# EXTENDED TO DECEMBER 15, 2021

Department of the Treasury Internal Revenue Service

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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

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

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

Open to Public Inspection

A F	or the	2020 calendar year, or tax year beginning $FEB\ 1$ , $2020$ and	ending J	<u>AN 31, 2021</u>	
	Check if applicable	C Name of organization		D Employer identific	cation number
Г	Addres				
F	Name change			38-30276	25
F	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
F	Final return/		213	248-358-	
	termin- ated		G Gross receipts \$	253,414.	
	Ameno	<b>1</b> , , , , , , , , , , , , , , , , , , ,		H(a) Is this a group re	
	Application	F Name and address of principal officer: MARGARET BURKHARD		for subordinates	
	pendin	6071 BALMORAL WAY, COMMERCE, MI 48382		H(b) Are all subordinates in	cluded? Yes No
1	Гах-ехе	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) (	or 527	1	list. See instructions
J١	Nebsit	e: ▶ WWW.NBMTLINK.ORG		H(c) Group exemptio	n number
K	orm of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1992 N	<b>∥</b> State of legal domicile: <b>M</b> I
Pa	art I	Summary			
an an	1	Briefly describe the organization's mission or most significant activities: $\ { m \underline{THE}} \ \ 1$			
Governance	;	MARROW TRANSPLANT LINK IS TO HELP PATIENT	S, CAR	EGIVERS, AN	D FAMILIES
rna	2	Check this box $lacktriangle$ if the organization discontinued its operations or dispos	sed of more	than 25% of its net ass	
ove.	3			3	10
	1 -	Number of independent voting members of the governing body (Part VI, line 1b)			10
es		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			2
Ĭ		Total number of volunteers (estimate if necessary)			13
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····		0.
		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		210,703. 5,315.	248,501. 4,424.
Revenue	9	Program service revenue (Part VIII, line 2g)		18.	4,424.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		216,036.	253,414.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)  Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		114,692.	121,416.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
en	h.	Total fundraising expenses (Part IX, column (D), line 25)   28, 21		0.1	
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		129,102.	107,528.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		243,794.	228,944.
		Revenue less expenses. Subtract line 18 from line 12		-27,758.	24,470.
or		<u> </u>	Ве	ginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)		194,915.	219,385.
ASS	21	Total liabilities (Part X, line 26)		0.	0.
		Net assets or fund balances. Subtract line 21 from line 20		194,915.	219,385.
	art II	Signature Block			
	•	ties of perjury, I declare that I have examined this return, including accompanying schedules			knowledge and belief, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nich preparer	has any knowledge.	
		Signature of officer		 Date	
Sig		•		Date	
Her	е	MARGARET BURKHARD, EXECUTIVE DIRECTOR  Type or print name and title			
			Τr	Date Check	PTIN
Dale		Print/Type preparer's name  KEVIN E. KLEIN, CPA  Preparer's signature		if L	
Paid	oarer	Firm's name GORDON ADVISORS, PC		self-employ	38-2656556
-	Only	Firm's address 1301 W LONG LAKE ROAD, STE 200		FIIIII S EIN	30 2030330
J36	Jilly	TROY, MI 48098		Phone no 24	8-952-0200
May	the IF	S discuss this return with the preparer shown above? See instructions		I i ilolle ilo. 2 3	X Yes No

Page 2

Par	rt III Statement of Prograr	m Service Accomplishments	
	Check if Schedule O contain	ns a response or note to any line in this Part III	X
1	Briefly describe the organization's	mission:	
	THE MISSION OF TH	E NATIONAL BONE MARROW TRANSPLANT L	INK IS TO HELP
	PATIENTS, CAREGIV	ERS, AND FAMILIES COPE WITH THE SOC	IAL AND EMOTIONAL
		E MARROW/STEM CELL TRANSPLANT FROM 1	
		ROVIDING VITAL INFORMATION AND PERSO	
2		y significant program services during the year which were not listed on	
_		y significant program solvious during the year which were not noted on	
	If "Yes," describe these new service		103 22 140
_	,		rvices? Yes X No
3		cting, or make significant changes in how it conducts, any program ser	rvices? Yes A No
_	If "Yes," describe these changes of		
4		am service accomplishments for each of its three largest program servi	
		ganizations are required to report the amount of grants and allocations	to others, the total expenses, and
	revenue, if any, for each program		
4a	(Code: ) (Expenses \$		) (Revenue \$)
		DES INFORMATION AND SUPPORT SERVICES	
	CAREGIVERS, AND F	AMILIES OF THOSE FACING BONE MARROW,	/STEM CELL
	TRANSPLANT.		
	-		
			_
		100	4 424
4b	(Code:) (Expenses \$	190 • including grants of \$	) (Revenue \$)
	BOOK SALES		
			_
4c	(O. de. ) (E	including weeks of 0	) (D
40	(Code:) (Expenses \$	including grants of \$	) (Heveriue \$)
4d	Other program services (Describe	on Schedule O.)	
	(Expenses \$	including grants of \$ ) (Revenue \$	)
4e	Total program service expenses	160 500	,
	. p g 3. 1100 - 3. 1000 P	·	Form <b>990</b> (2020)

# Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	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? <i>If</i> "Yes," <i>complete</i>	<b>-</b>		1
0	, ,			x
^	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			<b>.</b>
	If "Yes," complete Schedule D, Part IV	9_		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	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			
	Schedule D, Parts XI and XII	12a		X
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the appropriation projection of the construction of the United Obstaco	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	<del>  -a</del>		<del> </del>
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
16		40		- v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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
<b>20</b> a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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	1990 (2020) NATIONAL BONE MARROW TRANSPLANT LINK 38-302	<u> 1625</u>	Р	age 4
Pai	rt IV Checklist of Required Schedules (continued)		T	T
	Dill		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		x
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		1
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete			
		23		x
24 a	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	25		
274	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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del> </del>
	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		
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see 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? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	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	<u>.</u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	니		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<u> </u>		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			

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(gambling) winnings to prize winners?

# Form 990 (2020) NATIONAL BONE MARROW TRANSPLANT LINK Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements,		100000000000000000000000000000000000000			Yes	No
b If all least one is reported on line 2a, did the organization file all required to e-file (see Instructions) Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see Instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a X X  b If "Yes," has it filed a form 990°1 for this year? If "No" to line 36, provide an explanation on Schedule O 3b  If "Yes," and uning the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country Such as a barix account, securities account, or other financial accounts (FEAR).  5b If "Yes," animal animal programments for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FEAR).  5c If "Yes" to line 5a or 5b, did the organization that if was or is a party to a prohibitotal satisfied that year or the organization have in the same or the programment of the year of the year of the year of the year of the organization had it was or is a party to a prohibitotal satisfied any toerable party notify the organization file Foreign Ba86-17  5c If "Yes" to line 5a or 5b, did the organization file Foreign Ba86-17  5c If "Yes" to line 5a or 5b, did the organization file Foreign Ba86-17  5c If "Yes" to line 5a or 5b, did the organization file Foreign Ba86-17  5d Des the organization native animal gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions of year or the deductible?  5c If "Yes" to line 5a or 5b, did the organization file Foreign Ba86-17  5d Des the organization receive a contribution of year organization and services provided to the payor?  5d If "Yes," indicate the number of Foreign 8282 filed during the year  5d If "Yes," indicate the number of Foreign 8282 filed during the year  5d If "Yes," indicate the number of Foreign 8282 filed during the year  5d If the organization engine year year premium, circled yor indirectly, to pay premium on a personal bene	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to _e.fig. (see instructions)  3a		filed for the calendar year ending with or within the year covered by this return	2a 2			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4b If "Yes," has it filled a Form 990-T for this year? If "Mo" to line 3b, provide an explination on Schedule O  4a All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts (FBAR).  5b If "Yes," intere the name of the foreign country.  5c Was the organization a party to a prohibited tax shelter transaction of any time during the tax year?  5c Was the organization to have annual gross receipts that are normally greater than \$100,000, and did the organization flee Form 8886-T.  6c 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?  6c If "Yes" is line for so, did the organization the organization than system securities and the organization and party for goods and services provided to the payor?  6c Oppositions that may receive deductible contributions under section 170(c).  6d If "Yes," indicate the number of Forms 8822 filed during the year  6 Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 To If Yes, "Indicate the number of Forms 8822 filed during the year  7 To If If the organization neceived any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 To If If the organization neceived a contribution of qualified intellectual property, did the organization file Form 1080-7  8 Sponsoring organizations make any taxishing, directly or indirectly, to pay premiums on a personal benefit contract?  7 To If	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ıs?	2b	X	
b if "Yes," has it filled a Form 990-T for this year? If "Not" to line 3b, provide an explanation on Schedule O  4a At any time during the calendar year, did the organization have an interest, in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b if "Yes," enter the name of the foreign country   See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5a Uses the organization a party to a prohibited tax shelter transaction?  5b if X Yes, "old the organization the organization file Form 88861?  5c Uses 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?  7 Organizations that may receive deductible contributions under section 170(c).  8 b if "Yes," old the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 b if "Yes," old the organization notify the donor of the value of the goods or services provided?  7 Organizations that may receive deductible contributions under section 170(c).  8 b if the organization receive a spirent in excess of \$75 mile party as a contribution of any and party for goods and services provided to the payor?  7 b if wes," include the number of Forms \$2822 filed during the year  9 b if the organization received a contribution of any premiums on a personal benefit contract?  7 c if if if the organization received a contribution of care, boats, pright they are application for the are also any premiums on a personal benefit contract?  7 c if if the organization received a contribution of a contribution of property, did the organization file a Form 1098-C?  8		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	)			
4a At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  b if 'Yes,' enter the name of the foreign country ▶  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5b Id any taxable party notify the organization the it was or is a party to a prohibited tax shelter transaction?  5c In 'Yes' to line ba or 5b, did the organization for file Form 88617?  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 deductibles a charitable contributions?  6b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles charitable contributions?  6c Jordanization receive a payment in excess of \$75 make sharitable contributions?  7 Organizations that may receive deductible contributions under section 170(c).  a bid the organization notify the donor of the value of the goods or services provided?  7 Uses,' inclicate the number of Forms 8282 filed during the year  7 to bid the organization end only the donor of the value of the goods or services provided?  7 to bid the organization received a contribution of qualified intellectual property, did the organization free to the paymy funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 to bid the organization received a contribution of qualified intellectual property, did the organization file a Form 1980?  8 Sponsoring organization meals are valued or foreign than the unity of the payment of the organization meals are valued from the unity of the payment of the organization meals are valued from the unity of the payment of		, , , , , , , , , , , , , , , , , , , ,		3a		X
the fire the name of the foreign country b  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAF).  5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line Sa or 5b, did the organization file Form 8886-17  6c 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?  6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions under section 170(c).  6c If "Yes," did the organization neckly apprent in excess 5d 35° made party as a contribution of and garty for goods and services provided to the payor?  7c If If "Yes," did the organization neckly apprent in excess 5d 35° made party as a contribution of under the payor?  7d If "Yes," indicate the number of Forms 8282 filed during the year  6 Did the organization received another than the donor of the value of the goods or services provided?  6 If "Yes," indicate the number of Forms 8282 filed during the year  6 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7 If If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 8890 as required?  7 If If the organization have excess business holdings at any time during the year?  8 Sponsoring organization make any taxable distributions under section 4966?  9 Section 501(c)(12) qualified the forms 4900 at a donor advised fund animationed by	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O	3b		
b if "Yes," enter the name of the foreign country. ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization of the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  5c If "Yes" to line Sa or 5b, did the organization file Form 88867?  5c Dese 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?  5c If "Yes", did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Organization stant may receive deductible contributions under section 170(c).  a bill the organization stant may receive deductible contributions under section 170(c).  a bill the organization stant may receive deductible contributions under section 170(c).  bill the organization stant may receive deductible contributions under section 170(c).  c Did the organization stall, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8262?  7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8262?  7d If "Yes," include on find the organization neceived a contribution of qualified intellectual property, did the organization file Form 8899 as required?  7d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  7s Sponsoring organization make a distribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  7s Sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9s Sponsoring organization make a distribution of the organization filing Form 990 in lieu of Form 1041?	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
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9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	8	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ \ \textbf{Did a donor advised fund maintained}$	by the			
a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9b		sponsoring organization have excess business holdings at any time during the year?		8		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  14b  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.	9	Sponsoring organizations maintaining donor advised funds.				
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 15 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 15 Gross income from members or shareholders 11a 15 Gross income from members or shareholders 11a 15 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12b 15 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 10 dit the organization is censed to issue qualified health plans 10 dit the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c 14a 15 lis the organization receive any payments for indoor tanning services during the tax year? 15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 lis the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X If "Yes," complete Form 4720, Schedule O.	а	, , , , , , , , , , , , , , , , , , , ,				
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c Enter the amount of reserves on hand 13c 14a	b	Enter the amount of reserves the organization is required to maintain by the states in which the				
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.				15		X
If "Yes," complete Form 4720, Schedule O.						7.5
	16		income?	16		X
		If "Yes," complete Form 4720, Schedule O.		_	000	(0000)

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.

						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	1	0								
	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	1	0								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship		ny other									
	officer, director, trustee, or key employee?			2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the											
				3		x						
4	Did the organization make any significant changes to its governing documents since the prior Form 9					X						
5	Did the organization become aware during the year of a significant diversion of the organization's as					X						
				6		X						
	<ul> <li>Did the organization have members or stockholders?</li> <li>Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or</li> </ul>											
<i>1</i> a		•		7a		X						
	more members of the governing body? <b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or											
D			•	7b		X						
_	persons other than the governing body?											
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye	•	•		177							
а	The governing body?			<u>8a</u>	X	-						
b	Each committee with authority to act on behalf of the governing body?			8b	X	_						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real											
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			. 9		X						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)									
				_	Yes	_						
10a	Did the organization have local chapters, branches, or affiliates?			10a	ı	X						
b	If "Yes," did the organization have written policies and procedures governing the activities of such control of the control of	napters,	affiliates,									
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		_						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	y before	e filing the form?	11a	X	_						
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.											
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a		X						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris	e to conf	licts?	. 12b								
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	Yes," de	escribe									
	in Schedule O how this was done			120	:							
13	Did the organization have a written whistleblower policy?			13		X						
14	Did the organization have a written document retention and destruction policy?			14		X						
15	Did the process for determining compensation of the following persons include a review and approve	al by inc	lependent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?											
а	The organization's CEO, Executive Director, or top management official			15a	X							
	Other officers or key employees of the organization			15b	Х							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).											
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment wi	th a									
	taxable entity during the year?			16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate											
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga		=									
	exempt status with respect to such arrangements?			16b								
Sec	tion C. Disclosure			102	· ·							
17	List the states with which a copy of this Form 990 is required to be filed ▶MI											
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	nd 990.	T (Section 501(c)	3)s onl	) availa	able						
.5	for public inspection. Indicate how you made these available. Check all that apply.	.14 000	. (00000110011001	-,- orny	, availe							
		n ar 0 :	badula O\									
10				nd fina	ncial							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	ס זטוווות 0	i interest policy, a	nu iinal	icial							
00	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 bo	oks and	records -									
	MARGARET BURKHARD - 248-358-1886											
	2900 UNION LAKE ROAD, STE 213, COMMERCE, MI 48382											

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

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

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

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

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

(A) Name and title	(B) Average hours per week	box	not cl	Posi heck r ss per nd a di	more rson i	than o	n an	( <b>D)</b> Reportable compensation from	( <b>E)</b> Reportable compensation from related	(F) 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)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARGARET BURKHARD	40.00							E4 260		
EXECUTIVE DIRECTOR	1 00			Х				74,368.	0.	0 .
(2) RANDEE BLOOM	1.00								_	0
BOARD MEMBER (3) SARAH CHRISTENSEN	1.00	Х		Н				0.	0.	0 .
SECRETARY	1.00	Х		х				0.	0.	0 .
(4) JAMES A. CONNELLY, M.D.	1.00							0.	0.	0 (
BOARD MEMBER	1.00	Х						0.	0.	0 .
(5) JOHN COSTIN	1.00									
BOARD MEMBER		Х						0.	0.	0 .
(6) JOHN L. JACKSON	1.00								-	-
BOARD MEMBER		Х						0.	0.	0.
(7) DONNA POSLUSZNY	1.00									
PRESIDENT		Х		Х				0.	0.	0 .
(8) MATTHEW CARPINELLI	1.00									
TREASURER		Х		Х				0.	0.	0
(9) LISA M. ZAJAC	1.00									
BOARD MEMBER	1 00	Х		Ш				0.	0.	0
(10) JUANITA MCREYNOLDS	1.00								•	•
BOARD MEMBER	1 00	Х		H				0.	0.	0 .
(11) ASIF ALAVI, M.D.	1.00	~							_	0
BOARD MEMBER		Х		Н				0.	0.	0 .
		-								
				H						
		1								
				Н						
		1								
				П						
				L	L		L			

	Section A. Onicers, Directors, Trus	tees, key Emp	DIOY	ees,	and	<u>וח ג</u>	gnes	St C	ompensated Employee	s (continued)	—		
	<b>(A)</b> Name and title	(B) Average	Position (do not check more than one						<b>(D)</b> Reportable	<b>(E)</b> Reportable		<b>(F)</b> Estimate	ed
		hours per week	box,	, unles	ss pe	rson i	is both or/trus	n an	compensation	compensation	;	amount	
		(list any	ctor					Ĺ	from the	from related organizations	co	other mpensa	
		hours for related	Individual trustee or director	ee			ated		organization	(W-2/1099-MISC)		from th	
		organizations	trustee	al trust		yee	Subbens		(W-2/1099-MISC)		- 1	rganizat and relat	
		below	ividual	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			or	ganizati	ions
		line)	pu	lus	#0	Key	en Egi	-S			+		
			.										
			H								+		
			$\square$								_		
			$\vdash$								+		
											+		
	Subtotal								74,368.	0			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								74,368.	0			0.
2	Total number of individuals (including but n							o re	•		• 1		
	compensation from the organization									· 		Yes	0 No
3	Did the organization list any <b>former</b> officer,	director, trust	ee, k	еу е	empl	loye	e, or	hig	hest compensated emp	oyee on		163	140
	line 1a? If "Yes," complete Schedule J for s	uch individual									3		Х
4	For any individual listed on line 1a, is the su												X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	J,000? <i>If</i> "Yes, accrue comper	" <i>coi</i> isatic	<i>mple</i> on fr	ete S rom	Sche anv	edule unre	e <i>J f</i> elate	for such individual ed organization or individ	lual for services	. 4		_
	rendered to the organization? If "Yes." com										. 5		Х
	tion B. Independent Contractors												
1	Complete this table for your five highest co the organization. Report compensation for										sation	from	
	(A) Name and business								(B) Description of s			(C) ensatio	'n
	Name and business	address	NC	ONE	<u> </u>				Description of s	ei vices	Comp	Jerisalio	<i>/</i> 11
	Total number of independent contractors (ii	neluding but p		niter	t to	thor	عدا مد	ted	ahove) who received mo	ore than			
	\$100,000 of compensation from the organiz	•	J. IIII			(108	_	.cu	abovo, who received file	no man			
											Forr	n <b>990</b> (	(2020)

15491014 131861 02069.000

Page 9 Form 990 (2020) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Revenue excluded Total revenue Unrelated from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns ..... 1a 1b **b** Membership dues ..... c Fundraising events ..... 1c d Related organizations 1d 22,800. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 225,701 similar amounts not included above ... 1f g Noncash contributions included in lines 1a-1f 248,501. h Total. Add lines 1a-1f **Business Code** 2 a SALES OF BOOKLETS, VID 4,424. 4,424. 451211 Program Service f All other program service revenue ..... 4,424. g Total. Add lines 2a-2f ..... Investment income (including dividends, interest, and 489 489 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties ..... (i) Real (ii) Personal 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses c Gain or (loss) \_\_\_\_\_\_\_7c d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See Part IV, line 18 **b** Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns 10a and allowances **b** Less: cost of goods sold ..... c Net income or (loss) from sales of inventory **Business Code** 11 a d All other revenue e Total. Add lines 11a-11d

032009 12-23-20

Form **990** (2020)

489.

253,414.

**12 Total revenue**. See instructions

4,424.

### 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)** Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 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, 14,907. 74,536. 48,449. 11,180. 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) 38,241. 24,856. 5,737. 7,648. Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 8,639. 5,615. 1,296. 1,728. 10 Payroll taxes Fees for services (nonemployees): Management Legal 1,041. 1,041. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 21,671. 3,175. 24,846. column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 7,676. 3,720. 3,956. Office expenses 13 Information technology 14 15 Royalties 41,291. 2,200. 47,079. 3,588. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 5,771. 211. 5,560. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 851. 851. 22 Depreciation, depletion, and amortization 2,262. 2,262. 23 Other expenses. Itemize expenses not covered 24 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.) 8,617. 8,232. 385. PRINTING AND PUBLICATIO **MISCELLANEOUS** 8,432. 6,457. 1,975. 953. 97. 510. 346. DUES, FEES AND LICENSES С d All other expenses 228,944. 160,599. 40,128. 28,217. Total functional expenses. Add lines 1 through 24e 25 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)

Form 990 (2020)
Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or	note to any	line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	192,146.	1	216,289.		
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net		4			
	5	Loans and other receivables from any curren	t or former	officer, director,			
		trustee, key employee, creator or founder, su	ıbstantial co	ontributor, or 35%			
		controlled entity or family member of any of t	hese perso	าร		5	
	6	Loans and other receivables from other disqu	ualified pers	ons (as defined			
		under section 4958(f)(1)), and persons descri				6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	1 221
⋖	9	Prepaid expenses and deferred charges			1,320.	9	1,331.
	10a	Land, buildings, and equipment: cost or other	1 1	4.4 500			
		basis. Complete Part VI of Schedule D	10a	14,738. 12,973.	1 440		1 005
	b		10b		1,449.	10c	1,765.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, li		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11			104 015	15	210 205
	16	Total assets. Add lines 1 through 15 (must e			194,915.	16	219,385.
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20 21	
	21 22	Escrow or custodial account liability. Comple Loans and other payables to any current or f				21	
Liabilities	22	trustee, key employee, creator or founder, su					
ξ		controlled entity or family member of any of t		· ·		22	
Lia	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,				2-7	
		parties, and other liabilities not included on li					
		of Schedule D	•	·		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25			0.	26	0.
		Organizations that follow FASB ASC 958,	check here	► X			
es		and complete lines 27, 28, 32, and 33.		, —			
anc	27	Net assets without donor restrictions			143,829.	27	159,355.
Bal	28				51,086.	28	60,030.
p		Organizations that do not follow FASB AS					
Ē		and complete lines 29 through 33.					
ō	29	Capital stock or trust principal, or current fur	nds			29	
set	30	Paid-in or capital surplus, or land, building, o				30	
As	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			194,915.	32	219,385.
	33	Total liabilities and net assets/fund balances			194,915.	33	219,385.

Form 990 (2020)

Form	1990 (2020) NATIONAL BONE MARKOW TRANSPLANT LINK	30-	302/0	<u> </u>	Pag	ge 🛂				
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		25	3,4	<u>14.</u>				
2	Total expenses (must equal Part IX, column (A), line 25)	2		228	3,9	44.				
3	Revenue less expenses. Subtract line 2 from line 1									
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		<u> 19</u>	1,9	15.				
5	Net unrealized gains (losses) on investments	5								
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		21	3,3	85.				
Pa	rt XII Financial Statements and Reporting									
	Check if Schedule O contains a response or note to any line in this Part XII					X				
			_		Yes	No				
1	Accounting method used to prepare the Form 990: Cash Cash Control X Other MODIFIE	D CA	SH							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Э.								
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a	Х					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a								
	separate basis, consolidated basis, or both:									
	X Separate basis Consolidated basis Both consolidated and separate basis									
b	Were the organization's financial statements audited by an independent accountant?			2b		X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,								
	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	audit,								
	review, or compilation of its financial statements and selection of an independent accountant?			2c		Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O								
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	lit							
	Act and OMB Circular A-133?			За		Х				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	it							

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

032012 12-23-20

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

NATIONAL BONE MARROW TRANSPLANT LINK

Employer identification number

				MARROW TRANS					8-3027625
Pa	rt I	Reason for Public (	Charity Status.	(All organizations must o	omplete th	nis part.) S	ee instructions	S.	
Γhe	organ	ization is not a private found	lation because it is: (I	For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)(1	)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative	hospital service orga	anization described in s	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)	(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	d or operat	ed by a go	vernmental un	it describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).		
7	X	An organization that norma	ally receives a substa	ntial part of its support f	rom a gove	ernmental	unit or from the	e general <sub>l</sub>	public described in
		section 170(b)(1)(A)(vi). (C							
8	Ш	A community trust describe	ed in <b>section 170(b)(</b>	(1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a l	and-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the	name, city	, and state of t	he college	e or
		university:							
10		An organization that norma							
		activities related to its exem		•					-
		income and unrelated busin		(less section 511 tax) fro	om busines	ses acqui	red by the orga	anization a	after June 30, 1975.
		See section 509(a)(2). (Cor					201 1141		
11	Н	An organization organized a							
12		An organization organized a	•	•	•			•	
		more publicly supported org	-						Sneck the box in
_		lines 12a through 12d that	* *					-	air in a
а		Type I. A supporting orga the supported organization	•	•	•	_			
		organization. <b>You must o</b>			i majority c	n the direc	tors or trustee	5 01 1116 51	аррогинд
b		Type II. A supporting org			tion with it	e sunnorte	d organization	(s) by hay	/ina
		control or management o	·				-		-
		organization(s). You mus			атто регоо	110 11141 001	itror or manag	o trio oup	Jortou
c		Type III functionally inte			in connect	tion with.	and functionally	v integrate	ed with
_		its supported organization						,	· · · · · · · · · · · · · · · · · ·
d		Type III non-functionally		·				ed organiz	zation(s)
		that is not functionally int						-	* *
		requirement (see instructi	ions). <b>You must con</b>	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type II	, Type III	
		functionally integrated, or	r Type III non-function	nally integrated supporti	ng organiz	ation.			
f		er the number of supported o	•						
g		vide the following information  i) Name of supported	n about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orna	anization listed	(v) Amount of	monetany	(vi) Amount of other
	,	organization	(II) EIN	(described on lines 1-10	in your governi	ng document?	support (see ins	•	support (see instructions)
				above (see instructions))	Yes	No	оприн (осо ии		
Γota	al								

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Schedule A (Form 990 or 990-EZ) 2020 NATIONAL BONE MARROW TRANSPLANT LINK

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

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

Sec	tion A. Public Support													
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total							
1	Gifts, grants, contributions, and													
	membership fees received. (Do not													
	include any "unusual grants.")	202,625.	200,359.	279,871.	210,703.	248,501.	1142059.							
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													
4	Total. Add lines 1 through 3	202,625.	200,359.	279,871.	210,703.	248,501.	1142059.							
5	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)						232,605.							
6	Public support. Subtract line 5 from line 4.						909,454.							
Sec	6 Public support. Subtract line 5 from line 4. 909, 454. Section B. Total Support													
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total							
7	Amounts from line 4	202,625.	200,359.	279,871.	210,703.	248,501.	1142059.							
8	Gross income from interest,													
	dividends, payments received on													
	securities loans, rents, royalties,													
	and income from similar sources				18.	489.	507.							
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.)	22,047.	19,522.	18,534.	5,315.	4,424.	69,842.							
11	<b>Total support.</b> Add lines 7 through 10						1212408.							
12	Gross receipts from related activities,	etc. (see instruction	ons)			12								
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)								
	organization, check this box and stop	here					<b>&gt;</b>							
	tion C. Computation of Publi													
14	Public support percentage for 2020 (li					14	75.01 %							
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	77.90 %							
16a	33 1/3% support test - 2020. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box								
	stop here. The organization qualifies		•											
b	33 1/3% support test - 2019. If the o				line 15 is 33 1/3%	or more, check thi	s box							
	and stop here. The organization quali													
17a	10% -facts-and-circumstances test	ū					•							
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	ation							
	meets the facts-and-circumstances te	-			-									
b	10% -facts-and-circumstances test	ū				•	0% or							
	more, and if the organization meets the				-		. —							
	organization meets the facts-and-circu													
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	<b>_</b>							

Schedule A (Form 990 or 990-EZ) 2020

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

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

Section A.	Public Support	,, ,	,				
Calendar year (	(or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
_	ants, contributions, and						
members	ship fees received. (Do not						
include a	any "unusual grants.")						
	ceipts from admissions,						
	dise sold or services per- or facilities furnished in						
,	rity that is related to the						
organiza	tion's tax-exempt purpose						
	ceipts from activities that						
	in unrelated trade or bus-						
	der section 513						
	nues levied for the organ-						
	benefit and either paid to						
•	ded on its behalf						-
	e of services or facilities						
	d by a governmental unit to nization without charge						
_	*						<del>                                     </del>
	dd lines 1 through 5s included on lines 1, 2, and					1	<del> </del>
	ed from disqualified persons						
	cluded on lines 2 and 3 received han disqualified persons that						
exceed the	greater of \$5,000 or 1% of the						
	ine 13 for the year						
	s 7a and 7b						
	upport. (Subtract line 7c from line 6.)						<u> </u>
	Total Support						T
-	(or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	s from line 6						
dividend securities	s, payments received on s loans, rents, royalties, me from similar sources						
	business taxable income						
(less secti	ion 511 taxes) from businesses						
acquired a	after June 30, 1975						
<b>c</b> Add lines	s 10a and 10b						
11 Net inco	me from unrelated business						
	or not the business is						
regularly	carried on						
or loss fr	come. Do not include gain om the sale of capital explain in Part VI.)						
•	<b>port.</b> (Add lines 9, 10c, 11, and 12.)						
14 First 5 ye	ears. If the Form 990 is for th	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizati	on,
	is box and <b>stop here</b>					-	<b>&gt;</b>
Section C.	Computation of Public	c Support Per	centage				
15 Public su	upport percentage for 2020 (li	ne 8, column (f), d	ivided by line 13, o	column (f))		15	%
	upport percentage from 2019					16	%
	Computation of Inves						
	ent income percentage for 20					17	<u>%</u>
	ent income percentage from 2					18	<u>%</u>
	support tests - 2020. If the						7 is not
	in 33 1/3%, check this box an						
	support tests - 2019. If the						
	not more than 33 1/3%, chec						

# Part IV | Supporting Organizations

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

## Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
3a		
Ju		
01		
3b		
0-		
3c		
4 -		
4a		
4b		
4c		
4C		
5a		
- Ou		
5b		
5c		
6		
7		
-		
8		
9a		
9b		
0.5		
9с		
30		
10a		
10b		

Pa	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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	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 one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			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			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	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 year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in.	struction	(2)	
2	Activities Test. Answer lines 2a and 2b below.	straotror.	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			
		2a		
b	that these activities constituted substantially all of its activities.  Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,			
J	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	Oh.		
•	these activities but for the organization's involvement.  Perent of Supported Organizations. Answer lines 2a and 3h below.	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	2-		
	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3h		
	THE SHIPPORPH DECIDING A HE WAS I decombe in Part VI the relevant by the executation in this reserved	⊀n	. '	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	g
1	Check here if the organization satisfied the Integral Part Test as a qualify	ing trust on	Nov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
_8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	<b>Discount</b> claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3_	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
_6	Multiply line 5 by 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

instructions).

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continued	1)	
Sect	on D - Distributions	Current Year			
1	Amounts paid to supported organizations to accomplish ex	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organizations	3	3	
4	4 Amounts paid to acquire exempt-use assets 4				
5	Qualified set-aside amounts (prior IRS approval required - prior I	rovide details in Part VI)	Ę	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8 Distributions to attentive supported organizations to which the organization is responsive					
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2020 from Section C, line 6	9			
10	Line 8 amount divided by line 9 amount		10	0	
	<u> </u>	/i\	/ii\		/iii\

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
<b>a</b> From 2015			
<b>b</b> From 2016			
<b>c</b> From 2017			
<b>d</b> From 2018			
<b>e</b> From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D,			
line 7: \$			
Applied to underdistributions of prior years			
<b>b</b> Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
<b>b</b> Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

NATIONAL BONE MARROW TRANSPLANT LINK

**Employer identification number** 38-3027625

Par			ar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		do I	(h) Funda and other asserts
_	Tatal assessment and afficiency	(a) Donor advised fund	us	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4 5	Aggregate value at end of year	writing that the assets hold in a	donor advised fun	de
3	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor ac			
Ū	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	•	• •	
Par				
1	Purpose(s) of conservation easements held by the organization		,	,
	Preservation of land for public use (for example, recreat	`	servation of a hist	orically important land area
	Protection of natural habitat	Pres	servation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution i	n the form of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a hist	oric structure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or termina	ated by the organ	ization during the tax
	year ▶			
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, h	andling of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enfo	orcing conservation	on easements during the year
	<b>&gt;</b>			
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcin	g conservation ea	sements during the year
_	<b>&gt;</b> \$			
8	Does each conservation easement reported on line 2(d) above	•		
_	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation		•	
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's finan-	cial statements th	at describes the
Par	organization's accounting for conservation easements.  t III   Organizations Maintaining Collections of	Art Historical Treasur	es or Other S	Similar Assets
· u	Complete if the organization answered "Yes" on Form		co, or other c	mai Addeta.
12	If the organization elected, as permitted under FASB ASC 958		statement and hal	ance sheet works
Iu	of art, historical treasures, or other similar assets held for pub	•		
	service, provide in Part XIII the text of the footnote to its finan-			nee of public
h	If the organization elected, as permitted under FASB ASC 958			e sheet works of
	art, historical treasures, or other similar assets held for public	•		
	provide the following amounts relating to these items:	combined, education, or resor		o or public service,
	(i) Revenue included on Form 990, Part VIII, line 1			. ▶ \$
	(m) A			<b>.</b> .
2	If the organization received or held works of art, historical trea			
_	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1			. ▶ \$
	Assets included in Form 990, Part X			

Schedule D (Form 990) 2020

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

Sche		L BONE MAR							27625	
Par	t III   Organizations Maintaining C								(continu	ed)
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its									
	collection items (check all that apply):									
а	Public exhibition	1	d 📙	Loan or exc	change progra	am				
b	Scholarly research	1	e	Other						
С	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 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?									
Par	t IV Escrow and Custodial Arran		lete if the	organizatio	n answered '	"Yes" on	Form 990	), Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custodi							_	_	
	on Form 990, Part X?							L	Yes	No
b	If "Yes," explain the arrangement in Part XIII $$	and complete the fo	llowing t	able:						
									Amount	
	Beginning balance									
d	Additions during the year						1d			
е	Distributions during the year									
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for 6	escrow or cu	ustodial acco	unt liabili	ty?	L	Yes	☐ No
	If "Yes," explain the arrangement in Part XIII.									
Par	t V Endowment Funds. Complete i	if the organization a								
		(a) Current year	(b) F	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four y	ears back_
	Beginning of year balance									
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	e (line 1g	g, column (a	)) held as:					
	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	Term endowment	.%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	t are held ar	nd administer	red for the	e organiza	ation	_	
	by:								Y	'es No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	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		owment f	unds.						
Par	t VI Land, Buildings, and Equipm									
	Complete if the organization answere		,			i i				
	Description of property	(a) Cost or		` '	t or other	ı ' '	ccumulate		(d) Book	value
		basis (invest	ment)	basis	(other)	dep	reciation			
	Land									
	Buildings									
	Leasehold improvements			-	4 500		10.0			
d	Equipment			1	4,738.		12,9	73.	1	<u>,765.</u>
е	Other					1				

Schedule D (Form 990) 2020

1,765.

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

<u> </u>	12 1211111011 11111	101 1111 11111 00	TODA Tage
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" o			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year 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			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(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" o		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<u>15.)</u>	<b>&gt;</b>	
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)			I

X 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 Schedule D (Form 990) 2020

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

032054 12-01-20 Schedule D (Form 990) 2020

## **SCHEDULE 0**

(Form 990 or 990-EZ)

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 990-EZ.

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

OMB No. 1545-0047 Inspection

Name of the organization

NATIONAL BONE MARROW TRANSPLANT LINK

**Employer identification number** 38-3027625

NATIONAL BONE MARKOW TRANSPLANT LINK 30-3027	023
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
COPE WITH THE SOCIAL AND EMOTIONAL CHALLENGES OF ONE MARROW/STEM CE	:LL
TRANSPLANT FROM DIAGNOSIS THROUGH SURVIVORSHIP BY PROVIDING VITAL	
INFORMATION AND PERSONALIZED SUPPORT SERVICES.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
SERVICES.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE EXECUTIVE DIRECTOR REVIEWS THE 990 BEFORE SUBMISSION.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD OF DIRECTORS REVIEW AND APPROVE SALARY REQUIREMENTS.	
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OUTSIDE SERVICES:	
PROGRAM SERVICE EXPENSES	21,671.
MANAGEMENT AND GENERAL EXPENSES	3,175.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	24,846.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	24,846.

PART XII, LINE 1

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

Schedule O (Form 990 or 990-EZ) 2020

Schedule O (Form 990	or 990-EZ) 2020			Page 2
Name of the organization	n NATIONAL	BONE MARROW	TRANSPLANT LINK	Employer identification number 38-3027625
MODIFIED CAS	!н			
MODITIED CAL	,11			