

<b>Part II Signature Block</b>																
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.																
<b>Sign Here</b>	<div>*****</div> <div>Signature of officer</div> <div>2021-05-10</div> <div>Date</div>															
	<div>AMY RONNEBERG CEO</div> <div>Type or print name and title</div>															
<b>Paid Preparer Use Only</b>	<table border="1"> <tr> <td>Print/Type preparer's name</td> <td>Preparer's signature</td> <td>Date 2021-05-10</td> <td>Check <input type="checkbox"/> if self-employed</td> <td>PTIN P00556798</td> </tr> <tr> <td colspan="3">Firm's name ▶ GRANT THORNTON LLP</td> <td colspan="2">Firm's EIN ▶ 36-6055558</td> </tr> <tr> <td colspan="3">Firm's address ▶ 100 E WISCONSIN AVE MILWAUKEE, WI 53202</td> <td colspan="2">Phone no. (414) 289-8200</td> </tr> </table>	Print/Type preparer's name	Preparer's signature	Date 2021-05-10	Check <input type="checkbox"/> if self-employed	PTIN P00556798	Firm's name ▶ GRANT THORNTON LLP			Firm's EIN ▶ 36-6055558		Firm's address ▶ 100 E WISCONSIN AVE MILWAUKEE, WI 53202			Phone no. (414) 289-8200	
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**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

BE THE MATCH IS A GLOBAL LEADER WORKING EVERY DAY TO SAVE LIVES THROUGH CELLULAR THERAPY. FOR PEOPLE WITH LIFE-THREATENING BLOOD CANCERS-LIKE LEUKEMIA AND LYMPHOMA-OR OTHER BLOOD DISORDERS LIKE SICKLE CELL, A CURE EXISTS. BE THE MATCH (CONTINUED ON SCHEDULE O)

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

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

**4a** (Code: ) (Expenses \$ 4,813,025 including grants of \$ 4,813,025 ) (Revenue \$ )  
See Additional Data

**4b** (Code: ) (Expenses \$ 1,246,708 including grants of \$ 1,246,708 ) (Revenue \$ )  
See Additional Data

**4c** (Code: ) (Expenses \$ 432,850 including grants of \$ 432,850 ) (Revenue \$ )  
See Additional Data





















(Code: ) (Expenses \$ 4,960,175 including grants of \$ 1,584,868 ) (Revenue \$ )

BTMF PARTNERS WITH BE THE MATCH ON VARIOUS INITIATIVES TIED TO THE SHARED MISSION. THESE PROGRAMS INCLUDE:THE JASON CARTER CLINICAL TRIALS SEARCH AND SUPPORT PROGRAM HELPS PATIENTS WITH LIFE-THREATENING BLOOD DISORDERS FIND CLINICAL TRIALS. THIS PROGRAM USES A WEBSITE TO CONNECT PATIENTS AND THEIR FAMILIES WITH INFORMATION THAT THEY NEED TO FIND A CLINICAL TRIAL AND RECEIVE ONE-ON-ONE SUPPORT AND EDUCATION FROM A NMDP EDUCATION SPECIALIST. BE THE MATCH PROVIDES COMPREHENSIVE EDUCATION AND SUPPORT SERVICES TO PATIENTS AND THEIR FAMILIES THROUGH ONE-ON-ONE NAVIGATION SUPPORT, VIDEO, PRINTED, AND DIGITAL EDUCATION RESOURCES, COUNSELING, AND MORE. IN FY2020, BTMF HELPED TO FUND THE CREATION OF THE MYBETHEMATCH MOBILE APP, A PLATFORM TO HELP PATIENTS TRACK SYMPTOMS, MANAGE MEDICATIONS, AND ACCESS ADDITIONAL SUPPORT.BE THE MATCH IS A LEADER IN PROVIDING HEALTH CARE PROFESSIONALS WITH THE EDUCATION, RESOURCES AND SERVICES THEY NEED TO PROVIDE THE BEST CARE FOR TRANSPLANT PATIENTS. BTMF HELPS TO FUND THE CREATION AND DISTRIBUTION OF A NEWSLETTER FOCUSED ON THE ADVANCEMENTS IN TRANSPLANTATION AS WELL AS QUICK REFERENCE GUIDES, WITH AN ACCOMPANYING APP VERSION, THAT PROVIDES RESOURCES FOR HEALTH CARE PROFESSIONALS WHO CARE FOR PATIENTS BEFORE, DURING, AND/OR AFTER A TRANSPLANT.SPONSORSHIPS FOR THE BE THE MATCH ANNUAL ONE FORUM ARE RECEIVED BY BTMF AND THEN GIFTED TO BE THE MATCH. THIS MEETING CONNECTS ALL OF THE BTM NETWORK PARTNERS AND FOCUSES ON EDUCATION AND SHARING PROGRESS AND CHALLENGES RELATING TO TRANSPLANTS. BTMF ALLOCATES COMPENSATION AND BENEFITS AND OCCUPANCY COSTS TO PROGRAM BASED ON EMPLOYEE RESPONSIBILITIES.

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ 4,960,175 including grants of \$ 1,584,868 ) (Revenue \$ )

**4e** Total program service expenses ► 11,452,758

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4 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	<b>4</b>	No
<b>5</b> 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	<b>5</b>	No
<b>6</b> 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 	<b>6</b>	No
<b>7</b> 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 	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	<b>8</b>	No
<b>9</b> 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 	<b>9</b>	No
<b>10</b> 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	<b>10</b> Yes	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	<b>11a</b> Yes	
<b>b</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 	<b>11b</b>	No
<b>c</b> 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 	<b>11c</b>	No
<b>d</b> 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 	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	<b>11e</b>	No
<b>f</b> 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 	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	<b>12a</b>	No
<b>b</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 	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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 	<b>14b</b> Yes	
<b>15</b> 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 	<b>15</b> Yes	
<b>16</b> 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 	<b>16</b>	No
<b>17</b> 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)	<b>17</b> Yes	
<b>18</b> 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 	<b>18</b> Yes	
<b>19</b> 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 	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	<b>21</b> Yes	

**Part IV Checklist of Required Schedules** (continued)

		Yes	No	
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III . . . . .	22	Yes	
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J . . . . .	23	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	24a		No
<b>b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	24b		
<b>c</b>	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		
<b>d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	24d		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I . . . . .	25a		No
<b>b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	25b		No
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . . . . .	26		No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	27		No
<b>28</b>	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):			
<b>a</b>	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .	28a		No
<b>b</b>	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .	28b		No
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .	28c		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	29	Yes	
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	30		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	31		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	32		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I . . . . .	33		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	34	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
<b>b</b>	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	35b		
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	36		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI . . . . .	37		No
<b>38</b>	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	
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	1a	192	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b	0	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c	Yes	

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

<b>2a</b> 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 . . . . .	<div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto; text-align: center;">2a</div> <div style="border: 1px solid black; width: 100px; height: 30px; margin: 0 auto; text-align: center;">41</div>				
<b>b</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)			<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .			<b>3a</b>		No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . . . .			<b>3b</b>		
<b>4a</b> 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)? . . . . .			<b>4a</b>	Yes	
<b>b</b> If "Yes," enter the name of the foreign country: ►MX See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .			<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .			<b>5c</b>		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .			<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .			<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>					
<b>a</b> 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? . . . . .			<b>7a</b>	Yes	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .			<b>7b</b>	Yes	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .			<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .					
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .			<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .			<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .			<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .			<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>					
<b>a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .			<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .			<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:					
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .			<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:					
<b>a</b> Gross income from members or shareholders . . . . .			<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .			<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?			<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.			<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>					
<b>a</b> 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.			<b>13a</b>		
<b>b</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 . . . . .			<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .			<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .			<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . . . .			<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see instructions and file Form 4720, Schedule N.			<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . . If "Yes," complete Form 4720, Schedule O.			<b>16</b>		No

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 18		
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.			
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 17		
<b>2</b> 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?	<b>2</b>	Yes	
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>		No
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>	Yes	
<b>7a</b> 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?	<b>7a</b>	Yes	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>	Yes	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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	<b>9</b>		No

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</b> 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?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	<b>12a</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	<b>12c</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	<b>16b</b>	

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed▶

AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT, VA, WV, WI

**18** Section 6104 requires an organization to make its Form 1023 (or 1024-A 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.

☒ Own website ☐ Another's website ☒ Upon request ☐ 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, address, and telephone number of the person who possesses the organization's books and records:  
▶GINA GRAVES 500 N 5TH ST MINNEAPOLIS, MN 554011206 (763) 406-8419

## 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

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

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

[illegible]

**Part VII 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			
See Additional Data Table										
<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>								921,473	2,467,567	281,648

**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 ► **11**

	Yes	No
<b>3</b> 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>		No
<b>4</b> 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>	Yes	
<b>5</b> 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>		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
ONE & ALL INC 2 NORTH LAKE AVENUE SUITE 600 PASADENA, CA 91101	PROGRAM SUPPORT	643,336
LEARFIELD COMMUNICATIONS 505 HOBBS ROAD JEFFERSON CITY, MO 65109	ADVERTISING	551,250
COMMUNITY COUNSELING SERVICE 527 MADISON AVENUE FIFTH FLOOR NEW YORK, NY 10022	PROGRAM SUPPORT	518,625
BLACKBAUD PO BOX 930256 ATLANTA, GA 31193	SOFTWARE SUPPORT	139,916
CIPRIANI USA INC 25 BROADWAY BALLROOM 110 EAST 42ND NEW YORK, NY 10017	FUNDRAISING EVENT SPACE	116,061

**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 ► **5**



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Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII										<input type="checkbox"/>			
										(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	1,232,520									
	d Related organizations		1d	8,521,000									
	e Government grants (contributions)		1e										
	f All other contributions, gifts, grants, and similar amounts not included above		1f	8,281,130									
	g Noncash contributions included in lines 1a - 1f:\$		1g	303,432									
	h Total. Add lines 1a-1f . . . . .										18,034,650		
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) . . . . .					238,703						238,703	
	4 Income from investment of tax-exempt bond proceeds												
	5 Royalties . . . . .												
			(i) Real	(ii) Personal									
	6a Gross rents		6a										
	b Less: rental expenses		6b										
	c Rental income or (loss)		6c										
	d Net rental income or (loss) . . . . .												
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory		7a	1,686,869									
	b Less: cost or other basis and sales expenses		7b	1,450,878									
	c Gain or (loss)		7c	235,991									
	d Net gain or (loss) . . . . .					235,991						235,991	
	8a Gross income from fundraising events (not including \$ 1,232,520 of contributions reported on line 1c). See Part IV, line 18 . . . . .		8a	99,420									
	b Less: direct expenses . . . . .		8b	330,014									
	c Net income or (loss) from fundraising events . . . . .					-230,594						-230,594	
	9a Gross income from gaming activities. See Part IV, line 19 . . . . .		9a	2,900									
	b Less: direct expenses . . . . .		9b	7,262									
	c Net income or (loss) from gaming activities . . . . .					-4,362						-4,362	
	10a Gross sales of inventory, less returns and allowances . . . . .		10a										
b Less: cost of goods sold . . . . .		10b											
c Net income or (loss) from sales of inventory . . . . .													
Miscellaneous Revenue			Business Code										
11a													
b													
c													
d All other revenue . . . . .													
e Total. Add lines 11a-11d . . . . .													
12 Total revenue. See instructions . . . . .					18,274,388		0		0		239,738		

Form 990 (2019)

**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 ☐

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	3,098,982	3,098,982		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	4,510,469	4,510,469		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .	468,000	468,000		
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	178,656	126,846	25,012	26,798
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	2,983,481	2,118,272	417,687	447,522
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	132,407	94,009	18,537	19,861
<b>9</b> Other employee benefits . . . . .	280,442	199,113	39,261	42,068
<b>10</b> Payroll taxes . . . . .	243,943	173,200	34,152	36,591
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	29,122		29,122	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17	615,139			615,139
<b>f</b> Investment management fees . . . . .	6,037		6,037	
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	207,988	164,310	37,438	6,240
<b>12</b> Advertising and promotion . . . . .	88,456	88,456		
<b>13</b> Office expenses . . . . .	151,329	57,505	4,540	89,284
<b>14</b> Information technology . . . . .	28,889	22,822	5,200	867
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	150,835	107,093	21,117	22,625
<b>17</b> Travel . . . . .	251,893	219,147	32,746	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .				
<b>23</b> Insurance . . . . .	14,003		14,003	
<b>24</b> 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.)				
<b>a</b> REGISTRATION/MEMBERSHIP	15,642		15,642	
<b>b</b> RECOGNITION	11,934	4,534	358	7,042
<b>c</b> UBI TAX EXPENSE	-3,000		-3,000	
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	13,464,647	11,452,758	697,852	1,314,037
<b>26</b> 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 IX ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	0	<b>1</b>	0
	<b>2</b> Savings and temporary cash investments . . . . .	2,764,568	<b>2</b>	2,835,023
	<b>3</b> Pledges and grants receivable, net . . . . .	3,929,877	<b>3</b>	3,482,711
	<b>4</b> Accounts receivable, net . . . . .	0	<b>4</b>	0
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	0
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	328,144	<b>9</b>	401,320
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	6,823		
	<b>b</b> Less: accumulated depreciation	6,823	<b>10c</b>	0
	<b>11</b> Investments—publicly traded securities . . . . .	9,225,862	<b>11</b>	10,501,506
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>	0
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	16,248,451	<b>16</b>	17,220,560	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	8,119,745	<b>17</b>	4,327,057
	<b>18</b> Grants payable . . . . .	1,569,710	<b>18</b>	1,206,579
	<b>19</b> Deferred revenue . . . . .	0	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	0	<b>21</b>	0
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> 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	0	<b>25</b>	0
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	9,689,455	<b>26</b>	5,533,636
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	-3,228,655	<b>27</b>	3,809,037
	<b>28</b> Net assets with donor restrictions . . . . .	9,787,651	<b>28</b>	7,877,887
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> <b>Total net assets or fund balances</b> . . . . .	6,558,996	<b>32</b>	11,686,924	
<b>33</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	16,248,451	<b>33</b>	17,220,560	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	18,274,388
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	13,464,647
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	4,809,741
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	6,558,996
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	318,187
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	11,686,924

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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
<b>b</b> 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	
<b>c</b> 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	
<b>3a</b> 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
<b>b</b> 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.		

# Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 41-1704734  
**Name:** BE THE MATCH FOUNDATION

Form 990 (2019)

**Form 990, Part III, Line 4a:**

PATIENT ASSISTANCE - BE THE MATCH FOUNDATION (BTMF) PROVIDES FINANCIAL ASSISTANCE TO PATIENTS THROUGHOUT EACH STAGE OF THE TRANSPLANT PROCESS. FUNDED FULLY BY PHILANTHROPY, MORE THAN \$4.8 MILLION WAS PROVIDED TO PATIENTS IN NEED THIS YEAR. IN FY2020, THE BTM TEAM DEMONSTRATED THEIR COMMITMENT TO PATIENTS BY COMPLETING A PROJECT THAT SIMPLIFIED THE APPLICATION PROCESS FOR TRANSPLANT CENTER COORDINATORS, PATIENTS AND THEIR FAMILIES. THESE IMPROVEMENTS TO THE APPLICATION REMOVE ANOTHER BARRIER FOR TRANSPLANT PATIENTS, BY REMOVING THE NEED FOR A PRE-APPROVAL FOR SEARCH ASSISTANCE FUNDS. (CONTINUED ON SCHEDULE O)TWO GRANT PROGRAMS SUPPORT PATIENTS PRE-TRANSPLANT WHO HAVE INSURANCE AND FINANCIAL BARRIERS THAT DELAY OR PREVENT THEM FROM FINDING A DONOR. THE FAMILY TYPING GRANT (FTG) PAYS LABS, ON BEHALF OF THE PATIENTS, FOR THE TYPING OF FIRST DEGREE RELATIVES NEEDED TO IDENTIFY IF THERE IS A DONOR IN THE FAMILY. THE FTG HELPED 79 PATIENTS THIS FY2020. FOR THOSE WITHOUT A DONOR IN THEIR FAMILY, SEARCH ASSISTANCE FUNDS (SAF) HELPS PATIENTS START THE UNRELATED DONOR SEARCH PROCESS BY GIVING TRANSPLANT CENTERS A GUARANTEE OF PAYMENT FOR SPECIFIC SEARCH AND/OR PROCUREMENT COSTS. THERE WERE 402 PATIENTS APPROVED FOR SAF THIS FY2020. BTMF ALSO PROVIDES FUNDING FOR TWO GRANTS TO HELP WITH THE MANY UNCOVERED EXTRA EXPENSES PATIENTS EXPERIENCE BEFORE AND AFTER A TRANSPLANT. THE TRANSPLANT SUPPORT ASSISTANCE (TSA) GRANT PROVIDES DIRECT FINANCIAL ASSISTANCE TO QUALIFIED FAMILIES BOTH PRE AND POST-TRANSPLANT. TSA HELPS WITH EXTRA OUT OF POCKET EXPENSES, SUCH AS TRANSPORTATION, TEMPORARY RELOCATION, CO-PAYS, AND INSURANCE PREMIUMS. THIS YEAR 1,435 TSA AWARDS WERE GRANTED WITH THE AVERAGE AWARD BEING \$2,000 TO PATIENTS WHO WERE BOTH PRE AND POST-TRANPLANT.IN MAY 2020, BTMF OPENED A NEW, TEMPORARY GRANT TO MEET THE EVOLVING NEEDS OF PATIENTS DURING A GLOBAL PANDEMIC. THE COVID-19 RELIEF GRANT PROVIDES A ONE TIME \$500 AWARD TO AID IN COVERING MEDICAL AND NON-MEDICAL EXPENSES DUE TO FINANCIAL HARDSHIP RELATED TO COVID. THIS YEAR 578 COVID AWARDS WERE GRANTED TO PATIENTS WHO WERE BOTH PRE AND POST-TRANSPLANT. THE JOHN AND CARYN CAMIOLO SURVIVORSHIP GRANT (CAM) PROVIDES DIRECT FINANCIAL ASSISTANCE TO QUALIFIED PATIENTS WHO ARE BEYOND ONE YEAR POST-TRANSPLANT AND WHO HAVE BEEN DIAGNOSED WITH CHRONIC GRAFT-VERSUS-HOST DISEASE. CAM HELPS WITH UNCOVERED COSTS OF TREATMENT AND PRESCRIPTIONS. THIS FY2020, 104 PATIENTS WERE HELPED THROUGH THE CAM PROGRAM WITH THE AVERAGE GRANT BEING \$750.THE CHELL TRAVEL GRANT PROVIDES DIRECT FINANCIAL ASSISTANCE TO QUALIFIED PATIENTS WHO NEED ASSISTANCE WITH TRAVEL TO/FROM CLINICAL TRIALS THAT TREAT BLOOD CANCERS AND DISORDERS TREATABLE BY TRANSPLANT. THIS YEAR 104 CHELL TRAVEL GRANTS WERE AWARDED WITH THE AVERAGE AWARD AMOUNT BEING \$2,000. THE IRA AND DIANA RIKLIS CRISIS GRANT PROVIDES DIRECT FINANICAL ASSISTANCE TO QUALIFIED PATIENTS POST-TRANSPLANT WHO HAVE EXPERIENCED A SIGNIFICANT CRISIS EVENT IMPACTING PATIENT'S POST TRANSPLANT CARE. THIS FY2020, 4 PATIENTS WERE HELPED THROUGH THE RIKLIS CRISIS PROGRAM WITH EACH AWARD AMOUNT BEING \$10,000.

**Form 990, Part III, Line 4b:**

RESEARCH - RESEARCH INNOVATIONS ARE CRITICAL TO EXPANDING TREATMENT TO MORE PATIENTS AND IMPROVING OUTCOMES. EACH YEAR, BTMF IS PROUD TO INVEST IN RESEARCH THROUGH:THE AMY STRELZER MANASEVIT RESEARCH PROGRAM (AMY PROGRAM): OUR FLAGSHIP RESEARCH FELLOWSHIP, THE AMY PROGRAM FUNDS EARLY CAREER INVESTIGATORS FOCUSED ON ADVANCES IN THE PREVENTION AND TREATMENT OF POST-TRANSPLANT COMPLICATIONS (E.G. GRAFT-VERSUS-HOST-DISEASE AND INFECTION). IN FY2020, WE FUNDED THE WORK OF 18 AMY SCHOLARS. AMY SCHOLARS HAVE GONE ON TO BECOME LEADERS IN THE FIELD, PURSUING SCIENTIFIC ADVANCES THAT HELP BE THE MATCH PATIENTS LIVE LONGER, HEALTHIER LIVES. SINCE 1998, BTMF HAS INVESTED NEARLY \$11 MILLION TO HELP (CONTINUED ON SCHEDULE O) LAUNCH THE CAREERS OF 44 YOUNG PHYSICIAN-SCIENTISTS. AFTER RECEIVING THEIR AMY SCHOLAR AWARDS, THIS GROUP HAS GONE ON TO WIN MORE THAN \$110 MILLION IN SUBSEQUENT FUNDING TO PURSUE THE DISCOVERIES THAT WILL HELP PATIENTS LIVE LONGER, HEALTHIER LIVES AFTER TRANSPLANT. TODAY, THE AMY STRELZER MANASEVIT RESEARCH PROGRAM FOR THE STUDY OF POST-TRANSPLANT COMPLICATIONS IS ONE OF THE LARGEST AND MOST COVETED FELLOWSHIPS IN THE FIELD OF TRANSPLANTATION.ANTHONY NOLAN TRUST: PROVIDE SUPPORT TO THE ANTHONY NOLAN RESEARCH INSTITUTE TO CONTINUE DEVELOPMENT AND MAINTENANCE OF AN HLA CLASS I AND II SEQUENCE DATABASE AND PROVISION OF HLA CLASS I AND II SEQUENCE INFORMATION.

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### **Form 990, Part III, Line 4c:**

RECRUITMENT - THE BE THE MATCH REGISTRY PROVIDES THE MOST DIVERSE LISTING OF POTENTIAL DONORS AND CORD BLOOD UNITS IN THE WORLD. WITH 23 MILLION POTENTIAL DONORS AND 500,000 CORD BLOOD UNITS, OUR GROWING REGISTRY IS HELPING PATIENTS GET THE TRANSPLANT THEY NEED. IN FY2020, OVER 325,000 NEW POTENTIAL DONORS WERE ADDED TO THE BE THE MATCH REGISTRY. ALTHOUGH THERE ARE MILLIONS ON THE REGISTRY, PATIENTS SOMETIMES STILL CANNOT FIND A MATCH. THIS IS DUE IN PART TO THE PATIENT'S ETHNIC BACKGROUND. ON AVERAGE, A PATIENT'S LIKELIHOOD OF FINDING A MATCH ON THE BE THE MATCH REGISTRY RANGES FROM 29% TO 79% DEPENDING ON THE ETHNIC BACKGROUND. SOME ETHNIC GROUPS HAVE MORE COMPLEX TISSUE TYPES THAN OTHERS, SO A PERSON'S BEST CHANCE OF FINDING A DONOR IS WITH SOMEONE OF THE SAME ETHNIC (CONTINUED ON SCHEDULE O) BACKGROUND. THE IMPORTANCE OF INCREASING DIVERSITY ON THE REGISTRY IS AN ORGANIZATION GOAL AND PRIORITY AT BE THE MATCH. BE THE MATCH MEXICO WAS A NEW INITIATIVE IN 2017. WITH THE GOAL OF REACHING MORE PATIENTS AND INCREASING DIVERSITY ON THE REGISTRY, WORK HAS BEGUN TO CREATE A NETWORK OF DONOR CENTERS AND FUNDRAISING PARTNERS IN MEXICO.

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
C RANDAL MILLS ..... CHIEF EXECUTIVE OFFICER-THRU 2/2020	2.00 ..... 48.00	X		X				0	1,181,899	58,331
AMY RONNEBERG ..... CFO-THRU 2/2020; CEO-AS OF 2/2020	1.00 ..... 49.00	X		X				0	790,190	32,792
JOY KING ..... EXEC. DIR. BTMF/SVP PHILAN.	20.00 ..... 30.00				X			152,539	228,809	59,546
GINA GRAVES ..... ACTING CFO - AS OF 3/2020	1.00 ..... 49.00			X				0	266,669	15,209
STEPHEN STOUT ..... SR. DIR., MAJOR GIFTS-THRU 9/2020	50.00 ..... 0.00					X		198,091	0	43,518
JACQUELINE CHANDONNET ..... DIRECTOR, DEVELOPMENT	50.00 ..... 0.00					X		159,856	0	20,322
MARY BETH HEFFERNAN ..... SR DIR PUBLIC ENGAGE/OPS-THRU 8/2019	50.00 ..... 0.00					X		156,065	0	19,778
KRISTIN SCOTT ..... DIRECTOR, DEVELOPMENT	50.00 ..... 0.00					X		133,399	0	15,116
DANIEL LEE ..... MANAGER, ADO & MAJOR GIFTS DIR.	50.00 ..... 0.00					X		121,523	0	17,036
JOSEPH LOUGHRAN ..... CHAIR-THRU 1/2020; DIRECTOR	1.00 ..... 0.00	X						0	0	0





Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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			
DERYN POMEROY ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
RICHARD RIEGER ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
MICHAEL ROSE ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
RENE SIGMAN ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
MICHAEL STEWART ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
THOMAS TEACH ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0

SCHEDULE A  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
BE THE MATCH FOUNDATION

Employer identification number  
41-1704734

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 12, check only one box.)

- 1☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . .
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	8,943,953	11,148,511	11,051,487	10,751,245	18,034,650	59,929,846
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	<b>Total.</b> Add lines 1 through 3	8,943,953	11,148,511	11,051,487	10,751,245	18,034,650	59,929,846
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) . .						16,358,826
6	<b>Public support.</b> Subtract line 5 from line 4.						43,571,020

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	8,943,953	11,148,511	11,051,487	10,751,245	18,034,650	59,929,846
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	265,875	274,817	229,695	247,043	238,703	1,256,133
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	318,593	552,210	345,444	198,404	102,320	1,516,971
11	<b>Total support.</b> Add lines 7 through 10						62,702,950
12	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage				
<b>14</b>	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	<table><tr><td><b>14</b></td><td>69.490 %</td></tr></table>	<b>14</b>	69.490 %
<b>14</b>	69.490 %			
<b>15</b>	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	<table><tr><td><b>15</b></td><td>73.100 %</td></tr></table>	<b>15</b>	73.100 %
<b>15</b>	73.100 %			
<b>16a</b>	<b>33 1/3% support test—2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input checked="" type="checkbox"/>			
<b>b</b>	<b>33 1/3% support test—2018.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>			
<b>17a</b>	<b>10%-facts-and-circumstances test—2019.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>			
<b>b</b>	<b>10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>			
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>			

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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.						
<b>c</b> Add lines 7a and 7b. .						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
<b>9</b> Amounts from line 6. . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b> Add lines 10a and 10b.						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here.</b> . . . . . ► <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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 Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

Part IV

Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

Section B. Type I Supporting Organizations

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

Section C. Type II Supporting Organizations

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

Section D. All Type III Supporting Organizations

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. <b>Answer (a) and (b) below.</b>		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<b>1</b> <input type="checkbox"/> Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.			
<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		



Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014. . . . .			
b From 2015. . . . .			
c From 2016. . . . .			
d From 2017. . . . .			
e From 2018. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015. . . . .			
b Excess from 2016. . . . .			
c Excess from 2017. . . . .			
d Excess from 2018. . . . .			
e Excess from 2019. . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

**990 Schedule A, Supplemental Information**

Return Reference	Explanation
SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME:	FUNDRAISING REVENUE - 2015 AMOUNT: \$ 302,993. 2016 AMOUNT: \$ 532,510. 2017 AMOUNT: \$ 324,124. 2018 AMOUNT: \$ 176,304. 2019 AMOUNT: \$ 99,420. GAMING REVENUE - 2015 AMOUNT: \$ 15,600. 2016 AMOUNT: \$ 19,700. 2017 AMOUNT: \$ 21,320. 2018 AMOUNT: \$ 22,100. 2019 AMOUNT: \$ 2,900 .

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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
BE THE MATCH FOUNDATION

Employer identification number  
41-1704734

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year . . . . .		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor 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? . . . . .

☐ Yes ☐ No

Part II

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).  
☐ Preservation of land for public use (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.

	Held at the End of the Year
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d

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, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(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" on 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) Revenue included on Form 990, Part VIII, line 1 . . . . . ► \$

(ii) Assets included in Form 990, Part X . . . . . ► \$

2 If the organization received or held works of art, historical 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 Revenue included on 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) 2019

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

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

☐

Yes

☐

No

b

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

c

Beginning balance . . . . .

d

Additions during the year . . . . .

e

Distributions during the year . . . . .

f

Ending balance . . . . .

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐

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" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	4,612,433	1,407,960			
b Contributions . . . . .	200,500	2,963,973	1,407,960		
c Net investment earnings, gains, and losses	285,815	240,500			
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	5,098,748	4,612,433	1,407,960		

2

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

a

Board designated or quasi-endowment ▶ 63.540 %

b

Permanent endowment ▶ 36.460 %

c

Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b

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

	Yes	No
3a(i)		No
3a(ii)		No
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" on 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 . . . . .				0
c Leasehold improvements				0
d Equipment . . . . .		1,828	1,828	0
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).) . . . ▶				0

Part VII

Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) . . . . . ▶	

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	

**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
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 41-1704734  
**Name:** BE THE MATCH FOUNDATION

**Supplemental Information**

Return Reference	Explanation
PART V, LINE 4:	INTENDED USES OF ENDOWMENT FUNDS THE INTENDED USES OF THE ENDOWMENT FUNDS ARE TO SUPPORT RESEARCH AND PATIENT ASSISTANCE.



## Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	<p>ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER ASC 740 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 FASB 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, 2020 OR 2019. THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES.</p>

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization  
BE THE MATCH FOUNDATION

Employer identification number  
41-1704734

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
See Add'l Data					
3a Sub-total . . . . .	1	0			468,000
b Total from continuation sheets to Part I . . . . .	0	0			0
c Totals (add lines 3a and 3b)	1	0			468,000

**Part II** **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b>	<b>(a)</b> Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	<b>(c)</b> Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	<b>(f)</b> Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	<b>(i)</b> Method of valuation (book, FMV, appraisal, other)
			NORTH AMERICA	MEXICO RECRUITMENT	400,000	WIRE			
			EUROPE (INCLUDING ICELAND & GREENLAND)	RESEARCH/SCHOLAR	68,000	CHECK/WIRE			

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . **2**
- 3 Enter total number of other organizations or entities . . . . . **2**

<b>Part III</b>	<b>Grants and Other Assistance to Individuals Outside the United States.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
-----------------	---

Part III can be duplicated if additional space is needed.

[illegible]

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* . . . . . ☐ Yes ☒ No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* . . . . . ☐ Yes ☒ No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* . . . . . ☒ Yes ☐ No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . ☐ Yes ☒ No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* . . . . . ☐ Yes ☒ No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* . . . . . ☐ Yes ☒ No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
PART I, LINE 2:	PROCEDURES FOR MONITORING THE USE OF GRANTS OUTSIDE THE U.S. THE GRANTS PROVIDED TO MEXICO ARE TO BE THE MATCH MEXICO A.C., WHICH IS A RELATED ORGANIZATION. THESE FUNDS ARE USED FOR FUNDRAISING AND RECRUITMENT OF MEXICO DONORS TO THE BE THE MATCH REGISTRY AND ARE MONITORED THROUGH REGULAR FINANCIAL UPDATES AND OVERSIGHT OF THE BE THE MATCH MEXICO A.C. BOARD OF DIRECTORS. THE GRANT PROVIDED TO ITALY IS PART OF A BONE MARROW TRANSPLANT RESAERCH SCHOLAR PROGRAM THAT WAS STARTED MANY YEARS AGO. THE GRANTEES ARE REQUIRED ON A BI-ANNUAL BASIS TO SUBMIT DETAILED PROGRESS REPORTS TO BE THE MATCH THAT OUTLINE THE USE OF FUNDS. THE PAYMENTS ARE MADE TO THE INSTITUTION THAT THE SCHOLAR IS CONDUCTING RESEARCH AS AN ADDITIONAL PRECAUTION THAT THE FUNDS ARE USED FOR THEIR INTENDED PURPOSE.

**990 Schedule F, Supplemental Information**

Return Reference	Explanation
PART III ACCOUNTING METHOD:	

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 41-1704734  
**Name:** BE THE MATCH FOUNDATION

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA	1	0	GRANTMAKING		400,000
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		68,000



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SCHEDULE G  
(Form 990 or 990-EZ)

Supplemental Information Regarding  
Fundraising or Gaming Activities

OMB No. 1545-0047  
2019  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" on 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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization  
BE THE MATCH FOUNDATION

Employer identification number  
41-1704734

Part I

Fundraising Activities. Complete if the organization answered "Yes" on 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 10 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			
COMMUNITY COUNSELING SERVICE 527 MADISON AVE 5TH FL  NEW YORK, NY 10022	FUNDRAISING CONSULTANT		No	0	415,695	0
ONE & ALL INC 2 NORTH LAKE AVE STE 600  PASADENA, CA 911011868	FUNDRAISING CONSULTANT		No	0	199,444	0
Total					615,139	

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, AR, CA, CO, CT, FL, GA, HI, IL, KS, KY, ME, MD, MA, MI, MN, MO, MS, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI

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

Cat. No. 50083H

Schedule G (Form 990 or 990-EZ) 2019

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>VIRTUAL GALA</b> (event type)	<b>ST LOUIS SOIREE</b> (event type)	<b>2</b> (total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	622,833	622,685	86,422	1,331,940
	<b>2</b> Less: Contributions . . . . .	572,632	620,914	38,974	1,232,520
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	50,201	1,771	47,448	99,420
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .		20,159	22,500	42,659
	<b>7</b> Food and beverages . . . . .		39,774	11,581	51,355
	<b>8</b> Entertainment . . . . .	130,003	8,864	62,798	201,665
	<b>9</b> Other direct expenses . . . . .	11,097	12,543	10,695	34,335
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				330,014
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-230,594

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

**a** Is the organization licensed to conduct 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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in:

a	The organization's facility	13a	%
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 provide any additional information. See instructions.

Return Reference	Explanation
SCHEDULE G, PART I, LINE 2B, COLUMN (IV)	GROSS RECEIPTS FROM FUNDRAISERS THE GROSS RECEIPTS FROM THE ACTIVITIES THAT ONE & ALL INC AND COMMUNITY COUNSELING SERVICE ASSIST OUR ORGANIZATION ON ARE NOT ABLE TO BE SEPARATELY REPORTED. ONE & ALL INC WORKS ON OUR DIRECT MAIL AND ONLINE GIVING APPEALS. COMMUNITY COUNSELING SERVICE WORKS ON GENERAL FUNDRAISING STRATEGY AND FUNDRAISING CAMPAIGN CONSULTING. THE WORK OF THESE ORGANIZATION AIDS IN MANY OF OUR FUNDRAISING INITIATIVES THROUGHOUT OUR FISCAL YEAR AND THUS CANNOT BE SEPARATELY REPORTED.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

Open to Public  
Inspection

Department of the  
Treasury  
Internal Revenue Service

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

(a) Name and address of organization or government	(b) EIN	(c) IRC 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 14

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

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) COVID PATIENT ASSISTANCE	578	289,000			
(2) PATIENT TRANSPLANT ASSISTANCE	1438	2,982,750			
(3) CLINICAL TRIALS ASSISTANCE	104	206,450			
(4) PATIENT TYPING & SEARCH ASSISTANCE	79	872,266			
(5) DONOR ASSISTANCE	236	160,003			
(5)					
(6)					
(7)					

**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:	PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE U.S. PATIENT ASSISTANCE GRANTS ARE AWARDED THROUGH BTMF. PATIENTS APPLY FOR PRE- AND POST-TRANSPLANT SUPPORT GRANTS THROUGH THE ONLINE APPLICATION. THESE APPLICATIONS AND PATIENT ASSISTANCE ARE TRACKED IN OUR CUSTOM-BUILT SYSTEM AND MONITORED BY THE PATIENT OUTCOMES AND EXPERIENCES TEAM, A DEPARTMENT WITHIN NATIONAL MARROW DONOR PROGRAM (NMDP). THIS TEAM REVIEWS APPLICATIONS WEEKLY AND DETERMINES ASSISTANCE NEEDS BASED ON PUBLISHED CRITERIA, ALL WITH THE GOAL TO EQUITABLY ADMINISTER TO HELP PATIENTS OVERCOME BARRIERS BEFORE AND AFTER TRANSPLANT. SEARCH ASSISTANCE FUNDS ARE AWARDED TO COVER POTENTIALLY UNINSURED DONOR SEARCH COSTS AND ARE DISTRIBUTED DIRECTLY TO TRANSPLANT CENTERS (ORGANIZATIONS). ALL OTHER PATIENT ASSISTANCE 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 LIFE-SAVING CELLS. PAYMENTS ARE MADE DIRECTLY TO THE DONOR (INDIVIDUAL).
SCHEDULE I, PART II, LINE 1(H):	PURPOSE OF GRANT DONOR RECRUITMENT REFERS TO ADDING NEW DONORS TO THE BE THE MATCH REGISTRY.
SCHEDULE I, PART III:	GRANTS AND OTHER ASSISTANCE TO DOMESTIC INDIVIDUALS COVID PATIENT ASSISTANCE IS A NEW TEMPORARY ASSISTANCE TO HELP ENSURE PATIENTS CAN MAINTAIN THEIR ACCESS TO LIFE-SAVING TREATMENTS DURING THIS UNPRECEDENTED TIME. THIS ASSISTANCE PROVIDES A ONE-TIME \$500 FINANCIAL RELIEF GRANT TO HELP PATIENTS WITH MEDICAL AND NON-MEDICAL EXPENSES. PATIENT TRANSPLANT ASSISTANCE HAS BEEN EXPANDED TO NOT ONLY HELP PATIENTS OVERCOME BARRIERS AFTER TRANSPLANT, BUT NOW BEFORE TRANSPLANT AS WELL. CLINICAL TRIALS ASSISTANCE WAS FORMERLY CALLED TRAVEL ASSISTANCE. THIS ASSISTANCE IS SPECIFICALLY DESIGNED TO HELP PATIENTS WHO ARE ENROLLED OR IN THE PROCESS OF ENROLLING IN A CLINICAL TRIAL FOR A BLOOD CANCER OR BLOOD DISORDER AND NEED ASSISTANCE COVERING TRAVEL EXPENSES. PATIENT TYPING AND SEARCH ASSISTANCE WERE FORMALLY REPORTED SEPARATELY AND CALLED FAMILY TYPING GRANT AND PATIENT SEARCH ASSISTANCE GRANTS. BOTH OF THESE FORMS OF ASSISTANCE HELP PATIENTS IN THE PRE-TRANSPLANT PHASE OVERCOME BARRIERS RELATED TO INADEQUATE HEALTH INSURANCE COVERAGE RELATED TO HLA TYPING OF FIRST-DEGREE RELATIVE(S) AND OR AN UNRELATED DONOR SEARCH.

Additional Data

Software ID:  
Software Version:  
EIN: 41-1704734  
Name: BE THE MATCH FOUNDATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NATIONAL MARROW DONOR PROGRAM 500 N 5TH STREET MINNEAPOLIS, MN 55401	84-0865803	501(C)(3)	692,364				VARIOUS NMDP PROGRAM
NATIONAL MARROW DONOR PROGRAM 500 N 5TH STREET MINNEAPOLIS, MN 55401	84-0865803	501(C)(3)	462,559				BTMM PATIENT ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NATIONAL MARROW DONOR PROGRAM 500 N 5TH STREET MINNEAPOLIS, MN 55401	84-0865803	501(C)(3)	316,083				CLINICAL TRIALS SUPPORT
NATIONAL MARROW DONOR PROGRAM 500 N 5TH STREET MINNEAPOLIS, MN 55401	84-0865803	501(C)(3)	254,708				RESEARCH

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
WASHINGTON UNIVERSITY OF ST LOUIS 600 SOUTH EUCLID AVENUE ST LOUIS, MO 63110	43-0654872	501(C)(3)	150,000				RESEARCH/SCHOLAR
NATIONAL MARROW DONOR PROGRAM 500 N 5TH STREET MINNEAPOLIS, MN 55401	84-0865803	501(C)(3)	148,434				BTMBT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
FRED HUTCHINSON CANCER RESEARCH CENTER MAILSTOP LF-272 PO BOX 19024 SEATTLE, WA 98109	23-7156071	501(C)(3)	108,000				RESEARCH/SCHOLAR
UNIVERSITY OF ALABAMA 701 20TH STREET SOUTH BIRMINGHAM, AL 35294	63-0649108	501(C)(3)	80,000				RESEARCH/SCHOLAR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
DANA-FABER CANCER INSTITUTE PO BOX 414744 BOSTON, MA 02241	04-2263040	501(C)(3)	80,000				RESEARCH/SCHOLAR
UNIVERSITY NORTH CAROLINA AT CHAPEL HILL PO BOX 402420 ATLANTA, GA 30384	56-6001393	501(C)(3)	80,000				RESEARCH/SCHOLAR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
MEMORIAL SLOAN KETTERING CANCER CENTER 633 3RD AVENUE 4TH FLOOR NEW YORK, NY 10017	13-1924236	501(C)(3)	74,000				RESEARCH/SCHOLAR
UNIVERSITY OF CALIFORNIA SAN FRANCISCO UCSF MAIN DEPOSITORY PO BOX 748872 LOS ANGELES, CA 90074	94-6036493	501(C)(3)	70,000				RESEARCH/SCHOLAR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
BAYLOR SCHOOL OF MEDICINE IN HOUSTON PO BOX 4803 HOUSTON, TX 77210	74-1613878	501(C)(3)	68,000				RESEARCH/SCHOLAR
UNIVERSITY OF PITTSBURGH PO BOX 371220 PITTSBURGH, PA 15251	25-0965591	501(C)(3)	68,000				RESEARCH/SCHOLAR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CHILDRENS HOSPITAL CORPORATION 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)(3)	40,000				RESEARCH/SCHOLAR
UNIVERISTY OF MINNESOTA 2221 UNIVERSITY AVENUE S SUITE 111 MINNEAPOLIS, MN 55414	41-6042488	501(C)(3)	36,000				RESEARCH/SCHOLAR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
UNIVERSITY OF TEXAS MD ANDERSON CANCER CENTER 1515 HOLCOMBE BOULEVARD HOUSTON, TX 77030	74-6001118	501(C)(3)	36,000				RESEARCH/SCHOLAR
CHILDREN'S RESEARCH INSTITUTE 801 ROEDER ROAD SUITE 500 SILVER SPRING, MD 20910	52-1654453	501(C)(3)	34,000				RESEARCH/SCHOLAR

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
HISTOGENETICS 300 EXECUTIVE BOULEVARD OSSINING, NY 10562	20-5412180		20,350				DONOR RECRUITMENT
NATIONAL MARROW DONOR PROGRAM 500 N 5TH STREET MINNEAPOLIS, MN 55401	84-0865803	501(C)(3)	12,500				DONOR RECRUITMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
NATIONAL MARROW DONOR PROGRAM 500 N 5TH STREET MINNEAPOLIS, MN 55401	84-0865803	501(C)(3)		267,984	BOOK	SALARY	PROGRAM SUPPORT



Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
		Open to Public Inspection
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
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 on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?		2	
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.			
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
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?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	Yes
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

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

Schedule J (Form 990) 2019

**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 3	TOP MANAGEMENT'S COMPENSATION 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) NOT-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 COMMITTEE SHALL REVIEW AND EVALUATE THE OVERALL COMPENSATION AND BENEFIT STRUCTURE OF THE CORPORATION, AND APPROVE AND ADOPT A COMPENSATION PHILOSOPHY AND PRINCIPLES CONSISTENT WITH THE CORPORATION'S NOT-FOR-PROFIT STATUS (THE COMPENSATION PHILOSOPHY AND PRINCIPLES). THE COMMITTEE SHALL CONDUCT THE CHIEF EXECUTIVE OFFICER (CEO) PERFORMANCE EVALUATION. THE COMMITTEE SHALL MAKE CEO TOTAL COMPENSATION AND BENEFIT RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE, CONSISTENT WITH THE COMPENSATION PHILOSOPHY AND PRINCIPLES. IN MAKING COMPENSATION AND BENEFIT RECOMMENDATIONS FOR THE CEO, THE COMMITTEE SHALL UTILIZE, AMONG OTHER THINGS, COMPARABILITY DATA FOR COMPLIANCE WITH IRS INTERMEDIATE SANCTION PROVISIONS SO AS TO ALLOW THE CORPORATION TO TAKE ADVANTAGE OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS. ON A PERIODIC BASIS, THE COMMITTEE SHALL OBTAIN COMPARABILITY DATA FROM AN INDEPENDENT COMPENSATION CONSULTANT. IN ADDITION, THE COMMITTEE SHALL ADVISE THE CEO IN HIS/HER/THEIR EVALUATION OF AND DECISIONS REGARDING THE COMPENSATION OF AND BENEFITS FOR SENIOR CORPORATION EMPLOYEES, AS WELL AS THE PRESIDENT (OR EQUIVALENT LEADER) OF ANY SUBSIDIARY OF THE CORPORATION REPORTING TO THE CEO (TOGETHER, SENIOR LEADERSHIP). IN ADVISING THE CEO IN MAKING HIS/HER/THEIR COMPENSATION AND BENEFIT DECISIONS FOR SENIOR LEADERSHIP, THE COMMITTEE SHALL ENSURE THAT SUCH DECISIONS ARE CONSISTENT WITH THE COMPENSATION PHILOSOPHY AND PRINCIPLES, AND UTILIZE, AMONG OTHER THINGS, COMPARABILITY DATA FOR COMPLIANCE WITH IRS INTERMEDIATE SANCTION PROVISIONS. IF DECISIONS PROPOSED BY THE CEO ARE OUTSIDE THE PARAMETERS OF THE COMPENSATION PHILOSOPHY AND PRINCIPLES, THE CEO MUST OBTAIN THE COMMITTEE'S APPROVAL PRIOR TO IMPLEMENTATION."
PART I, LINES 4A-B	LINE 4A SEVERANCE PAYMENT THE FOLLOWING INDIVIDUAL LEFT BTMF DURING 2019 AND RECEIVED A SEPARATION PAYMENT DURING CALENDAR YEAR 2019. THE AMOUNT HAS BEEN INCLUDED IN SCHEDULE J, PART II, COLUMN B (III): MARY BETH HEFFERNAN \$52,908.84 LINE 4B SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THE ORGANIZATION OFFERS ITS OFFICERS, SENIOR VICE PRESIDENTS, 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, 12% FOR THE CHIEF FINANCIAL 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. 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.
PART I, LINE 7	NON-FIXED PAYMENTS EMPLOYEE INCENTIVE PLAN PAYMENTS ARE DETERMINED EACH YEAR AS PART OF THE PERFORMANCE EVALUATION COMPLETED BY HUMAN RESOURCES IN COLLABORATION WITH THE INDIVIDUAL'S MANAGER. THE ANNUAL INCENTIVE PLAN IS DETERMINED BY TAKING INTO ACCOUNT THE RESULTS OF THE ORGANIZATION'S OPERATING METRICS AND EACH DEPARTMENT'S GOALS.

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.  
►Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

2019

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 . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	11	110,358	FMV
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 . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( AUCTION ITEMS ) . . . . .	X	139	193,074	FMV
26 Other ► ( ) . . . . .				
27 Other ► ( ) . . . . .				
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

29

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 isn't required to be used for exempt purposes for the entire holding period? . . . . .

Yes

No

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 nonstandard contributions?

Yes

No

31

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

Yes

No

32a

No

b

If "Yes," describe in Part II.

33

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Yes

No

33

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

Cat. No. 51227J

Schedule M (Form 990) (2019)

**Part II** **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

Name of the organization  
BE THE MATCH FOUNDATION

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Employer identification number

41-1704734

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART I, LINE 6	<p>TOTAL NUMBER OF VOLUNTEERS THE NUMBER OF VOLUNTEERS DECREASED COMPARED TO TAX YEAR ENDED SEPTEMBER 30, 2019 PRIMARILY DUE TO A DECREASE IN VOLUNTEER OPPORTUNITIES, OTHER THAN BONE MARROW COURIER, AND CHANGES IN MANY BE THE MATCH OPERATIONS LIKE NO IN PERSON DONOR RECRUITMENT DRIVES AND FUNDRAISING EVENTS DURING THE COVID-19 PANDEMIC. CONTINUATION OF ORGANIZATION'S MISSION: CONNECTS PATIENTS WITH A MATCHING DONOR FOR A LIFE-SAVING BLOOD STEM CELL TRANSPLANT. THE BE THE MATCH REGISTRY IS THE MOST DIVERSE REGISTRY IN THE WORLD AND INCLUDES BOTH ADULT DONORS WILLING TO DONATE TO A STRANGER IN NEED AND STORED CORD BLOOD UNITS. IN ADDITION, BE THE MATCH PROVIDES PATIENTS AND THEIR FAMILIES ONE-ON-ONE SUPPORT, EDUCATION, AND GUIDANCE BEFORE, DURING AND AFTER TRANSPLANT. BE THE MATCH IS ALSO A GLOBAL LEADER IN RESEARCH THROUGH THE CIBMTR (CENTER FOR INTERNATIONAL BLOOD AND MARROW TRANSPLANT RESEARCH), A COLLABORATION WITH MEDICAL COLLEGE OF WISCONSIN, INVESTING IN AND MANAGING RESEARCH STUDIES THAT IMPROVE PATIENT OUTCOMES AND ADVANCE THE FUTURE OF CARE. THE BE THE MATCH FOUNDATION RAISES FUNDS TO HELP PATIENTS BY: - ADDING NEW POTENTIAL DONORS TO THE REGISTRY - HELPING PAY UNINSURED PATIENT COSTS ASSOCIATED WITH TRANSPLANT - FUNDING LIFE-SAVING RESEARCH THROUGH THE CIBMTR. WITH THE SUPPORT OF OUR CONTRIBUTORS, EACH YEAR, WE: - FACILITATE MORE MARROW AND CORD BLOOD TRANSPLANTS - GROW AND DIVERSIFY 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. AS THE WORLD'S LEADING NONPROFIT ORGANIZATION FOCUSED ON SAVING LIVES THROUGH CELLULAR THERAPY, 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 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. ON BEHALF OF ALL THE PEOPLE WHO COUNT ON US WHEN THEY NEED IT MOST, WE THANK OUR CONTRIBUTORS FOR THEIR NEVER-ENDING PASSION AND DEDICATION TO SAVING LIVES.</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	REPORTABLE RELATIONSHIPS THE FOLLOWING DIRECTORS OF BTMF HAVE A REPORTABLE BUSINESS RELATI ONSHIP: ANNE MCGEORGE AND AMY RONNEBERG (MS. MCGEORGE AND MS. RONNEBERG WERE BOTH VOTING D IRECTORS OF MAGENTA THERAPEUTICS DURING FY2020)

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	MEMBERS OR STOCKHOLDERS NMDP IS THE SOLE CORPORATE MEMBER OF BTMF.



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS OR STOCKHOLDERS WHO MAY ELECT GOVERNING BODY THE NMDP BOARD ELECTS THE BOARD OF DIRECTORS OF BTMF.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	MEMBERS OR STOCKHOLDERS WHO MAY APPROVE DECISIONS THE NMDP BOARD APPROVES THE ACTIONS OF BTMF.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	FORM 990 REVIEW PROCESS THE ORGANIZATION CONTRACTED WITH THE OUTSIDE PUBLIC ACCOUNTING FIRM, GRANT THORNTON 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, INTERNAL AUDIT AND HUMAN RESOURCES. THAT WORK IS THEN REVIEWED BY THE SENIOR MANAGER OF FINANCIAL REPORTING PRIOR TO SENDING TO GRANT THORNTON LLP; THE CHIEF LEGAL OFFICER ALSO REVIEWS THE GOVERNANCE SECTIONS PRIOR TO SENDING TO GRANT THORNTON LLP. ONCE A DRAFT IS RECEIVED BACK FROM GRANT THORNTON LLP, IT IS REVIEWED BY THE TEAM THAT PULLED THE DETAILS TOGETHER, NMDP ACTING CHIEF FINANCIAL OFFICER AND EXECUTIVE DIRECTOR OF BTMF. A COPY OF THE RETURN IS PROVIDED TO THE NMDP AUDIT AND FINANCE COMMITTEE AND BTMF BOARD OF DIRECTORS PRIOR TO FILING.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>CONFLICT OF INTEREST POLICY MONITORING &amp; ENFORCEMENT THE CONFLICT OF INTEREST POLICY STATE S THE FOLLOWING: "THE EXISTENCE OF AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST TURNS ON TH E SPECIFIC FACTS AND CIRCUMSTANCES IN EACH CASE. IF A MEMBER HAS AN INTEREST WHICH MAY CON FLECT WITH THOSE OF THE ORGANIZATIONS, HE/SHE/THEY MUST IMMEDIATELY DISCLOSE THE MATTERS A ND DISCUSS THEM FULLY AND FRANKLY WITH THE APPLICABLE ORGANIZATION'S FULL BOARD OR ITS EXE CUTIVE COMMITTEE, AS SET FORTH IN DETAIL BELOW. A MEMBER MUST NOT PARTICIPATE IN ANY MATTE R IN WHICH THAT MEMBER MAY HAVE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST WITHOUT THE EX PRESS APPROVAL OF THE APPLICABLE ORGANIZATION'S BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS (EXECUTIVE COMMITTEE). ALL MEMBERS MUST DISCLOSE TO THE APPLICAB LE ORGANIZATION'S BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE ALL CONFLICTS OF INTEREST AND REPORTABLE RELATIONSHIPS, AND MUST ANNUALLY COMPLETE AND SUBMIT THE CONFLICT OF INTEREST Q UESTIONNAIRE WHICH IS REQUIRED BY THIS POLICY. WHENEVER IN THE COURSE OF EVENTS A MEMBER'S CIRCUMSTANCES CHANGE SUCH THAT THE MEMBER KNOWS OR HAS REASON TO BELIEVE THAT THE MEMBER MAY HAVE AN ACTUAL OR PERCEIVED CONFLICT OF INTEREST, SUCH MEMBER SHALL PROMPTLY DISCLOSE THE POTENTIAL CONFLICT TO THE APPLICABLE ORGANIZATION'S BOARD OF DIRECTORS OR EXECUTIVE CO MMITTEE. FOR THE PURPOSES OF THIS ARTICLE, A MEMBER MAY FORMALLY DISCLOSE A CONFLICT OR RE PORTABLE RELATIONSHIP TO THE CHIEF EXECUTIVE OFFICER (CEO) OF NMDP, THE BTMF EXECUTIVE DIR ECTOR AND SENIOR VICE PRESIDENT (SVP) OF PHILANTHROPY, OR THE NMDP CHIEF LEGAL OFFICER (CL O), AS APPLICABLE, WHO SHALL INFORM THE APPLICABLE ORGANIZATION'S BOARD OF DIRECTORS OR EX ECUTIVE COMMITTEE FOR RESOLUTION. AS NOTED HEREIN, IF THE POTENTIAL CONFLICT INVOLVES A DI RECTOR OR COMMITTEE MEMBER, THAT DIRECTOR OR COMMITTEE MEMBER SHALL NOT PARTICIPATE IN OR VOTE UPON SUCH MATTERS UNTIL THE QUESTION OF THE EXISTENCE OF THE CONFLICT OF INTEREST HAS BEEN RESOLVED IN ACCORDANCE WITH THIS POLICY. LIKewise, AN OFFICER OR KEY EMPLOYEE MAY NO T BECOME SUBSTANTIALLY INVOLVED IN DECISION-MAKING INVOLVING ANY COVERED LITIGATION, CONTR ACT OR TRANSACTION UNTIL THE RESOLUTION OF THE MATTER IN ACCORDANCE WITH THIS POLICY."</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>PROCESS FOR DETERMINING COMPENSATION THE BTMF CHIEF ADVANCEMENT OFFICER REPORTS DIRECTLY TO THE NMDP CEO AND IS CONSIDERED A KEY EMPLOYEE PER THE IRS DEFINITION DURING FY2020. THE COMPENSATION OF THE BTMF CHIEF ADVANCEMENT OFFICER 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 COMMITTEE SHALL REVIEW AND EVALUATE THE OVERALL COMPENSATION AND BENEFIT STRUCTURE OF THE CORPORATION, AND APPROVE AND ADOPT A COMPENSATION PHILOSOPHY AND PRINCIPLES CONSISTENT WITH THE CORPORATION'S NOT-FOR-PROFIT STATUS (THE COMPENSATION PHILOSOPHY AND PRINCIPLES). THE COMMITTEE SHALL CONDUCT THE CHIEF EXECUTIVE OFFICER (CEO) PERFORMANCE EVALUATION. THE COMMITTEE SHALL MAKE CEO TOTAL COMPENSATION AND BENEFIT RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE, CONSISTENT WITH THE COMPENSATION PHILOSOPHY AND PRINCIPLES. IN MAKING COMPENSATION AND BENEFIT RECOMMENDATIONS FOR THE CEO, THE COMMITTEE SHALL UTILIZE, AMONG OTHER THINGS, COMPARABILITY DATA FOR COMPLIANCE WITH IRS INTERMEDIATE SANCTION PROVISIONS SO AS TO ALLOW THE CORPORATION TO TAKE ADVANTAGE OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS. ON A PERIODIC BASIS, THE COMMITTEE SHALL OBTAIN COMPARABILITY DATA FROM AN INDEPENDENT COMPENSATION CONSULTANT. IN ADDITION, THE COMMITTEE SHALL ADVISE THE CEO IN HIS/HER/THEIR EVALUATION OF AND DECISIONS REGARDING THE COMPENSATION OF AND BENEFITS FOR SENIOR CORPORATION EMPLOYEES, AS WELL AS THE PRESIDENT (OR EQUIVALENT LEADER) OF ANY SUBSIDIARY OF THE CORPORATION REPORTING TO THE CEO (TOGETHER, SENIOR LEADERSHIP). IN ADVISING THE CEO IN MAKING HIS/HER/THEIR COMPENSATION AND BENEFIT DECISIONS FOR SENIOR LEADERSHIP, THE COMMITTEE SHALL ENSURE THAT SUCH DECISIONS ARE CONSISTENT WITH THE COMPENSATION PHILOSOPHY AND PRINCIPLES, AND UTILIZE, AMONG OTHER THINGS, COMPARABILITY DATA FOR COMPLIANCE WITH IRS INTERMEDIATE SANCTION PROVISIONS. IF DECISIONS PROPOSED BY THE CEO ARE OUTSIDE THE PARAMETERS OF THE COMPENSATION PHILOSOPHY AND PRINCIPLES, THE CEO MUST OBTAIN THE COMMITTEE'S APPROVAL PRIOR TO IMPLEMENTATION."</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC 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 THE ATTORNEY GENERAL.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VII, SECTION A, LINE 1A, COLUMN B	HOURS FOR RELATED ORGANIZATION THE HOURS LISTED ON THE 990 PART VII ARE BASED ON A 50 HOUR WEEK THAT THESE INDIVIDUALS DEVOTED TO NMDP AND BTMF IN TOTAL DURING THE YEAR.

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

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 500 N 5TH ST  MINNEAPOLIS, MN 554011206 84-0865803	TRANSPLANTS	CO	501(C)(3)	LINE 10	N/A		No
(2)BE THE MATCH MX AC VERACRUZ AV 93 101 PISO CUIDAD DE MEXICO CONDESA MX	RECRUITMENT	MX	N/A	N/A	NMDP		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
<b>(1)</b> BE THE MATCH BIOTHERAPIES SERVICES LLC 500 N 5TH ST MINNEAPOLIS, MN 554011206 81-1248190	CELLULAR THERAPY	MN	NMDP	C					No
<b>(2)</b> CLEAR INSURANCE LTD (FORMERLY CLR) 62 FORUM LN 3RD FL PO BOX 30600 KY1-1203 CJ 84-0865803	CAPTIVE INSURANCE	CJ	NMDP	C					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?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	Yes	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		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
(1)BE THE MATCH MX AC	B	400,000	FMV

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