828	33, Part V, D	Oonee Acknowledg	gement 29			
						Ye	s No
30a	During the year, did the organization receive by	contribution	on any property rep	ported in Part I, lines 1 throug	gh 28, that it		
	must hold for at least 3 years from the date of t	the initial co	ntribution, and wh	nich isn't required to be used	for		
	exempt purposes for the entire holding period?)				30a	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance p	olicy that re	equires the review	of any nonstandard contribu	tions?	31	Х
	Does the organization hire or use third parties of						
	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.

Schedule M (Form 990) 2022

232142 09-09-22

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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization

THE ANDREW MCDONOUGH B+ FOUNDATION

Employer identification number 42-1741037

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE B+ FOUNDATION IS ABOUT KIDS HELPING KIDS FIGHT CANCER THROUGH

FAMILY ASSISTANCE, RESEARCH AND ADVOCACY, AND SHARING THE LIFESTYLE

MESSAGE TO "LIVE LIKE ANDREW" AND "BE POSITIVE".

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

JOSEPH MCDONOUGH & CHRISTINE MCDONOUGH- PRESIDENT & DIRECTOR- HUSBAND/WIFE

JOSEPH MCDONOUGH & ALI SPANO- PRESIDENT & DIRECTOR- FATHER/DAUGHTER

CHRISTINE MCDONOUGH & ALI SPANO- 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) 2022