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Part IIISTatement of Program Service Accomplishments

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

1

Briefly describe the organization's mission

BE THE MATCH FOUNDATION'S (BTMF) MISSION IS "DELIVERING CURES FOR BLOOD CANCERS" EVERY FOUR MINUTES, SOMEONE IS DIAGNOSED WITH A BLOOD CANCER LIKE LEUKEMIA

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

YesNo

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

YesNo

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 4,625,944 including grants of \$ 4,625,944 ) (Revenue \$ 0 )

RECRUITMENT - IN FY 2014, WE ADDED 546,000 NEW POTENTIAL DONORS, OF WHICH 45 PERCENT WERE RACIALLY AND ETHNICALLY DIVERSE WE HAVE 12 5 MILLION DONORS AND 209,000 CORD BLOOD UNITS ON THE BE THE MATCH REGISTRY, AND ACCESS TO 24 5 MILLION POTENTIAL DONORS AND 622,000 CORD BLOOD UNITS WORLDWIDE

4b

(Code ) (Expenses \$ 3,260,340 including grants of \$ 3,260,340 ) (Revenue \$ 0 )

PATIENT ASSISTANCE - BTMF'S SEARCH ASSISTANCE PROGRAM IS A PRE-TRANSPLANT GRANT PROGRAM THAT PROVIDES GUARANTEES OF PAYMENT FOR SEARCH AND/OR PROCUREMENT COSTS, ENABLING PATIENTS TO PROCEED TO SEARCH WITHOUT DELAYS CAUSED BY FINANCIAL AND/OR INSURANCE BARRIERS THIS FISCAL YEAR 627 PATIENTS WERE APPROVED FOR SAF AWARDS WITH THE AWARDS GRANTED TO TRANSPLANT CENTERS ON BEHALF OF PATIENTS THE TRANSPLANT SUPPORT ASSISTANCE IS A POST-TRANSPLANT GRANT PROGRAM THAT PROVIDES DIRECT FINANCIAL ASSISTANCE TO FAMILIES IN FINANCIAL NEED, TO HELP WITH UNCOVERED POST-TRANSPLANT EXPENSES, SUCH AS FOOD, GROUND TRANSPORTATION, LODGING, CO-PAYS, AND INSURANCE PREMIUMS THIS YEAR 1,321 PATIENT AWARDS WERE GRANTED WITH THE AVERAGE GRANT AWARD BEING \$1,330 THE DONOR ASSISTANCE PROGRAM HELPS DONORS THAT WILL SUFFER A HARDSHIP WHEN THEY TAKE TIME OFF WORK TO MAKE A DONATION

4c

(Code ) (Expenses \$ 697,225 including grants of \$ 697,225 ) (Revenue \$ 0 )

RESEARCH - RESEARCH-DRIVEN INNOVATIONS MAKE TRANSPLANTS A VIABLE TREATMENT FOR MORE PATIENTS FUNDING CLINICAL TRIALS, BOTH PEDIATRIC AND ADULT, CONTINUES TO BE A PRIORITY, GIVING DOCTORS NEW TOOLS THAT IMPACT A PATIENT'S SURVIVAL RATE AS WELL AS HIS OR HER QUALITY OF LIFE RESEARCH IS CONDUCTED IN HOPE OF CREATING BETTER CELLULAR TRANSPLANT THERAPIES FOR SURVIVAL AND QUALITY OF LIFE BTMF HELPS COVER A PORTION OF THE RESEARCH SCHOLAR GRANTS, AND DURING FY 2014, SEVEN AMY MANASEVIT RESEARCH SCHOLARS AS WELL AS COLLABORATIVE WORK DONE BY A TEAM OF RESEARCHERS AT THE ANTHONY NOLAN TRUST PERFORMED WORK RELATED TO THESE RESEARCH EFFORTS WE HAVE ALSO RECEIVED FUNDING FROM THE JEFF GORDON CHILDREN'S FOUNDATION TO SUPPORT A RETROSPECTIVE STUDY LOOKING AT PEDIATRIC PATIENTS WHO HAVE RECEIVED AN ALLOGENEIC STEM CELL TRANSPLANT

(Code ) (Expenses \$ 1,816,115 including grants of \$ 139,110 ) (Revenue \$ 0 )

BTMF FUNDRAISING STAFF PARTNER WITH THEIR NATIONAL MARROW DONOR PROGRAM COLLEAGUES ON VARIOUS INITIATIVES IMPORTANT TO BOTH ORGANIZATIONS THE RELATED CONTRIBUTIONS ARE RECIEVED AT BTMF AND THEN ARE GIFTED TO THE NMDP (I E THE ANNUAL COUNCIL MEETING)

4d

Other program services (Describe in Schedule O )

(Expenses \$ 1,816,115 including grants of \$ 139,110 ) (Revenue \$ 0 )



















4e

Total program service expenses

10,399,624

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 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
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	No
4 <b>Section 501(c)(3) organizations.</b> 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	No
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	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
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? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
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	No
c 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	No
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	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e	No
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 Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b 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 Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 	17 Yes	
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 Yes	
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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
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? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . .	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i> . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1,420	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	35
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.		3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	No
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	No
d If "Yes," indicate the number of Forms 8282 filed during the year.		7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?		9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?		9b	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		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? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	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	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	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 arrangement with a taxable entity during the year?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AL, AK, AR, AZ, CA, CO, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, NC, ND, NH, NJ, NM, NY, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	AMY RONNEBERG 3001 BROADWAY ST NE SUITE 601 MINNEAPOLIS, MN 554131753 (612) 627-5800

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, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JIRO OKOCHI CHAIR	1 00 0 00	X						0	0	0
(2) JOSEPH LOUGHRAN VICE CHAIR	1 00 0 00	X						0	0	0
(3) JAMES KWIATKOWSKI SECRETARY	1 00 0 00	X						0	0	0
(4) BRUCE SCHMALTZ TREASURER/CONTROLLER	4 00 36 00	X		X				0	230,306	32,686
(5) LYNN ABRAHAMSEN DIRECTOR	1 00 1 00	X						0	0	0
(6) DANIEL ARNDT DIRECTOR	1 00 1 00	X						0	0	0
(7) BARBARA PETERSON BURWELL DIRECTOR	1 00 0 00	X						0	0	0
(8) ANNE MCGEORGE DIRECTOR	1 00 0 00	X						0	0	0
(9) WILLIAM POMEROY DIRECTOR	1 00 1 00	X						0	0	0
(10) ANTHONY PRIOLETTI DIRECTOR	1 00 0 00	X						0	0	0
(11) RICHARD RIEGER DIRECTOR	1 00 0 00	X						0	0	0
(12) DENNIS CONFER MD DIRECTOR/CHIEF MEDICAL OFFICER	1 00 39 00	X						0	427,555	37,493
(13) JEFFREY CHELL MD DIRECTOR/CHIEF EXECUTIVE OFFICER	2 00 38 00	X		X				0	842,581	32,738
(14) CHRISTINE FLEMING PRESIDENT	35 00 5 00				X			343,147	0	27,593
(15) JOAN WADKINS SENIOR DIRECTOR	40 00 0 00					X		128,008	0	17,286
(16) TIFFANY FRIESEN REGIONAL DIRECTOR, SE REGION	40 00 0 00					X		116,480	0	17,515
(17) ANGELA DAHL CORPORATE RELATIONS DIRECTOR	40 00 0 00					X		100,574	0	10,712



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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SUBRAMANIAN KRISHNAN	0 00						X	0	163,977	7,131
FORMER TREASURER/CHIEF FINANCIAL OFFICER	0 00									
<b>1b Sub-Total . . . . .</b>										
<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>										
<b>d Total (add lines 1b and 1c) . . . . .</b>								688,209	1,664,419	183,154

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶4

		Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3 Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	5	No

## **Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
OP3 INC 4 MEADOW ROAD UNIT 3 PROVINCETOWN MA 02657	EVENT COORDINATION	459,000
MAL WARWICK & ASSOCIATES 2550 NINTH STREET SUITE 103 BERKELEY CA 94710	DIRECT RESPONSE PROGRAM SUPPORT	418,558
FIREFLY PARTNERS 3080 VALMOUNT ROAD SUITE 290 BOULDER CO 80301	DIRECT RESPONSE & OTHER PROGRAM SUPPORT	153,460
CONVIO INC 11501 DOMAIN DRIVE SUITE 200 AUSTIN TX 78758	ONLINE GIVING PROGRAM SUPPORT	107,984

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶4

Part VIII

Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c	1,900,146			
	d	Related organizations . . . . .	1d	4,058,012			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,228,356			
	g	Noncash contributions included in lines 1a-1f \$		249,084			
	h	Total. Add lines 1a-1f . . . . .		12,186,514			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		329,449		
4		Income from investment of tax-exempt bond proceeds . . . . .					
5		Royalties . . . . .					
6a		Gross rents	(i) Real	(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss) . . . . .					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss) . . . . .			158,254		158,254
8a		Gross income from fundraising events (not including \$ 1,900,146 of contributions reported on line 1c) See Part IV, line 18 . . . . .					
b		Less direct expenses . . . . .	a	591,817			
c		Net income or (loss) from fundraising events . . . . .	b	1,019,276			
9a		Gross income from gaming activities See Part IV, line 19 . . . . .					
b		Less direct expenses . . . . .					
c		Net income or (loss) from gaming activities . . . . .					
10a		Gross sales of inventory, less returns and allowances . . . . .					
b		Less cost of goods sold . . . . .	a				
c		Net income or (loss) from sales of inventory . . . . .	b				
		Miscellaneous Revenue	Business Code				
11a							
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .						
12	Total revenue. See Instructions . . . . .		12,246,758	0	0	60,244	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	5,462,279	5,462,279		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.	3,260,340	3,260,340		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.				
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	396,464	178,409	198,232	19,823
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	2,140,632	1,120,702	677,727	342,203
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	138,339	72,398	43,868	22,073
9	Other employee benefits.	79,408	41,018	26,523	11,867
10	Payroll taxes.	164,525	84,359	56,518	23,648
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.	25,000		25,000	
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.	335,053			335,053
f	Investment management fees.	9,608		9,608	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	632,903	6,125	272,818	353,960
12	Advertising and promotion.				
13	Office expenses.	330,995	84,717	153,378	92,900
14	Information technology.	22,440		22,440	
15	Royalties.				
16	Occupancy.	168,909	79,029	66,426	23,454
17	Travel.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	17,901		17,901	
23	Insurance.	14,495		14,495	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	REGISTRATION & MEMBERSH	43,081		32,002	11,079
b	RECOGNITION	7,058	3,856	3,202	
c					
d					
e	All other expenses.	7,195	6,392	608	195
25	Total functional expenses. Add lines 1 through 24e.	13,256,625	10,399,624	1,620,746	1,236,255
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .				1	
	2	Savings and temporary cash investments . . . . .			8,630,145	2	8,149,378
	3	Pledges and grants receivable, net . . . . .			504,968	3	699,203
	4	Accounts receivable, net . . . . .			59,770	4	5,295
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			19,628	9	15,458
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	148,870			
	b	Less accumulated depreciation . . . . .	10b	125,936	40,835	10c	22,934
	11	Investments—publicly traded securities . . . . .			12,017,565	11	13,127,912
	12	Investments—other securities See Part IV, line 11 . . . . .				12	
	13	Investments—program-related See Part IV, line 11 . . . . .				13	
	14	Intangible assets . . . . .				14	
	15	Other assets See Part IV, line 11 . . . . .			786,286	15	872,491
	16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			22,059,197	16	22,892,671
Liabilities	17	Accounts payable and accrued expenses . . . . .			1,457,385	17	2,748,006
	18	Grants payable . . . . .			636,839	18	473,411
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D . . . . .				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D . . . . .				25	
	26	Total liabilities. Add lines 17 through 25 . . . . .			2,094,224	26	3,221,417
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			15,522,458	27	15,519,917
	28	Temporarily restricted net assets . . . . .			4,442,515	28	4,151,337
	29	Permanently restricted net assets . . . . .				29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			19,964,973	33	19,671,254
	34	Total liabilities and net assets/fund balances . . . . .			22,059,197	34	22,892,671

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	12,246,758
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	13,256,625
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	-1,009,867
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	19,964,973
5	Net unrealized gains (losses) on investments . . . . .	5	716,148
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 in Schedule O) . . . . .	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	19,671,254

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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 <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? 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 <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

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. ▶ See separate instructions.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization BE THE MATCH FOUNDATION	Employer identification number 41-1704734
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Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state \_\_\_\_\_
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II )
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9

☐

An organization that normally receives (1) more than 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )
- 10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h  

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  

(i)

A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	13,196,593	14,001,441	13,891,111	14,288,006	12,186,514	67,563,665
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	13,196,593	14,001,441	13,891,111	14,288,006	12,186,514	67,563,665
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						67,563,665

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	13,196,593	14,001,441	13,891,111	14,288,006	12,186,514	67,563,665
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	96,434	187,400	156,083	345,680	329,449	1,115,046
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 IV )						
11 Total support (Add lines 7 through 10)						68,678,711
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here . . . . .						▶

Section C. Computation of Public Support Percentage		
14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	98 380 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	98 620 %
16a 33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶	
b 33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶	
17a 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	▶	
b 10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization	▶	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	▶	

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		



**Part IV** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation	
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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**  
▶ **Attach to Form 990.** ▶ **See separate instructions.** ▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

2013

Open to Public Inspection

<b>Name of the organization</b> BE THE MATCH FOUNDATION	<b>Employer identification number</b>  41-1704734
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**Part I**

**Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	<b>(a)</b> Donor advised funds	<b>(b)</b> Funds and other accounts
<b>1</b>	Total number at end of year	
<b>2</b>	Aggregate contributions to (during year)	
<b>3</b>	Aggregate grants from (during year)	
<b>4</b>	Aggregate value at end of year	
<b>5</b>	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> <b>Yes</b><input type="checkbox"/> <b>No</b></div>	
<b>6</b>	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> <b>Yes</b><input type="checkbox"/> <b>No</b></div>	

**Part II**

**Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

**1**

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)☐ Preservation of an historically important land area  
☐ Protection of natural habitat☐ Preservation of a certified historic structure  
☐ Preservation of open space

**2**

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	<b>Held at the End of the Year</b>
<b>a</b>	Total number of conservation easements
<b>b</b>	Total acreage restricted by conservation easements
<b>c</b>	Number of conservation easements on a certified historic structure included in (a)
<b>d</b>	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

**3**

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4**

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5**

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ **Yes**☐ **No**

**6**

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7**

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

**8**

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ **Yes**☐ **No**

**9**

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

**Part III**

**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

**1a**

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

**b**

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

**(i)**

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

**(ii)**

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

**2**

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

**a**

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

**b**

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2013

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 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?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	4,442,515	5,273,700	4,810,306	6,815,488	10,037,993
b Contributions	1,898,476	6,728,306	6,572,987	8,134,046	9,681,432
c Net investment earnings, gains, and losses	82,059	0	0	0	0
d Grants or scholarships	1,788,566	6,563,161	5,236,657	9,602,027	11,527,609
e Other expenditures for facilities and programs	483,147	996,330	872,936	537,201	1,376,328
f Administrative expenses		0	0	0	0
g End of year balance	4,151,337	4,442,515	5,273,700	4,810,306	6,815,488

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

☐

b

Permanent endowment

☐

c

Temporarily restricted endowment

☐ 100 000 %

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No
- b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b
- 4

Describe in Part XIII the intended uses of the organization's endowment funds

Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		105,141	88,328	16,813
d Equipment		38,734	32,613	6,121
e Other		4,995	4,995	0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				22,934



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	390,840,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	2e	
a	Net unrealized gains on investments . . . . .	2a	716,148
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	387,403,276
e	Add lines 2a through 2d . . . . .	2e	388,119,424
3	Subtract line 2e from line 1 . . . . .	3	2,720,576
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	4c	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	9,608
b	Other (Describe in Part XIII ) . . . . .	4b	9,516,574
c	Add lines 4a and 4b . . . . .	4c	9,526,182
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . .	5	12,246,758

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements . . . . .	1	372,849,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	2e	
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII ) . . . . .	2d	369,122,276
e	Add lines 2a through 2d . . . . .	2e	369,122,276
3	Subtract line 2e from line 1 . . . . .	3	3,726,724
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4c	
a	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	4a	9,608
b	Other (Describe in Part XIII ) . . . . .	4b	9,520,293
c	Add lines 4a and 4b . . . . .	4c	9,529,901
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . .	5	13,256,625

Part XIII

Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	BTMF INTENDS TO USE THE TEMPORARILY RESTRICTED NET ASSETS ON OUR MAJOR PROGRAMS OF RECRUITMENT, PATIENT ASSISTANCE & RESEARCH AS THIS WAS THE INTENTION OF THE ORIGINAL CONTRIBUTORS
PART X, LINE 2	THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE PROGRAM AND BTMF ARE TAX EXEMPT ORGANIZATIONS UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE. THE NOT-FOR-PROFIT STATUS OF THE PROGRAM AND BTMF ARE CONSIDERED TAX POSITIONS UNDER FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES. THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES RECOGNITION THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY THE ORGANIZATION FOR UNCERTAIN TAX POSITIONS AS OF SEPTEMBER 30, 2014 OR 2013. THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES. THE TAX RETURNS FOR THE CURRENT YEAR AS WELL AS FISCAL YEARS 2011 THROUGH 2013 ARE OPEN TO EXAMINATION BY FEDERAL AUTHORITIES.
PART XI, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES NETTED WITH REVENUE FOR TAX PURPOSES 1,019,276 NMDP TOTAL REVENUE ELIMINATED FOR CONSOLIDATED FINANCIAL STATEMENT PURPOSES 383,593,000 NMDP INVESTMENT INCOME 2,754,000 NMDP CHANGE IN UNREALIZED APPRECIATION ON INVESTMENTS 3,221,000 LOSS ON DISPOSAL OF ASSETS -3,184,000
PART XI, LINE 4B - OTHER ADJUSTMENTS	INTERCOMPANY CONTRIBUTIONS ELIMINATED FOR CONSOLIDATED FINANCIAL STATEMENTS 9,520,000 ROUNDING -3,426
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES NETTED WITH REVENUE FOR TAX PURPOSES 1,019,276 NMDP EXPENSES ELIMINATED FOR CONSOLIDATED FINANCIAL STATEMENT PURPOSES 368,103,000
PART XII, LINE 4B - OTHER ADJUSTMENTS	INTERCOMPANY EXPENSES ELIMINATED FOR CONSOLIDATED FINANCIAL STATEMENTS 9,520,000 ROUNDING 293

[illegible]

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.  
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
BE THE MATCH FOUNDATION

Employer identification number  
41-1704734

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.  
Form 990-EZ filers are not required to complete this part.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and email solicitations

f

☐

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 CONVIO INC 11501 DOMAIN DRIVE SUITE 200  AUSTIN, TX 78758	FUNDRAISING CONSULTANT		No	1,323,000	103,766	1,219,234
2 MAL WARWICK & ASSOCIATES 2550 NINTH STREET SUITE 103  BERKELEY, CA 947102516	FUNDRAISING CONSULTANT		No	322,709	330,803	-8,094
3						
4						
5						
6						
7						
8						
9						
10						
Total . . . . . ▶				1,645,709	434,569	1,211,140

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

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

		(a) Event #1 HENDRICK LEARN LIVE HOPE GOLF TOURN (event type)	(b) Event #2 MINNEAPOLIS GALA (event type)	(c) Other events 18 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1	Gross receipts . . . .	467,891	365,149	1,658,923
	2	Less Contributions . .	371,123	272,998	1,256,025
	3	Gross income (line 1 minus line 2) . . . .	96,768	92,151	402,898
Direct Expenses	4	Cash prizes . . . .			
	5	Noncash prizes . .	9,624		9,624
	6	Rent/facility costs . .	45,193	73,401	239,915
	7	Food and beverages .	12,043	2,576	28,443
	8	Entertainment . . . .	1,284	950	750
	9	Other direct expenses .	14,672	52,648	537,777
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . .			(1,019,276)
	11	Net income summary Subtract line 10 from line 3, column (d) . . . . .			-427,459

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Non-cash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<div><div><div>Yes</div><div>No</div></div><div>%</div></div>	<div><div><div>Yes</div><div>No</div></div><div>%</div></div>	<div><div><div>Yes</div><div>No</div></div><div>%</div></div>	
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) . . . . .				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . . 

Yes

No

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . 

Yes

No

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14

Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b

If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

c

If "Yes," enter name and address of the third party

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16

Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

Part IV

Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (V)	THE GROSS RECEIPTS COLUMNS INCLUDES ALL REVENUE FROM OUR SPECIFIC ONLINE GIVING CAMPAIGN APPEALS AN APPEAL IS THE WAY WE ASK FOR MONEY SO THE AMOUNT LISTED HERE IS TIED TO THE ONLINE GIVING TOOL BUT CANNOT BE SPECIFICALLY TIED TO CONVIO AND OUR CONSULTING AGREEMENT

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Name of the organization  
BE THE MATCH FOUNDATION

Employer identification number  
41-1704734

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) NATIONAL MARROW DONOR PROGRAM 3001 BROADWAY STREET NE SUITE 100 MINNEAPOLIS, MN 554131753	84-0865803	501(C)(3)	4,625,944				DONOR RECRUITMENT TO THE BE THE MATCH REGISTRY
(2) NATIONAL MARROW DONOR PROGRAM 3001 BROADWAY STREET NE SUITE 100 MINNEAPOLIS, MN 554131753	84-0865803	501(C)(3)	697,225				ANTHONY NOLAN, MANASEVIT SCHOLAR PROGRAM & JEFF GORDON CHILDREN'S FDN RESEARCH
(3) NATIONAL MARROW DONOR PROGRAM 3001 BROADWAY STREET NE SUITE 100 MINNEAPOLIS, MN 554131753	84-0865803	501(C)(3)	139,110				VARIOUS NMDP PROGRAMS INCLUDING COUNCIL MEETING & BIOINFORMATICS KIR CONFERENCE

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

1

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

0

Part III

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

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) PATIENT SEARCH ASSISTANCE FUNDS	627	1,473,681			
(2) PATIENT POST TRANSPLANT SUPPORT ASSISTANCE	1321	1,735,817			
(3) DONOR ASSISTANCE	141	50,842			

Part IV

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

Return Reference	Explanation
PART I, LINE 2	THE NATIONAL MARROW DONOR PROGRAM (NMDP) MAKES PAYMENTS TO AND HAS CONTRACTUAL AGREEMENTS WITH THE RECRUITMENT TYPING LABS AND RESEARCH ORGANIZATIONS THAT THE BTMF HELPS SUPPORT THE NMDP MONITORS THESE AGREEMENTS AND PAYMENTS THE NMDP FOSTERS AND MAINTAINS THE LONG-STANDING RELATIONSHIPS WITH THE VARIOUS LABS TASKED WITH TYPING OUR NEW RECRUITS NMDP WORKS CLOSELY WITH THE RESEARCH SCHOLARS FROM THE GRANT AWARD APPLICATION TO THE END OF THE PROJECT PATIENT GRANTS ARE TRACKED IN OUR CUSTOM BUILT SYSTEM PATIENT SEARCH ASSISTANCE GRANTS ARE AWARDED THROUGH BTMF PATIENTS APPLY FOR PRE- AND POST-TRANSPLANT SUPPORT GRANTS THROUGH PATIENT AND HEALTH PROFESSIONAL SERVICES, A DEPARTMENT WITHIN THE NATIONAL MARROW DONOR PROGRAM, WHO REVIEWS APPLICATIONS WEEKLY, DETERMINES THE GRANT NEEDS BASED ON THE PRELIMINARY REGISTRY SEARCH AND TRANSPLANT CENTER MATCH CRITERIA THE PRE-TRANSPLANT GRANTS ARE AWARDED TO COVER POTENTIALLY UNINSURED DONOR SEARCH ASSISTANCE FUNDS, AND CHECKS ARE WRITTEN DIRECTLY TO TRANSPLANT CENTERS (ORGANIZATIONS) THE PATIENT POST-TRANSPLANT GRANTS ARE AWARDED TO THE APPLICANT BASED ON FINANCIAL NEED AND ARE USED TO COVER SUCH ITEMS AS UNINSURED COSTS, CO-PAYS, FOOD, LODGING, AND GROUND TRANSPORTATION PAYMENTS ARE MADE DIRECTLY TO THE PATIENT/APPLICANT (INDIVIDUAL) DONOR ASSISTANCE CHECKS ARE ALSO AWARDED TO THE APPLICANT BASED ON FINANCIAL NEEDS AND ARE USED TO OFFSET HAVING TO TAKE UNPAID TIME OFF FROM WORK IN ORDER TO DONATE PAYMENTS ARE MADE DIRECTLY TO THE DONOR (INDIVIDUAL)

Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
BE THE MATCH FOUNDATION

Employer identification number  
41-1704734

Part I

Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)BRUCE SCHMALTZ TREASURER/CONTROLLER	(i)	0	0	0	0	0	0	0
	(ii)	130,953	87,886	11,467	0	32,686	262,992	0
(2)DENNIS CONFER MD DIRECTOR/CHIEF MEDICAL OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	305,466	56,935	65,154	0	37,493	465,048	14,643
(3)JEFFREY CHELL MD DIRECTOR/CHIEF EXECUTIVE OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	526,221	212,318	104,042	0	32,738	875,319	0
(4)CHRISTINE FLEMING PRESIDENT	(i)	259,381	50,021	33,745	0	27,593	370,740	0
	(ii)	0	0	0	0	0	0	0
(5)SUBRAMANIAN KRISHNAN FORMER TREASURER/CHIEF FINANCIAL OFF	(i)	0	0	0	0	0	0	0
	(ii)	32,584	0	131,393	0	7,131	171,108	0

**Part III Supplemental Information**

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

Return Reference	Explanation
PART I, LINE 1A	BTMF PROVIDED FOR A SOCIAL CLUB MEMBERSHIP FOR CHRISTINE FLEMING. THIS MEMBERSHIP WAS ONLY USED FOR THE BUSINESS PURPOSE OF CULTIVATING CONTRIBUTORS FOR BTMF. THERE WAS NO PERSONAL USE OF THIS MEMBERSHIP.
PART I, LINE 3	BTMF USES NMDP'S COMPENSATION COMMITTEE WHICH IS CHARGED WITH SETTING THE COMPENSATION OF NMDP'S CEO. AS REPORTED ON NMDP'S FORM 990, SCHEDULE J, A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, WRITTEN EMPLOYMENT CONTRACT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE ARE ALL UTILIZED WHEN DETERMINING COMPENSATION. THE NMDP BYLAWS STATE "THE COMPENSATION COMMITTEE SHALL BE COMPRISED ONLY OF VOTING DIRECTORS AND SHALL INCLUDE THE CHAIR OF THE BOARD AND AT LEAST ONE (1) NON-OFFICER BOARD MEMBER AS VOTING COMMITTEE MEMBERS. THE COMPENSATION COMMITTEE SHALL REVIEW AND EVALUATE THE OVERALL COMPENSATION AND BENEFIT STRUCTURE OF THE CORPORATION AND SHALL HAVE SUCH OTHER AUTHORITY AND RESPONSIBILITIES AS SET FORTH IN THE COMPENSATION COMMITTEE CHARTER." THE COMPENSATION COMMITTEE CHARTER STATES "THE COMPENSATION COMMITTEE SHALL REVIEW AND EVALUATE THE OVERALL COMPENSATION AND BENEFIT STRUCTURE OF THE CORPORATION. THE COMPENSATION COMMITTEE SHALL CONDUCT THE CHIEF EXECUTIVE OFFICER PERFORMANCE EVALUATION AND MAKE CHIEF EXECUTIVE OFFICER COMPENSATION AND BENEFIT RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE. IN MAKING THE CHIEF EXECUTIVE OFFICER'S COMPENSATION AND BENEFIT RECOMMENDATIONS, THE COMMITTEE SHALL UTILIZE, AMONG OTHER THINGS, COMPARABILITY DATA FOR COMPLIANCE WITH IRS INTERMEDIATE SANCTION RULES. ON A PERIODIC BASIS, THE COMPENSATION COMMITTEE SHALL OBTAIN COMPARABILITY DATA FROM AN INDEPENDENT COMPENSATION CONSULTANT. IN ADDITION, THE COMPENSATION COMMITTEE SHALL ADVISE THE CHIEF EXECUTIVE OFFICER IN THE EVALUATION AND COMPENSATION OF AND BENEFITS FOR SENIOR CORPORATION EMPLOYEES, AS WELL AS THE PRESIDENT OF ANY AFFILIATE OF THE CORPORATION REPORTING TO THE CHIEF EXECUTIVE OFFICER."
PART I, LINES 4A-B	SUBRAMANIAN KRISHNAN'S LAST DAY WITH NMDP WAS JANUARY 4, 2013. HE RECEIVED A SEPARATION PAYMENT OF \$100,000 DURING CALENDAR YEAR 2013. "THE ORGANIZATION (BTMF THROUGH THE NATIONAL MARROW DONOR PROGRAM) OFFERS ITS OFFICERS, VICE PRESIDENTS, AND DIRECTORS A 457(B) DEFERRED COMPENSATION PLAN (THE "PLAN") CREATED IN ACCORDANCE WITH APPLICABLE PROVISIONS OF THE INTERNAL REVENUE CODE. THE PLAN PERMITS EMPLOYEES TO DEFER A PORTION OF THEIR SALARY UNTIL FUTURE YEARS. THE ACCUMULATED DEFERRED COMPENSATION BALANCE IS NOT AVAILABLE TO EMPLOYEES UNTIL TERMINATION, RETIREMENT, DEATH, OR UNFORESEEABLE EMERGENCY. ALL AMOUNTS OF COMPENSATION DEFERRED UNDER THE PLAN, AND ALL INCOME ATTRIBUTABLE TO THOSE AMOUNTS, ARE (UNTIL PAID OR MADE AVAILABLE TO THE EMPLOYEE OR OTHER BENEFICIARY) SOLELY THE PROPERTY OF THE ORGANIZATION, AND THE ORGANIZATION HAS ALL THE RELATED RIGHTS OF OWNERSHIP (NOT RESTRICTED TO THE PAYMENT OF BENEFITS UNDER THE PLAN), SUBJECT ONLY TO THE CLAIM OF THE ORGANIZATION'S GENERAL CREDITORS. PARTICIPANTS' RIGHTS UNDER THE PLAN ARE EQUAL TO THOSE OF GENERAL CREDITORS OF THE ORGANIZATION IN AN AMOUNT EQUAL TO THE FAIR MARKET VALUE OF THE DEFERRED ACCOUNT FOR EACH PARTICIPANT. THE RELATED ASSETS AND LIABILITIES ARE REPORTED AT FAIR MARKET VALUE BASED ON QUOTED MARKET PRICES AND ARE INCLUDED WITHIN DEFERRED COMPENSATION FUNDS AND DEFERRED COMPENSATION PAYABLE IN THE CONSOLIDATED STATEMENTS OF FINANCIAL POSITION. THE ORGANIZATION OFFERS A SUPPLEMENTAL BENEFITS PLAN (THE "SUPPLEMENTAL PLAN") FOR ITS OFFICERS, SENIOR VICE PRESIDENTS, AND VICE PRESIDENTS. EACH YEAR, THE SUPPLEMENTAL PLAN CONTRIBUTES 14% OF SALARY FOR THE CHIEF EXECUTIVE OFFICER, 9% FOR OTHER OFFICERS AND SENIOR VICE PRESIDENTS, AND 4% FOR VICE PRESIDENTS. THE SUPPLEMENTAL PLAN IS A FLEXIBLE BENEFIT PLAN ALLOWING THE SUPPLEMENTAL PLAN PARTICIPANTS TO SELECT FROM LIMITED OPTIONS, WHICH INCLUDE PAYMENT FOR SPOUSAL LONG-TERM CARE, AND THE BALANCE AS A CONTRIBUTION INTO THE 457(B) DEFERRED COMPENSATION PLAN (ABOVE) AND/OR AN EXECUTIVE SAVINGS PLAN TO SUPPLEMENT CURRENT BASIC AND SUPPLEMENTAL BENEFITS. THE EXECUTIVE SAVINGS PLAN REPLACED THE CAPITAL ACCUMULATION PLAN EFFECTIVE JANUARY 1, 2013. ALL SUPPLEMENTAL PLAN PARTICIPANTS RECEIVE LIFE INSURANCE, DISABILITY SALARY CONTINUATION, LONG-TERM DISABILITY AND LONG-TERM CARE INSURANCE. THE EXECUTIVE SAVINGS PLAN WAS CREATED IN ACCORDANCE WITH APPLICABLE PROVISIONS OF THE INTERNAL REVENUE CODE (IRC SEC 7702) WHEREBY AFTER-TAX CONTRIBUTIONS INTO THE PLAN ACCUMULATE WITHOUT TAXATION AND MAY BE DISTRIBUTED WITHOUT TAXATION USING A COMBINATION OF TAX-FREE WITHDRAWALS AND LOANS. THE AFTER-TAX CONTRIBUTIONS INTO THE EXECUTIVE SAVINGS PLAN ACCUMULATE TAX-FREE AND MAY BE DISTRIBUTED WITHOUT TAXATION ON GAINS. CONTRIBUTIONS WILL RESULT IN CURRENT INCOME TAXATION. PLAN BALANCES ARE PERSONALLY OWNED BY THE PLAN PARTICIPANTS IMMEDIATELY AND ARE NOT SUBJECT TO A RISK OF FORFEITURE, AS SUCH, THE PLAN ASSETS ARE NOT RECORDED ON THE ORGANIZATION'S FINANCIAL STATEMENTS. THE SUPPLEMENTAL PLAN ALSO PROVIDES FOR ADDITIONAL LIFE INSURANCE UP TO \$750,000." AMOUNTS PAID IN CURRENT YEAR - 457(F) CAPITAL ACCUMULATION DENNIS CONFER \$14,643.
PART I, LINE 7	EMPLOYEE DISCRETIONARY BONUS AND INCENTIVE PLAN PAYMENTS ARE DETERMINED EACH YEAR AS PART OF THE PERFORMANCE EVALUATION COMPLETED BY HUMAN RESOURCES IN COLLABORATION WITH THE INDIVIDUAL'S MANAGER.

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

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

▶Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
BE THE MATCH FOUNDATION

Employer identification number  
41-1704734

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .	X	55	23,069	FMV
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		830	FMV
5 Clothing and household goods . . . . .	X		55,816	FMV
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	153	37,533	FMV
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( GIFT CERTIFIC )	X	133	64,167	FMV
26 Other ▶ ( EVENT TICKETS )	X	133	53,096	FMV
27 Other ▶ ( JEWELRY )	X	23	14,573	FMV
28 Other ▶ ( )				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .

0

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .

30a

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

**Part III**

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

Return Reference	Explanation
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**SCHEDULE O**  
**(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 to provide any additional information.**

**▶ Attach to Form 990 or 990-EZ.**

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization  
BE THE MATCH FOUNDATION

**Employer identification number**

41-1704734

Return Reference	Explanation
FORM 990, PART III, LINE 1	THANKS TO YOU-OUR COMMUNITY OF DONORS, VOLUNTEERS, HEALTH CARE PROFESSIONALS, RESEARCHERS AND FINANCIAL SUPPORTERS-MORE PATIENTS EVERY YEAR ARE RECEIVING THE LIFE-SAVING MARROW OR CORD BLOOD TRANSPLANT THEY NEED EVERY FOUR MINUTES SOMEONE IS DIAGNOSED WITH A BLOOD CANCER AND 70 PERCENT DO NOT HAVE A DONOR IN THEIR FAMILY THEY DEPEND ON BE THE MATCH TO FIND THEIR LIFE-SAVING MATCH AS THE WORLD'S LEADING NONPROFIT ORGANIZATION FOCUSED ON SAVING LIVES THROUGH MARROW AND CORD BLOOD TRANSPLANTATION, BE THE MATCH CONTINUES TO IMPROVE ACCESS TO TRANSPLANT BY LEADING EFFORTS TO REMOVE BARRIERS TO TREATMENT AND STRENGTHEN OUR ABILITY TO MEET THE GROWING NEED THANKS TO YOUR SUPPORT, WE CONTINUE TO - FACILITATE MORE MARROW AND CORD BLOOD TRANSPLANTS EVERY YEAR - GROW AND MANAGE THE WORLD'S LARGEST AND MOST DIVERSE DONOR REGISTRY - SUPPORT PATIENTS AND THEIR FAMILIES BEFORE, DURING AND AFTER TRANSPLANT - CONDUCT RESEARCH AND EDUCATION TO EXPAND TREATMENT AND IMPROVE OUTCOMES - ENGAGE THE PUBLIC IN OUR LIFE-SAVING MISSION ON BEHALF OF ALL THE PEOPLE WHO COUNT ON US WHEN THEY NEED IT MOST, WE THANK YOU FOR YOUR NEVER-ENDING PASSION AND DEDICATION TO SAVING LIVES

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	THE FOLLOWING INDIVIDUALS ON THE BTMF BOARD OF DIRECTORS WERE ALSO EMPLOYEES OF NMDP DURING TAX YEAR 2014, THEREBY CREATING A BUSINESS RELATIONSHIP JEFFREY CHELL, DENNIS CONFER, AND BRUCE SCHMALTZ

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	AN AMENDMENT TO BTMF'S CORPORATE BY LAWS WAS UNANIMOUSLY RECOMMENDED FOR APPROVAL BY THE BTMF BOARD OF DIRECTORS ON NOVEMBER 22, 2013, AND SUBSEQUENTLY UNANIMOUSLY APPROVED BY THE NMDP BOARD OF DIRECTORS, IN ITS CAPACITY AS SOLE CORPORATE MEMBER OF BTMF, AT THE NMDP BOARD OF DIRECTORS MEETING ON JUNE 5, 2014 THAT AMENDMENT - ALLOWS FOR THE ELECTION OF DIRECTORS TO OCCUR AT DULY HELD MEETINGS OF NMDP OR ITS EXECUTIVE COMMITTEE, - CLARIFIES LENGTH OF SERVICE LIMITS FOR VOTING DIRECTORS (I E, UP TO FOUR (4) CONSECUTIVE TWO-YEAR TERMS), - ALLOWS FOR DESIGNATION OF NON-VOTING DIRECTORS (E G, EMERITUS, HONORARY, OR ADVISORY DIRECTORS), - CLARIFIES THE PROCESS FOR FILLING VACANCIES, - PROVIDES FOR ACTIONS TO BE TAKEN BY WRITTEN NOTICE IN ACCORDANCE WITH APPLICABLE LAW, - CLARIFIES THE ROLES OF CEO AND PRESIDENT, - ESTABLISHES THE PROCESS FOR CREATION OF COMMITTEES AND THE PROCESSES AROUND COMMITTEE MEETINGS AND ACTION, AND - ESTABLISHES THE SCOPE OF INDEMNITY FOR OFFICERS AND MEMBERS OF THE BOARD OF DIRECTORS

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	NATIONAL MARROW DONOR PROGRAM IS THE SOLE CORPORATE MEMBER OF BTMF THE NATIONAL MARROW DONOR PROGRAM BOARD ELECTS THE BOARD OF DIRECTORS OF BTMF AND APPROVES THE ACTIONS OF BTMF

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	SEE EXPLANATION FOR FORM 990, PART VI, SECTION A, LINE 6

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	SEE EXPLANATION FOR FORM 990, PART VI, SECTION A, LINE 6

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11	THE ORGANIZATION CONTRACTED WITH THE OUTSIDE PUBLIC ACCOUNTING FIRM, EIDE BAILLY , LLP, TO PREPARE THE FORM 990 PREPARING THE DETAILS AND SUPPORTING REPORTS FOR THE RETURN IS A COLLABORATIVE EFFORT AMONG A SMALL GROUP OF INDIVIDUALS IN THE FINANCIAL REPORTING & COMPLIANCE AREA OF FINANCE AND INTERNAL AUDIT THAT WORK IS THEN REVIEWED BY THE CONTROLLER PRIOR TO SENDING TO EIDE BAILLY , LLP ONCE A DRAFT IS RECEIVED BACK FROM EIDE BAILLY , LLP, IT IS REVIEWED BY THE STAFF THAT PULLED THE MATERIALS TOGETHER, CONTROLLER, CHIEF LEGAL OFFICER, CHIEF FINANCIAL OFFICER, AND PRESIDENT OF BTMF A COPY OF THE RETURN IS PROVIDED TO THE ORGANIZATION'S BOARD OF DIRECTORS PRIOR TO FILING

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>BTMF OFFICERS, DIRECTORS, AND KEY EMPLOYEES (NMDP MEMBERS) ARE REQUIRED TO FOLLOW THE CONFLICT OF INTEREST POLICY ENACTED BY NMDP. THE CONFLICT OF INTEREST POLICY STATES THE FOLLOWING: "ALL NMDP MEMBERS MUST DISCLOSE TO THE [NMDP] EXECUTIVE COMMITTEE ALL CONFLICTS OF INTEREST AND BUSINESS AND FAMILY RELATIONSHIPS AND MUST ANNUALLY COMPLETE AND RETURN TO THE [NMDP] EXECUTIVE COMMITTEE THE QUESTIONNAIRE WHICH IS A PART OF THIS POLICY. WHENEVER IN THE COURSE OF EVENTS AN NMDP MEMBER'S CIRCUMSTANCES CHANGE SUCH THAT THE NMDP MEMBER KNOWS OR HAS REASON TO BELIEVE THAT THE NMDP MEMBER MAY HAVE AN ACTUAL OR PERCEIVED CONFLICT OF INTEREST, SUCH NMDP MEMBER SHALL PROMPTLY DISCLOSE THE POTENTIAL CONFLICT TO THE [NMDP] EXECUTIVE COMMITTEE. AS NOTED HEREIN, IF THE POTENTIAL CONFLICT INVOLVES A DIRECTOR, THAT DIRECTOR SHALL NOT PARTICIPATE IN OR VOTE UPON SUCH MATTERS UNTIL THE QUESTION OF THE EXISTENCE OF THE CONFLICT OF INTEREST HAS BEEN RESOLVED BY THE [NMDP] EXECUTIVE COMMITTEE IN ACCORDANCE WITH THIS POLICY. LIKEWISE, AN OFFICER OR KEY EMPLOYEE MAY NOT BECOME SUBSTANTIALLY INVOLVED IN DECISION-MAKING INVOLVING ANY COVERED LITIGATION, CONTRACT OR TRANSACTION UNTIL THE [NMDP] EXECUTIVE COMMITTEE RESOLVES THE CONFLICT OF INTEREST QUESTION. THE EXISTENCE OF AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST TURNS ON THE SPECIFIC FACTS AND CIRCUMSTANCES IN EACH CASE. IF AN NMDP MEMBER HAS AN INTEREST WHICH MAY CONFLICT WITH THOSE OF THE NMDP, HE OR SHE MUST IMMEDIATELY DISCLOSE THE MATTERS AND DISCUSS THEM FULLY AND FRANKLY WITH THE [NMDP] EXECUTIVE COMMITTEE. AN NMDP MEMBER MUST NOT PARTICIPATE IN ANY MATTER IN WHICH THAT THE NMDP MEMBER MAY HAVE A CONFLICT OF INTEREST WITHOUT THE EXPRESS APPROVAL OF THE NMDP EXECUTIVE COMMITTEE."</p>



Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>FOR PURPOSES OF THE 990 AND AS PRESIDENT OF BTMF, CHRISTINE FLEMING IS CONSIDERED A KEY EMPLOYEE AND REPORTS DIRECTLY TO THE NMDP CEO. THE COMPENSATION OF THE BTMF PRESIDENT IS REVIEWED, EVALUATED, AND SET IN ACCORDANCE WITH THE NMDP BYLAWS AND COMPENSATION COMMITTEE CHARTER. THE NMDP BYLAWS STATE: "THE COMPENSATION COMMITTEE SHALL BE COMPRISED ONLY OF VOTING DIRECTORS AND SHALL INCLUDE THE CHAIR OF THE BOARD AND AT LEAST ONE (1) NON-OFFICER BOARD MEMBER AS VOTING COMMITTEE MEMBERS. THE COMPENSATION COMMITTEE SHALL REVIEW AND EVALUATE THE OVERALL COMPENSATION AND BENEFIT STRUCTURE OF THE CORPORATION AND SHALL HAVE SUCH OTHER AUTHORITY AND RESPONSIBILITIES AS SET FORTH IN THE COMPENSATION COMMITTEE CHARTER." THE COMPENSATION COMMITTEE CHARTER STATES: "THE COMPENSATION COMMITTEE SHALL REVIEW AND EVALUATE THE OVERALL COMPENSATION AND BENEFIT STRUCTURE OF THE CORPORATION. THE COMPENSATION COMMITTEE SHALL CONDUCT THE CHIEF EXECUTIVE OFFICER PERFORMANCE EVALUATION AND MAKE CHIEF EXECUTIVE OFFICER COMPENSATION AND BENEFIT RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE. IN MAKING THE CHIEF EXECUTIVE OFFICER'S COMPENSATION AND BENEFIT RECOMMENDATIONS, THE COMMITTEE SHALL UTILIZE, AMONG OTHER THINGS, COMPARABILITY DATA FOR COMPLIANCE WITH IRS INTERMEDIATE SANCTION RULES. ON A PERIODIC BASIS, THE COMPENSATION COMMITTEE SHALL OBTAIN COMPARABILITY DATA FROM AN INDEPENDENT COMPENSATION CONSULTANT. IN ADDITION, THE COMPENSATION COMMITTEE SHALL ADVISE THE CHIEF EXECUTIVE OFFICER IN THE EVALUATION AND COMPENSATION OF AND BENEFITS FOR SENIOR CORPORATION EMPLOYEES, AS WELL AS THE PRESIDENT OF ANY AFFILIATE OF THE CORPORATION REPORTING TO THE CHIEF EXECUTIVE OFFICER."</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION AND CONSOLIDATED AUDITED FINANCIAL STATEMENTS AND ADDITIONAL CONSOLIDATING INFORMATION ARE ALL MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON OUR WEBSITE. SUMMARY FINANCIAL STATEMENTS ARE ALSO INCLUDED IN OUR ANNUAL REPORT, WHICH IS MAILED TO KEY STAKEHOLDERS AND POSTED ON OUR WEBSITE. ADDITIONALLY, ARTICLES OF INCORPORATION ARE AVAILABLE AT THE MN OFFICE OF THE SECRETARY OF STATE, AND CONSOLIDATED AUDITED FINANCIAL STATEMENTS MAY BE OBTAINED AT THE MN OFFICE OF ATTORNEY GENERAL.

Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 1A, COLUMN A	THE HOURS LISTED ON THE 990 PART VII ARE BASED ON A 40 HOUR WEEK THAT THESE INDIVIDUALS DEVOTED TO NMDP & BTMF DURING THE YEAR IT IS ESTIMATED THAT EMPLOYEES OF BTMF WORK APPROXIMATELY 40-50 HOURS IN TOTAL FOR BOTH NMDP & BTMF THE HOURS LISTED FOR THE MEMBERS OF THE GOVERNING BODY REPRESENTS TIME DEVOTED TO BTMF BASED ON A 40 HOUR WEEK FOR BTMF BOARD MEMBERS ALSO SERVING ON THE NMDP BOARD OF DIRECTORS, THE HOURS LISTED INDICATES TIME DEVOTED TO NMDP AND BTMF

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
BE THE MATCH FOUNDATION

Employer identification number  
41-1704734

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NATIONAL MARROW DONOR PROGRAM  3001 BROADWAY STREET NE SUITE 601  MINNEAPOLIS, MN 554131753 84-0865803	SAVE LIVES THROUGH CELLULAR TRANSPLANTATION	CO	501(C)(3)	LINE 7			No

Part III

Identification of Related Organizations Taxable as a Partnership

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

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end- of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

Part V

Transactions With Related Organizations

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

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		No
1b	Yes	
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l		No
1m		No
1n		No
1o		No
1p		No
1q	Yes	
1r		No
1s		No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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