



## TAX RETURN FILING INSTRUCTIONS

PUBLIC INSPECTION COPY

<b>Prepared by</b>	Grant Thornton LLP 100 E. Wisconsin Avenue, Suite 2100 Milwaukee, WI 53202
<b>Special Instructions</b>	<p>The return should be signed and dated by the appropriate officer(s).</p> <p>Exempt organizations are required to provide copies of their returns for a period of three years from the filing date for public inspection upon request. On the Form 990 the names of any contributors should not be disclosed, so we have deleted them. Charities must also provide copies of: 1) Forms 990-T filed after August 17, 2006. 2) Forms 4720 filed by the organization. Form 990-PF contributors must be disclosed.</p>
<b>Application for Recognition of Exemption</b>	<p>Exempt Organizations are also required to provide a copy of the Application for Recognition of Exemption (Form 1023 or 1024) including all documents and statements submitted in support of such application and any letter or other document issued by the Internal Revenue Service with respect to such application.</p> <p>An organization that submitted its Form 1023 or 1024 on or before July 15, 1987 must make this form available for public inspection only if they had a copy of the Application on July 15, 1987.</p>
<b>Requests made in person</b>	If the request is made in person, the organization must respond by the end of the business day.
<b>Requests made in writing</b>	If the request is made in writing, response is generally required within 30 days.
<b>Fees charged for copies</b>	The organization can make a reasonable charge for copying and postage. The regulations limit the copying charge to that charged by the IRS for providing copies, currently \$1.00 for the first page and \$0.15 for each additional page.
<b>What if we post the Form 990 on our website?</b>	<p>The requirement to provide copies can be eliminated if the organization posts the relevant documents on its website. The public must be able to download the documents and print them in the exact form they were filed with the IRS (except for disclosing contributors). The download must be free and use software that is available without charge. Even if the documents are posted on the web, the organization must still have a copy available for inspection at its offices.</p>
<b>What if we fail to comply with requests?</b>	Please be aware that significant monetary penalties may be imposed by the IRS on an organization for failure to follow the above provisions.

Form **8879-EO****IRS e-file Signature Authorization  
for an Exempt Organization**

OMB No. 1545-1878

For calendar year 2018, or fiscal year beginning 10/01, 2018, and ending 09/30, 20 19

▶ Do not send to the IRS. Keep for your records.

▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**2018**Department of the Treasury  
Internal Revenue Service

Name of exempt organization

BE THE MATCH FOUNDATION

Name and title of officer

AMY RONNEBERG, CFO

Employer identification number

41-1704734**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here ▶ <input checked="" type="checkbox"/>	b	Total revenue, if any (Form 990, Part VIII, column (A), line 12) . . .	1b	<u>11079088.</u>
2a	Form 990-EZ check here ▶ <input type="checkbox"/>	b	Total revenue, if any (Form 990-EZ, line 9) . . . . .	2b	
3a	Form 1120-POL check here ▶ <input type="checkbox"/>	b	Total tax (Form 1120-POL, line 22) . . . . .	3b	
4a	Form 990-PF check here ▶ <input type="checkbox"/>	b	Tax based on investment income (Form 990-PF, Part VI, line 5). . . . .	4b	
5a	Form 8868 check here ▶ <input type="checkbox"/>	b	Balance Due (Form 8868, line 3c) . . . . .	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2018 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

☒ I authorize GRANT THORNTON LLP to enter my PIN 8 2 2 5 2 as my signature

ERO firm name

Enter five numbers, but do not enter all zeros

on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2018 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶

Amy Ronneberg

Date ▶

7/1/2020**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

3 9 5 2 9 0 3 6 6 0 5

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2018 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶

Date ▶

**ERO Must Retain This Form - See Instructions****Do Not Submit This Form To the IRS Unless Requested To Do So**

For Paperwork Reduction Act Notice, see back of form.

Form **8879-EO** (2018)

Form **990****Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2018****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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

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

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

<b>A</b> For the 2018 calendar year, or tax year beginning 10/01, 2018, and ending 09/30, 2019																												
<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization BE THE MATCH FOUNDATION</td> <td><b>D</b> Employer identification number 41-1704734</td> </tr> <tr> <td colspan="2">Doing business as</td> <td><b>E</b> Telephone number (763) 406-8700</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> <td></td> </tr> <tr> <td colspan="2">500 N 5TH ST.</td> <td></td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55401-1206</td> <td><b>G</b> Gross receipts \$ 16,017,439.</td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer: JOY KING 500 N 5TH ST., MINNEAPOLIS, MN 55401-1206</td> <td> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No          If "No," attach a list. (see instructions)       </td> </tr> <tr> <td colspan="2"><b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td><b>H(c)</b> Group exemption number ▶</td> </tr> <tr> <td colspan="2"><b>J</b> Website: ▶ WWW.BETHEMATCH.ORG</td> <td></td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td><b>L</b> Year of formation: 1991 <b>M</b> State of legal domicile: MN</td> </tr> </table>	<b>C</b> Name of organization BE THE MATCH FOUNDATION		<b>D</b> Employer identification number 41-1704734	Doing business as		<b>E</b> Telephone number (763) 406-8700	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		500 N 5TH ST.			City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55401-1206		<b>G</b> Gross receipts \$ 16,017,439.	<b>F</b> Name and address of principal officer: JOY KING 500 N 5TH ST., MINNEAPOLIS, MN 55401-1206		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	<b>J</b> Website: ▶ WWW.BETHEMATCH.ORG			<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: 1991 <b>M</b> State of legal domicile: MN
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<b>Part I Summary</b>				
<b>Activities &amp; Governance</b>	1	Briefly describe the organization's mission or most significant activities: FUNDRAISING TO SUPPORT THE MISSION OF THE NATIONAL MARROW DONOR PROGRAM (NMDP) / BE THE MATCH: TO SAVE LIVES THROUGH CELLULAR THERAPY.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	18.	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	17.	
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	36.	
	6	Total number of volunteers (estimate if necessary)	1,131.	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
	7b	Net unrelated business taxable income from Form 990-T, line 38	0.	
<b>Revenue</b>	8	Contributions and grants (Part VIII, line 1h)	11,051,487.	10,751,245.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,016,155.	868,271.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-381,475.	-540,428.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,686,167.	11,079,088.
<b>Expenses</b>	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	8,668,907.	9,991,185.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	3,096,383.	3,987,185.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	445,975.	786,942.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,856,564.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,729,580.	2,152,680.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,940,845.	16,917,992.
	19	Revenue less expenses. Subtract line 18 from line 12	-2,254,678.	-5,838,904.
<b>Net Assets or Fund Balances</b>	20	Total assets (Part X, line 16)	15,117,948.	16,248,451.
	21	Total liabilities (Part X, line 26)	2,536,211.	9,689,455.
	22	Net assets or fund balances. Subtract line 21 from line 20.	12,581,737.	6,558,996.

<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>	Signature of officer: <u>Amy Ronneberg</u>	Date: <u>2/1/2020</u>	
	Type or print name and title: <u>Amy Ronneberg</u>		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name: MICHELLE L WEBER	Preparer's signature: <u>Michelle Weber</u>	Date: <u>6/16/2020</u>
	Firm's name: GRANT THORNTON LLP	Check <input type="checkbox"/> if self-employed	PTIN: P00556798
	Firm's address: 100 E. WISCONSIN AVE. MILWAUKEE, WI 53202	Firm's EIN: 36-6055558	Phone no.: 414-289-8200

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:

ATTACHMENT 1

**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 \$ 4,904,740. including grants of \$ 4,904,740. ) (Revenue \$ 0. )

ATTACHMENT 2

**4b** (Code: ) (Expenses \$ 1,951,125. including grants of \$ 1,951,125. ) (Revenue \$ 0. )

ATTACHMENT 3

**4c** (Code: ) (Expenses \$ 1,657,856. including grants of \$ 1,657,856. ) (Revenue \$ 0. )

ATTACHMENT 4

**4d** Other program services (Describe in Schedule O.)

(Expenses \$ 5,627,220. including grants of \$ 1,477,464. ) (Revenue \$ )

**4e** Total program service expenses ► 14,140,941.

**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> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . .	<b>2</b> X	
<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>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. . . . .	<b>4</b>	X
<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>	X
<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>	X
<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>	X
<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>	X
<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>	X
<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> X	
<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> X	
<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> X	
<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>	X
<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> X	
<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>	X
<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> X	
<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>	X
<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> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. . . . .	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	X
<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> X	
<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> X	
<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>	X
<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> X	
<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> X	
<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> X	
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H. . . . .	<b>20a</b>	X
<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> X	

**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? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	X	
<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? <i>If "Yes," complete Schedule J . . . . .</i>	X	
<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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>		X
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</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? . . . . .		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I . . . . .</i>		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III . . . . .</i>		X
<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>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>		X
<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? <i>If "Yes," complete Schedule R, Part I . . . . .</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
<b>35b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		X
<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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>		X
<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.	X	

**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 . . . . .		
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
<b>1c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	X	

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

	Yes	No
<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. <b>2a</b> 36		
<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> X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<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> X	
<b>b</b> If "Yes," enter the name of the foreign country: <b>MEXICO</b> 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>	X
<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>	X
<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>	X
<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> X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b> X	
<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>	X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year <b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>	X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . .	<b>7f</b>	X
<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>	X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<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>	X
<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>	X

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

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

**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 . . . . . 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>1a</b> 18		
<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>X</b>
<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>X</b>
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		<b>X</b>
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . .		<b>X</b>
<b>6</b> Did the organization have members or stockholders? . . . . .	<b>X</b>	
<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>X</b>	
<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>X</b>	
<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>X</b>	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .	<b>X</b>	
<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>X</b>

**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>X</b>
<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>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>X</b>	
<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>X</b>	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>X</b>	
<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>X</b>	
<b>13</b> Did the organization have a written whistleblower policy? . . . . .	<b>X</b>	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .	<b>X</b>	
<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>X</b>	
<b>b</b> Other officers or key employees of the organization . . . . .	<b>X</b>	
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>X</b>
<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? . . . . .		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ► **ATTACHMENT 5**

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) 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 ►  
 AMY RONNEBERG 500 N 5TH ST. MINNEAPOLIS, MN 55401-1206 763-406-8694



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☒ X**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOSEPH LOUGHRAN CHAIR	1.00 0.	X						0.	0.	0.
(2) ANNE MCGEORGE VICE CHAIR	1.00 0.	X						0.	0.	0.
(3) ROGER PASCHKE SECRETARY	1.00 0.	X						0.	0.	0.
(4) ROBERT SIT TREASURER	1.00 0.	X						0.	0.	0.
(5) JASON AHLGREN DIRECTOR	1.00 0.	X						0.	0.	0.
(6) ANDREW BLOCK DIRECTOR	1.00 0.	X						0.	0.	0.
(7) DIANA CARTER DIRECTOR	1.00 0.	X						0.	0.	0.
(8) SCOT HOUSH DIRECTOR	1.00 0.	X						0.	0.	0.
(9) BRUCE MANASEVIT DIRECTOR	1.00 0.	X						0.	0.	0.
(10) C. RANDAL MILLS DIRECTOR & CEO	2.00 48.00	X		X				0.	1,150,413.	55,440.
(11) NICOLE MOORE DIRECTOR	1.00 0.	X						0.	0.	0.
(12) JACQUELINE PATTERSON DIRECTOR - THRU 5/19	1.00 0.	X						0.	0.	0.
(13) DAVID PEARCE DIRECTOR	1.00 0.	X						0.	0.	0.
(14) WILLIAM POMEROY DIRECTOR	1.00 0.	X						0.	0.	0.

**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			
( 15 ) ANTONIO PRIOLETTI DIRECTOR	1.00 0.	X						0.	0.	0.
( 16 ) RICHARD RIEGER DIRECTOR	1.00 0.	X						0.	0.	0.
( 17 ) MICHAEL ROSE DIRECTOR	1.00 0.	X						0.	0.	0.
( 18 ) MICHAEL STEWART DIRECTOR	1.00 0.	X						0.	0.	0.
( 19 ) THOMAS TEACH DIRECTOR	1.00 0.	X						0.	0.	0.
( 20 ) AMY RONNEBERG CHIEF FINANCIAL OFFICER	1.00 49.00			X				0.	634,097.	29,284.
( 21 ) JOY KING EXEC. DIR. BTMF/SVP PHILAN.	20.00 30.00				X			140,288.	210,431.	55,446.
( 22 ) STEPHEN STOUT SR. DIR, MAJOR & PLANNED GIFTS	50.00 0.					X		175,746.	0.	43,307.
( 23 ) TODD PETERSON SR. DIR, CORP. & DIST. PTNRS	50.00 0.					X		165,400.	0.	42,706.
( 24 ) MARY BETH HEFFERNAN SR. DIR, PUBLIC ENGAG & OPER	50.00 0.					X		154,617.	0.	39,196.
( 25 ) DANIEL LEE MANAGER, ADO & MAJOR GIFTS DIR	50.00 0.					X		113,632.	0.	15,539.
<b>1b Sub-total</b> . . . . .								0.	1,150,413.	55,440.
<b>c Total from continuation sheets to Part VII, Section A</b> . . . . .								859,286.	844,528.	261,529.
<b>d Total (add lines 1b and 1c)</b> . . . . .								859,286.	1,994,941.	316,969.

**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 **6**

	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> . . . . .		X
<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> . . . . .	X	
<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> . . . . .		X

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 6		

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



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	1,237,092.			
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	1,931,058.			
	<b>e</b>	Government grants (contributions) . .	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>	7,583,095.			
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$		160,803.			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶		10,751,245.			
<b>Program Service Revenue</b>				<b>Business Code</b>			
	<b>2a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue . . . . .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶		0.			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts). . . . . ▶		247,043.			247,043.
	<b>4</b>	Income from investment of tax-exempt bond proceeds . ▶		0.			
	<b>5</b>	Royalties . . . . . ▶		0.			
				(i) Real	(ii) Personal		
	<b>6a</b>	Gross rents . . . . .					
	<b>b</b>	Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .					
	<b>d</b>	Net rental income or (loss) . . . . . ▶		0.			
	<b>7a</b>	Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other		
				4,820,747.			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .		4,199,519.			
	<b>c</b>	Gain or (loss) . . . . .		621,228.			
	<b>d</b>	Net gain or (loss) . . . . . ▶		621,228.			621,228.
	<b>8a</b>	Gross income from fundraising events (not including \$ <u>1,237,092.</u> of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>		176,304.			
	<b>b</b>	Less: direct expenses . . . . . <b>b</b>		734,083.			
	<b>c</b>	Net income or (loss) from fundraising events . . . . . ▶		-557,779.			-557,779.
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>		22,100.			
	<b>b</b>	Less: direct expenses . . . . . <b>b</b>		4,749.			
	<b>c</b>	Net income or (loss) from gaming activities . . . . . ▶		17,351.			17,351.
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>		0.			
<b>b</b>	Less: cost of goods sold . . . . . <b>b</b>		0.				
<b>c</b>	Net income or (loss) from sales of inventory . . . . . ▶		0.				
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		0.				
<b>12</b>	<b>Total revenue.</b> See instructions. . . . . ▶		11,079,088.			327,843.	

**Part IX Statement of Functional Expenses**

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	3,722,194.	3,722,194.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	4,607,772.	4,607,772.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	1,661,219.	1,661,219.		
<b>4</b> Benefits paid to or for members . . . . .	0.			
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	154,124.	100,181.	23,119.	30,824.
<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) . . . . .	0.			
<b>7</b> Other salaries and wages . . . . .	3,150,159.	2,047,603.	472,524.	630,032.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	102,054.	66,335.	15,308.	20,411.
<b>9</b> Other employee benefits . . . . .	324,007.	210,605.	48,601.	64,801.
<b>10</b> Payroll taxes . . . . .	256,841.	166,947.	38,526.	51,368.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0.			
<b>b</b> Legal . . . . .	0.			
<b>c</b> Accounting . . . . .	31,632.		31,632.	
<b>d</b> Lobbying . . . . .	0.			
<b>e</b> Professional fundraising services. See Part IV, line 17. . . . .	786,942.			786,942.
<b>f</b> Investment management fees . . . . .	5,770.		5,770.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	197,581.	82,984.	7,903.	106,694.
<b>12</b> Advertising and promotion . . . . .	672,965.	672,965.		
<b>13</b> Office expenses . . . . .	161,670.	103,469.	58,201.	
<b>14</b> Information technology. . . . .	249,779.	104,907.	9,991.	134,881.
<b>15</b> Royalties. . . . .	0.			
<b>16</b> Occupancy . . . . .	153,053.	99,484.	22,958.	30,611.
<b>17</b> Travel . . . . .	592,917.	474,334.	118,583.	
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0.			
<b>19</b> Conferences, conventions, and meetings . . . . .	0.			
<b>20</b> Interest . . . . .	0.			
<b>21</b> Payments to affiliates. . . . .	0.			
<b>22</b> Depreciation, depletion, and amortization . . . . .	0.			
<b>23</b> Insurance . . . . .	15,974.	10,223.	5,751.	
<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> REGISTRATIONS AND MEMBERSHIP . . . . .	50,172.		50,172.	
<b>b</b> RECOGNITION . . . . .	15,185.	9,719.	5,466.	
<b>c</b> UBI TAX EXPENSE . . . . .	5,982.		5,982.	
<b>d</b> . . . . .				
<b>e</b> All other expenses . . . . .				
<b>25</b> Total functional expenses. Add lines 1 through 24e . . . . .	16,917,992.	14,140,941.	920,487.	1,856,564.
<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) . . . . .	0.			

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

		(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 . . . . .	1,255,875.	<b>2</b>	2,764,568.
	<b>3</b> Pledges and grants receivable, net . . . . .	3,634,034.	<b>3</b>	3,929,877.
	<b>4</b> Accounts receivable, net . . . . .	2,011.	<b>4</b>	0.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0.	<b>5</b>	0.
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L . . . . .	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 . . . . .	193,875.	<b>9</b>	328,144.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	6,823.	<b>10a</b>	
	<b>b</b> Less: accumulated depreciation . . . . .	6,823.	<b>10b</b>	
		0.	<b>10c</b>	0.
	<b>11</b> Investments - publicly traded securities . . . . .	8,751,933.	<b>11</b>	5,081,507.
	<b>12</b> Investments - other securities. See Part IV, line 11 . . . . .	0.	<b>12</b>	4,144,355.
	<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 . . . . .	1,280,220.	<b>15</b>	0.	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	15,117,948.	<b>16</b>	16,248,451.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,359,910.	<b>17</b>	8,119,745.
	<b>18</b> Grants payable . . . . .	1,176,301.	<b>18</b>	1,569,710.
	<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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	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 . . . . .	2,536,211.	<b>26</b>	9,689,455.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	5,055,614.	<b>27</b>	-3,228,655.
	<b>28</b> Temporarily restricted net assets . . . . .	6,822,123.	<b>28</b>	8,069,770.
	<b>29</b> Permanently restricted net assets . . . . .	704,000.	<b>29</b>	1,717,881.
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	12,581,737.	<b>33</b>	6,558,996.
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	15,117,948.	<b>34</b>	16,248,451.

**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>	11,079,088.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	16,917,992.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	-5,838,904.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	12,581,737.
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	-183,837.
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	0.
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0.
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0.
<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>	6,558,996.

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

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 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:  
☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis
- c** 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.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .
- 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.

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2018)

**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

**2018**

**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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						



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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	12,002,986.	8,943,953.	11,148,511.	11,051,487.	10,751,245.	53,898,182.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0.
<b>4 Total.</b> Add lines 1 through 3. . . . .	12,002,986.	8,943,953.	11,148,511.	11,051,487.	10,751,245.	53,898,182.
<b>5</b> 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). . . . .						12,040,795.
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						41,857,387.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>7</b> Amounts from line 4. . . . .	12,002,986.	8,943,953.	11,148,511.	11,051,487.	10,751,245.	53,898,182.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	292,503.	265,875.	274,817.	229,695.	247,043.	1,309,933.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . <b>ATCH. 1</b> . . . . .	635,903.	318,593.	552,210.	345,444.	198,404.	2,050,554.
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						57,258,669.
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13 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 2018 (line 6, column (f) divided by line 11, column (f)). . . . .	<b>14</b>	73.10 %
<b>15</b> Public support percentage from 2017 Schedule A, Part II, line 14 . . . . .	<b>15</b>	69.85 %
<b>16a 33 1/3% support test - 2018.</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 33 1/3% support test - 2017.</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 10%-facts-and-circumstances test - 2018.</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 10%-facts-and-circumstances test - 2017.</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 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2018.** 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 - 2017.** 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 in line 12 on 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>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>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>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>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>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>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>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>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>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>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<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>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<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>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>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>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>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 10b below.</i>		
<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>		

**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>11a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11b</b>	
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</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? If "No," describe in <b>Part VI</b> 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.	<b>1</b>	
<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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	<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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	<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>1</b>	
<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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	<b>2</b>	
<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? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	<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 (see instructions).			
<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. Answer (a) and (b) below.		Yes	No
<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? If "Yes," then in <b>Part VI</b> 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.	<b>2a</b>		
<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? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	<b>2b</b>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.			
<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? Provide details in <b>Part VI</b> .	<b>3a</b>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** 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 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>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 Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<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 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 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	
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes		
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations		
<b>4</b>	Amounts paid to acquire exempt-use assets		
<b>5</b>	Qualified set-aside amounts (prior IRS approval required)		
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.		
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.		
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.		
<b>9</b>	Distributable amount for 2018 from Section C, line 6		
<b>10</b>	Line 8 amount divided by line 9 amount		

  

Section E - Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
<b>1</b>	Distributable amount for 2018 from Section C, line 6			
<b>2</b>	Underdistributions, if any, for years prior to 2018 (reasonable cause required - explain in <b>Part VI</b> ). See instructions.			
<b>3</b>	Excess distributions carryover, if any, to 2018			
<b>a</b>	From 2013 . . . . .			
<b>b</b>	From 2014 . . . . .			
<b>c</b>	From 2015 . . . . .			
<b>d</b>	From 2016 . . . . .			
<b>e</b>	From 2017 . . . . .			
<b>f</b>	<b>Total</b> of lines 3a through e			
<b>g</b>	Applied to underdistributions of prior years			
<b>h</b>	Applied to 2018 distributable amount			
<b>i</b>	Carryover from 2013 not applied (see instructions)			
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b>	Distributions for 2018 from Section D, line 7: \$			
<b>a</b>	Applied to underdistributions of prior years			
<b>b</b>	Applied to 2018 distributable amount			
<b>c</b>	Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b>	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b>	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b>	<b>Excess distributions carryover to 2019.</b> Add lines 3j and 4c.			
<b>8</b>	Breakdown of line 7:			
<b>a</b>	Excess from 2014 . . . .			
<b>b</b>	Excess from 2015 . . . .			
<b>c</b>	Excess from 2016 . . . .			
<b>d</b>	Excess from 2017 . . . .			
<b>e</b>	Excess from 2018 . . . .			

Schedule A (Form 990 or 990-EZ) 2018

**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.)

ATTACHMENT 1

SCHEDULE A, PART II - OTHER INCOME

DESCRIPTION	2014	2015	2016	2017	2018	TOTAL
FUNDRAISING REVENUE	624,703.	302,993.	532,510.	324,124.	176,304.	1,960,634.
GAMING REVENUE	11,200.	15,600.	19,700.	21,320.	22,100.	89,920.
TOTALS	<u>635,903.</u>	<u>318,593.</u>	<u>552,210.</u>	<u>345,444.</u>	<u>198,404.</u>	<u>2,050,554.</u>

**Schedule of Contributors**

OMB No. 1545-0047

**2018**

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization

BE THE MATCH FOUNDATION

Employer identification number

41-1704734

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).



Name of organization **BE THE MATCH FOUNDATION**Employer identification number  
41-1704734**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,931,058.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 500,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 275,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 273,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 275,000.	Person <input checked="checked" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization **BE THE MATCH FOUNDATION**

Employer identification number

41-1704734

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
   	   	\$  	  
   	   	\$  	  
   	   	\$  	  
   	   	\$  	  
   	   	\$  	  
   	   	\$  	  
   	   	\$  	  

Name of organization **BE THE MATCH FOUNDATION**

Employer identification number

41-1704734

**Part III** **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ► \$ \_\_\_\_\_

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**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

**2018**

**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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> 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? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> 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).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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.	
a Total number of conservation easements . . . . .	2a Held at the End of the Tax Year
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? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> 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.

Schedule D (Form 990) 2018

**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 **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research **e** ☐ Other \_\_\_\_\_
- c** ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . . . ☐ **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:
- |  | Amount    |
|--|-----------|
| <b>c</b> Beginning balance . . . . .             | <b>1c</b> |
| <b>d</b> Additions during the year . . . . .     | <b>1d</b> |
| <b>e</b> Distributions during the year . . . . . | <b>1e</b> |
| <b>f</b> Ending balance . . . . .                | <b>1f</b> |
- 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 on 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 |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance . . . . .                     | 1,407,960.       |                |                    |                      |                     |
| <b>b</b> Contributions . . . . .                                  | 2,963,973.       | 1,407,960.     |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses . . . . .     | 240,500.         |                |                    |                      |                     |
| <b>d</b> Grants or scholarships . . . . .                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs . . . . . |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses . . . . .                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance . . . . .                            | 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 ▶ 62.3100 %
- b** Permanent endowment ▶ 37.6900 %
- 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:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .  | <b>3a(i)</b>  | X  |
| <b>(ii)</b> related organizations . . . . .   | <b>3a(ii)</b> | X  |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 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
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements . . . . .				
<b>d</b> Equipment . . . . .		1,828.	1,828.	
<b>e</b> Other . . . . .		4,995.	4,995.	
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) . . . . . ▶				

**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) VANGUARD ENDOWMENT FUNDS	4,144,355.	FMV
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►	4,144,355.	

**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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)		
<b>Total.</b> (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 1:			
<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 1:			
<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.

SEE PAGE 5

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

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## INTENDED USES OF ENDOWMENT FUNDS

SCHEDULE D, PART V, LINE 4

THE INTENDED USES OF THE ENDOWMENT FUNDS ARE TO SUPPORT RESEARCH AND PATIENT ASSISTANCE.

## ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER ASC 740

SCHEDULE D, PART X, LINE 2

THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE PROGRAM AND BTMF ARE TAX EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE NOT-FOR-PROFIT STATUS OF THE PROGRAM AND BTMF ARE CONSIDERED TAX POSITIONS UNDER FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) 740, INCOME TAXES.

THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES RECOGNITION THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY THE ORGANIZATION FOR UNCERTAIN TAX POSITIONS AS OF SEPTEMBER 30, 2019 OR 2018. THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES.



**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

BE THE MATCH FOUNDATION

**Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on 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

**2018**

**Open to Public  
Inspection**

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 the 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
<b>(1)</b> NORTH AMERICA	1.	0.	GRANTMAKING		1,610,219.
<b>(2)</b> EUROPE	0.	0.	GRANTMAKING		51,000.
<b>(3)</b>					
<b>(4)</b>					
<b>(5)</b>					
<b>(6)</b>					
<b>(7)</b>					
<b>(8)</b>					
<b>(9)</b>					
<b>(10)</b>					
<b>(11)</b>					
<b>(12)</b>					
<b>(13)</b>					
<b>(14)</b>					
<b>(15)</b>					
<b>(16)</b>					
<b>(17)</b>					
<b>3a</b> Subtotal . . . . .	1.				1,661,219.
<b>b</b> Total from continuation sheets to Part I . . . . .					
<b>c Totals</b> (add lines 3a and 3b)	1.				1,661,219.

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

**Schedule F (Form 990) 2018**

**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)
<b>(1)</b>			NORTH AMERICA	MEXICO RECRUITMENT	1,609,481.	WIRE			
<b>(2)</b>			EUROPE/ICELAND/GREENLAND	RESEARCH/ SCHOLAR	51,000.	CHECK/WIRE			
<b>(3)</b>									
<b>(4)</b>									
<b>(5)</b>									
<b>(6)</b>									
<b>(7)</b>									
<b>(8)</b>									
<b>(9)</b>									
<b>(10)</b>									
<b>(11)</b>									
<b>(12)</b>									
<b>(13)</b>									
<b>(14)</b>									
<b>(15)</b>									
<b>(16)</b>									

- 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 . . . . .

**Part III** **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

**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**

Schedule F (Form 990) 2018

**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).

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PROCEDURES FOR MONITORING THE USE OF GRANTS OUTSIDE THE U.S.

SCHEDULE F, PART I, LINE 2

THE GRANTS PROVIDED TO MEXICO ARE MOSTLY 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 RESEARCH SCHOLAR PROGRAM THAT WAS STARTED MANY YEARS AGO. THE GRANTEEES 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 AT AS AN ADDITIONAL PRECAUTION THAT THE FUNDS ARE USED FOR THEIR INTENDED PURPOSE.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

BE THE MATCH FOUNDATION

Employer identification number

41-1704734

**Part I**

**Fundraising Activities.** Complete if the organization answered "Yes" 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.

- |   |  |
|---|--|
| <b>a</b> <input checked="" type="checkbox"/> Mail solicitations               | <b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants                |
| <b>c</b> <input checked="" type="checkbox"/> Phone solicitations              | <b>g</b> <input checked="" type="checkbox"/> Special fundraising events            |
| <b>d</b> <input checked="" type="checkbox"/> 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			
<b>1</b> ATTACHMENT 1						
<b>2</b>						
<b>3</b>						
<b>4</b>						
<b>5</b>						
<b>6</b>						
<b>7</b>						
<b>8</b>						
<b>9</b>						
<b>10</b>						
<b>Total</b> .....					786,942.	

- 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, MS, MO, NV, NH, NJ, NM, NY, NC, ND, OH,  
OK, OR, PA, RI, SC, TN, UT, VA, WA, WV, WI,

**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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		MPLS GALA/BASH	NY AWARDS GALA	6.	
		(event type)	(event type)	(total number)	
	1 Gross receipts . . . . .	811,584.	151,610.	450,202.	1,413,396.
	2 Less: Contributions . . . . .	697,285.	136,130.	403,677.	1,237,092.
	3 Gross income (line 1 minus line 2) . . . . .	114,299.	15,480.	46,525.	176,304.
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .	10,536.			10,536.
	6 Rent/facility costs . . . . .	57,098.	86,061.	47,030.	190,189.
	7 Food and beverages . . . . .	63,109.	60,000.	94,644.	217,753.
	8 Entertainment . . . . .	158,381.	39,689.	47,726.	245,796.
	9 Other direct expenses . . . . .	22,466.	16,708.	30,635.	69,809.
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				734,083.
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-557,779.

**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	1 Gross revenue . . . . .					22,100.	22,100.
Direct Expenses	2 Cash prizes . . . . .						
	3 Noncash prizes . . . . .					3,819.	3,819.
	4 Rent/facility costs . . . . .						
	5 Other direct expenses . . . . .					930.	930.
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes	_____ %	<input type="checkbox"/> Yes	_____ %	<input checked="" type="checkbox"/> Yes 100.0000 %	
		<input type="checkbox"/> No		<input type="checkbox"/> No		<input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .						4,749.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .						17,351.

9 Enter the state(s) in which the organization conducts gaming activities: MN,

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:
- |                                      |            |           |
|--------------------------------------|------------|-----------|
| <b>a</b> The organization's facility | <b>13a</b> | 27.0000 % |
| <b>b</b> An outside facility         | <b>13b</b> | 63.0000 % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ JOY KING

Address ▶ 500 N 5TH STREET MINNEAPOLIS, MN 55401-1206

- 15 a** 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 ▶ MICKYLA CONSTANCE

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

Description of services provided ▶ GAMING COORDINATOR

☐ 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation 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).

GROSS RECEIPTS FROM FUNDRAISERS

SCHEDULE G, PART I, LINE 2B, COLUMN (IV)

THE GROSS RECEIPTS FROM THE ACTIVITIES THAT ONE &amp; ALL INC AND COMMUNITY

COUNSELING SERVICE ASSIST OUR ORGANIZATION ON ARE NOT ABLE TO BE

SEPARATELY REPORTED. ONE &amp; 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



- 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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a** 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 to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanation 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).

ORGANIZATION AIDS IN MANY OF OUR FUNDRAISING INITIATIVES THROUGHOUT OUR

FISCAL YEAR THUS CANNOT BE SEPARATELY REPORTED.

GAMING MANAGER

SCHEDULE G, PART III, LINE 16

OTHER GAMING MANAGERS INCLUDE FINANCE INDIVIDUALS WHO COUNT THE CASH AND

DEPOSIT IT AT THE BANK.

990, SCHEDULE G, PART I - HIGHEST PAID FUNDRAISER

NAME AND ADDRESS OF FUNDRAISER	ACTIVITY	DID FUNDRAISER HAVE CUSTODY OR CONTROL OF CONTRIBUTIONS?		GROSS RECEIPTS FROM ACTIVITY	AMOUNT PAID TO (OR RETAINED BY FUNDRAISER	AMOUNT PAID TO (OR RETAINED BY ORGANIZATION
		YES	NO			
COMMUNITY COUNSELING SERV  527 MADISON AVENUE FIFTH FLOOR NEW YORK NY 10022	FUNDRAISING CONSULTANT		X		333,503.	
ONE & ALL INC  2 NORTH LAKE AVENUE, SUITE 600 PASADENA CA 91101-1868	FUNDRAISING CONSULTANT		X		453,439.	

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes" 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

**2018**

**Open to Public  
Inspection**

Name of the organization

BE THE MATCH FOUNDATION

Employer identification number

41-1704734

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to 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.

1 (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) NATIONAL MARROW DONOR PROGRAM 500 N 5TH ST. MINNEAPOLIS, MN 55401	84-0865803	501(C)(3)	48,375.				DONOR RECRUITMENT
(2) NATIONAL MARROW DONOR PROGRAM 500 N 5TH ST. MINNEAPOLIS, MN 55401	84-0865803	501(C)(3)	1,196,125.				RESEARCH SUPPORT
(3) NATIONAL MARROW DONOR PROGRAM 500 N 5TH ST. MINNEAPOLIS, MN 55401	84-0865803	501(C)(3)	485,277.				CLINICAL TRIALS
(4) NATIONAL MARROW DONOR PROGRAM 500 N 5TH ST. MINNEAPOLIS, MN 55401	84-0865803	501(C)(3)	261,000.				VARIOUS NMDP PROGRAM
(5) GIFT OF LIFE 5901 BROKEN SOUND PKWY NW #600	22-3131232	501(C)(3)	500,000.				COLLECTION CENTER
(6) UNI. OF TEXAS M.D. ANDERSON CANCER CENTER 1515 HOLCOMBE BOULEVARD HOUSTON, TX 77030	74-6001118	501(C)(3)	34,000.				RESEARCH/SCHOLAR
(7) H. LEE MOFFITT CANCER CENTER & RESEARCH INS P.O. BOX 74801 ATLANTA, GA 30374	59-2451713	501(C)(3)	34,000.				RESEARCH/SCHOLAR
(8) CHILDREN'S NATIONAL MEDICAL CENTER 801 ROEDER RD. STE. 500	52-1640403	501(C)(3)	68,000.				RESEARCH/SCHOLAR
(9) WASHINGTON UNIVERSITY OF ST. LOUIS 600 SOUTH EUCLID AVENUE ST. LOUIS, MO 63110	43-0654872	501(C)(3)	108,000.				RESEARCH/SCHOLAR
(10) MEMORIAL SLOAN KETTERING CANCER CENTER 633 3RD AVE., 4TH FLOOR NEW YORK, NY 10017	13-1924236	501(C)(3)	68,000.				RESEARCH/SCHOLAR
(11) UNIVERSITY OF CALIFORNIA, SAN FRANCISCO P.O. BOX 748872 LOS ANGELES, CA 90074	94-6036493	501(C)(3)	68,000.				RESEARCH/SCHOLAR
(12) FRED HUTCHINSON CANCER RESEARCH CENTER P.O. BOX 19024 SEATTLE, WA 98109	23-7156071	501(C)(3)	68,000.				RESEARCH/SCHOLAR

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

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

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

Schedule I (Form 990) (2018)

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.

1 (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) BAYLOR SCHOOL OF MEDICINE IN HOUSTON P.O. BOX 4803 HOUSTON, TX 77210	74-1613878	501(C)(3)	68,000.				RESEARCH/SCHOLAR
(2) UNIVERSITY OF PITTSBURGH P.O. BOX 371220 PITTSBURGH, PA 15251	25-0965591	501(C)(3)	68,000.				RESEARCH/SCHOLAR
(3) UNIVERSITY NORTH CAROLINA AT CHAPEL HILL P.O. BOX 402420 ATLANTA, GA 30384	56-6001393	501(C)(3)	40,000.				RESEARCH/SCHOLAR
(4) DANA-FABER CANCER INSTITUTE P.O. BOX 414744 BOSTON, MA 02241	04-2263040	501(C)(3)	40,000.				RESEARCH/SCHOLAR
(5) UNIVERSITY OF ALABAMA 701 20TH STREET SOUTH BIRMINGHAM, AL 35294	63-0649108	501(C)(3)	40,000.				RESEARCH/SCHOLAR
(6) NATIONAL MARROW DONOR PROGRAM 500 N 5TH ST. MINNEAPOLIS, MN 55401	84-0865803	501(C)(3)	291,100.				BTMM TAM GRANT
(7) NATIONAL MARROW DONOR PROGRAM 500 N 5TH ST. MINNEAPOLIS, MN 55401	84-0865803	501(C)(3)	5,130.				DONOR ASSISTANCE
(8) NATIONAL MARROW DONOR PROGRAM 500 N 5TH ST. MINNEAPOLIS, MN 55401	84-0865803	501(C)(3)		231,187.	BOOK	SALARY	PROGRAM SUPPORT
(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 ▶

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<b>1</b> PATIENT POST TRANSPLANT SUPPORT	1,456.	2,850,182.			
<b>2</b> DONOR ASSISTANCE	168.	118,522.			
<b>3</b> TYPING COSTS FOR FAMILY MEMBERS OF PATIENTS	323.	54,380.			
<b>4</b> TRAVEL ASSISTANCE	54.	100,268.			
<b>5</b> PATIENT SEARCH ASSISTANCE GRANTS	1,071.	1,484,420.			
<b>6</b>					
<b>7</b>					

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

PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS INSIDE U.S.

SCHEDULE I, PART I, LINE 2

THE NATIONAL MARROW DONOR PROGRAM (NMDP) MAKES PAYMENTS TO AND HAS CONTRACTUAL AGREEMENTS WITH THE RECRUITMENT TYPING LABS AND RESEARCH ORGANIZATIONS THAT BTMF HELPS SUPPORT. NMDP MONITORS THESE AGREEMENTS AND PAYMENTS. NMDP FOSTERS AND MAINTAINS THE LONG-STANDING RELATIONSHIPS WITH THE VARIOUS LABS TASKED WITH TYPING OUR NEW RECRUITS. NMDP WORKS CLOSELY WITH THE RESEARCH SCHOLARS FROM THE GRANT AWARD APPLICATION TO THE END OF THE PROJECT.

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

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

PATIENT GRANTS ARE TRACKED IN OUR CUSTOM BUILT SYSTEM. PATIENT SEARCH ASSISTANCE GRANTS ARE AWARDED THROUGH BTMF. PATIENTS APPLY FOR PRE- AND POST-TRANSPLANT SUPPORT GRANTS THROUGH PATIENT AND HEALTH PROFESSIONAL SERVICES, A DEPARTMENT WITHIN NMDP, WHO REVIEWS APPLICATIONS WEEKLY, DETERMINES THE GRANT NEEDS BASED ON THE PRELIMINARY REGISTRY SEARCH AND TRANSPLANT CENTER CRITERIA. THE PRE-TRANSPLANT GRANTS ARE AWARDED TO COVER POTENTIALLY UNINSURED DONOR SEARCH ASSISTANCE FUNDS, AND CHECKS ARE WRITTEN DIRECTLY TO TRANSPLANT CENTERS (ORGANIZATIONS). THE PATIENT POST-TRANSPLANT GRANTS ARE AWARDED TO THE APPLICANT BASED ON FINANCIAL NEED AND ARE USED TO COVER SUCH ITEMS AS UNINSURED COSTS, CO-PAYS, FOOD,

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
<b>1</b>					
<b>2</b>					
<b>3</b>					
<b>4</b>					
<b>5</b>					
<b>6</b>					
<b>7</b>					

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

LODGING, AND GROUND TRANSPORTATION. PAYMENTS ARE MADE DIRECTLY TO THE  
PATIENT/APPLICANT (INDIVIDUAL). DONOR ASSISTANCE CHECKS ARE ALSO AWARDED  
TO THE APPLICANT BASED ON FINANCIAL NEEDS AND ARE USED TO OFFSET HAVING  
TO TAKE UNPAID TIME OFF FROM WORK IN ORDER TO DONATE. PAYMENTS ARE MADE  
DIRECTLY TO THE DONOR (INDIVIDUAL).

PURPOSE OF GRANT

SCHEDULE I, PART II, LINE 1(H)

DONOR RECRUITMENT REFERS TO ADDING NEW DONORS TO THE BE THE MATCH  
REGISTRY.

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
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.

TYPING COSTS FOR FAMILY MEMBERS OF PATIENTS

SCHEDULE I, PART III, LINE 3

OUR FAMILY TYPING GRANT (FORMERLY RELATED SEARCH ASSISTANCE GRANT) HELPS PATIENTS PAY FOR THE TYPING COST OF THEIR FAMILY MEMBERS TO DETERMINE IF THEY ARE A MATCH FOR A TRANSPLANT. THE NUMBER OF RECIPIENTS LISTED ON SCHEDULE I INCLUDES THE NUMBER OF INDIVIDUALS THAT WERE TESTED FOR OUR RELATED SEARCH ASSISTANCE PROGRAM. EACH PATIENT CAN HAVE MORE THAN ONE FAMILY MEMBER TYPED.



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

BE THE MATCH FOUNDATION

**Compensation Information**

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

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Employer identification number

41-1704734

**Part I Questions Regarding Compensation**

**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.

☐  
☐  
☐  
☐

First-class or charter travel

Travel for companions

Tax indemnification and gross-up payments

Discretionary spending account

☐  
☐  
☐  
☐

Housing allowance or residence for personal use

Payments for business use of personal residence

Health or social club dues or initiation fees

Personal services (such as maid, chauffeur, chef)

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

**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.

☐  
☐  
☐

Compensation committee

Independent compensation consultant

Form 990 of other organizations

☐  
☐  
☐

Written employment contract

Compensation survey or study

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?

**b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?

**c** Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

**a** The organization?

**b** Any related organization?

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?

**b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.

**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.

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

X

X

X

X

X

X

X

X

X

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

Schedule J (Form 990) 2018

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
<b>1</b> C. RANDAL MILLS DIRECTOR & CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	658,822.	372,400.	119,191.	24,340.	31,100.	1,205,853.	
<b>2</b> AMY RONNEBERG CHIEF FINANCIAL OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	429,799.	159,880.	44,418.	24,340.	4,944.	663,381.	
<b>3</b> JOY KING EXEC. DIR. BTMF/SVP PHILAN.	(i)	87,800.	41,631.	10,857.	9,736.	12,442.	162,466.	0.
	(ii)	131,700.	62,445.	16,286.	14,604.	18,664.	243,699.	
<b>4</b> STEPHEN STOUT SR. DIR. MAJOR & PLANNED GIFTS	(i)	142,745.	31,563.	1,438.	12,596.	30,711.	219,053.	0.
	(ii)	0.	0.	0.	0.	0.	0.	
<b>5</b> TODD PETERSON SR. DIR. CORP. & DIST. PTNRS	(i)	147,369.	16,907.	1,124.	12,243.	30,463.	208,106.	0.
	(ii)	0.	0.	0.	0.	0.	0.	
<b>6</b> MARY BETH HEFFERNAN SR. DIR. PUBLIC ENGAG & OPER	(i)	133,726.	19,222.	1,669.	10,041.	29,155.	193,813.	0.
	(ii)	0.	0.	0.	0.	0.	0.	
<b>7</b>	(i)							
	(ii)							
<b>8</b>	(i)							
	(ii)							
<b>9</b>	(i)							
	(ii)							
<b>10</b>	(i)							
	(ii)							
<b>11</b>	(i)							
	(ii)							
<b>12</b>	(i)							
	(ii)							
<b>13</b>	(i)							
	(ii)							
<b>14</b>	(i)							
	(ii)							
<b>15</b>	(i)							
	(ii)							
<b>16</b>	(i)							
	(ii)							

**Part III Supplemental Information**

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

TOP MANAGEMENT'S COMPENSATION

SCHEDULE J, PART I, LINE 3

BTMF USES NMDP'S COMPENSATION COMMITTEE WHICH IS CHARGED WITH SETTING THE COMPENSATION OF NMDP'S CEO. AS REPORTED ON NMDP'S FORM 990, SCHEDULE J, A COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, WRITTEN EMPLOYMENT CONTRACT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE ARE ALL UTILIZED WHEN DETERMINING COMPENSATION.

THE NMDP BYLAWS STATE: "THE COMPENSATION COMMITTEE SHALL BE COMPRISED ONLY OF VOTING DIRECTORS AND SHALL INCLUDE THE CHAIR OF THE BOARD AND AT LEAST ONE (1) NON-OFFICER BOARD MEMBER AS VOTING COMMITTEE MEMBERS. THE COMPENSATION COMMITTEE SHALL REVIEW AND EVALUATE THE OVERALL COMPENSATION AND BENEFIT STRUCTURE OF THE CORPORATION AND SHALL HAVE SUCH OTHER AUTHORITY AND RESPONSIBILITIES AS SET FORTH IN THE COMPENSATION COMMITTEE CHARTER."

THE COMPENSATION COMMITTEE CHARTER STATES: "THE COMMITTEE SHALL REVIEW AND EVALUATE THE OVERALL COMPENSATION AND BENEFIT STRUCTURE OF THE

**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.

CORPORATION, AND APPROVE AND ADOPT A COMPENSATION PHILOSOPHY AND PRINCIPLES CONSISTENT WITH THE CORPORATION'S NON-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 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 COMPENSATION AND BENEFIT DECISIONS FOR SENIOR LEADERSHIP, THE COMMITTEE SHALL ENSURE THAT

**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.

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."

SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN

SCHEDULE J, PART I, LINE 4B

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

**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.

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 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)

**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.

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.

NON-FIXED PAYMENTS

SCHEDULE J, PART I, LINE 7

EMPLOYEE INCENTIVE PLAN PAYMENTS ARE DETERMINED EACH YEAR AS PART OF THE PERFORMANCE EVALUATION COMPLETED BY HUMAN RESOURCES IN COLLABORATION WITH

**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.

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 instructions and the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

BE THE MATCH FOUNDATION

Employer identification number

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**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	4.	64,588.	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 . . . . .	X	3.	3,500.	FMV
20 Drugs and medical supplies . . . . .				
21 Taxidermy. . . . .				
22 Historical artifacts. . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ (AUCTION ITEMS) . . . . .	X	362.	86,105.	FMV
26 Other ▶ (ADVERTISEMENT) . . . . .	X	1.	6,610.	FMV
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**

	Yes	No
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? . . . . .		X
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? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		X
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.		

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

Schedule M (Form 990) 2018

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

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.

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

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OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

BTMF PARTNERS WITH NMDP ON VARIOUS INITIATIVES TIED TO THE SHARED

MISSION. THESE PROGRAMS INCLUDE:

THE JASON CARTER CLINICAL TRIALS 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.

NMDP 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 ANNUAL ONE FORUM, FORMERLY CALLED COUNCIL MEETING,  
ARE RECEIVED BY BTMF AND THEN GIFTED TO NMDP. THIS MEETING CONNECTS ALL  
THE NMDP NETWORK PARTNERS AND FOCUSES ON EDUCATION AND SHARING PROGRESS  
AND CHALLENGES RELATING TO TRANSPLANTS.

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BTMF ALLOCATES COMPENSATION AND BENEFITS, OCCUPANCY AND OTHER OPERATING  
EXPENSES COSTS TO PROGRAM BASED ON EMPLOYEE RESPONSIBILITIES.

MEMBERS OR STOCKHOLDERS

FORM 990, PART VI, LINE 6

NMDP IS THE SOLE CORPORATE MEMBER OF BTMF.

MEMBERS OR STOCKHOLDERS WHO MAY ELECT AND APPROVE DECISIONS

FORM 990, PART VI, LINES 7A & 7B

THE NMDP BOARD ELECTS THE BOARD OF DIRECTORS OF BTMF AND APPROVES THE  
ACTIONS OF BTMF.

FORM 990 REVIEW PROCESS

FORM 990, PART VI, LINE 11B

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 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 STAFF THAT PULLED THE DETAILS  
TOGETHER, NMDP ACTING CHIEF FINANCIAL OFFICER AND CHIEF INFORMATION  
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

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TO FILING.

CONFLICT OF INTEREST POLICY MONITORING & ENFORCEMENT

FORM 990, PART VI, LINE 12C

THE CONFLICT OF INTEREST POLICY STATES THE FOLLOWING:

"THE EXISTENCE OF AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST TURNS ON THE SPECIFIC FACTS AND CIRCUMSTANCES IN EACH CASE. IF A MEMBER HAS AN INTEREST WHICH MAY CONFLICT WITH THOSE OF THE ORGANIZATIONS, HE OR SHE MUST IMMEDIATELY DISCLOSE THE MATTERS AND DISCUSS THEM FULLY AND FRANKLY WITH THE APPLICABLE ORGANIZATION'S FULL BOARD OR ITS EXECUTIVE COMMITTEE, AS SET FORTH IN DETAIL BELOW. A MEMBER MUST NOT PARTICIPATE IN ANY MATTER IN WHICH THAT MEMBER MAY HAVE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST WITHOUT THE EXPRESS 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 APPLICABLE 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 QUESTIONNAIRE 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 COMMITTEE. FOR THE PURPOSES OF THIS ARTICLE, A MEMBER MAY FORMALLY DISCLOSE A CONFLICT OR REPORTABLE RELATIONSHIP TO THE CHIEF

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EXECUTIVE OFFICER (CEO) OF NMDP, THE BTMF EXECUTIVE DIRECTOR AND SENIOR VICE PRESIDENT (SVP) OF PHILANTHROPY, OR THE NMDP CHIEF LEGAL OFFICER (CLO), AS APPLICABLE, WHO SHALL INFORM THE APPLICABLE ORGANIZATION'S BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE FOR RESOLUTION.

AS NOTED HEREIN, IF THE POTENTIAL CONFLICT INVOLVES A DIRECTOR 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 NOT BECOME SUBSTANTIALLY INVOLVED IN DECISION-MAKING INVOLVING ANY COVERED LITIGATION, CONTRACT OR TRANSACTION UNTIL THE RESOLUTION OF THE MATTER IN ACCORDANCE WITH THIS POLICY."

PROCESS FOR DETERMINING COMPENSATION  
FORM 990, PART VI, LINES 15A & 15B

THE BTMF CHIEF ADVANCEMENT OFFICER REPORTS DIRECTLY TO THE NMDP CEO AND IS CONSIDERED A KEY EMPLOYEE PER IRS DEFINITION DURING FISCAL YEAR 2019. 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

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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 NON-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 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 COMPENSATION AND  
BENEFIT DECISIONS FOR SENIOR LEADERSHIP, THE COMMITTEE SHALL ENSURE THAT  
SUCH DECISIONS ARE CONSISTENT WITH THE COMPENSATION PHILOSOPHY AND

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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."

HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC  
FORM 990, PART VI, LINE 19

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

HOURS FOR RELATED ORGANIZATION

FORM 990, PART VII, SECTION A, LINE 1A, COLUMN B

THE HOURS LISTED ON THE 990 PART VII ARE BASED ON A 50 HOUR WEEK THAT THESE INDIVIDUALS DEVOTED TO NMDF AND BTMF IN TOTAL DURING THE YEAR.

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ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

FOR PATIENTS WITH BLOOD CANCERS LIKE LEUKEMIA, LYMPHOMA, OR OTHER LIFE-THREATENING BLOOD DISORDERS, THERE IS HOPE FOR A CURE THROUGH MARROW TRANSPLANTATION. THE FIRST STEP IS TO FIND A MATCHED DONOR, BUT 70% PERCENT OF PATIENTS DO NOT HAVE A SUITABLY MATCHED DONOR IN THEIR FAMILY, AND DEPEND ON OUR BE THE MATCH REGISTRY TO FIND A MARROW DONOR. 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,



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ATTACHMENT 1 (CONT'D)FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

WE THANK OUR CONTRIBUTORS FOR THEIR NEVER-ENDING PASSION AND  
DEDICATION TO SAVING LIVES.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

PATIENT ASSISTANCE - BE THE MATCH FOUNDATION (BTMF) PROVIDES  
FINANCIAL ASSISTANCE TO PATIENTS THROUGHOUT EACH STAGE OF THE  
TRANSPLANT PROCESS. MORE THAN \$4 MILLION WAS PROVIDED TO PATIENTS  
IN NEED THIS YEAR. TWO GRANT PROGRAMS SUPPORT PATIENTS  
PRE-TRANSPLANT AND ARE DESIGNED TO HELP PATIENTS, 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 241 PATIENTS THIS FISCAL YEAR. 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 627 PATIENTS APPROVED FOR SAF THIS FISCAL YEAR.

BTMF ALSO PROVIDES TWO POST-TRANSPLANT GRANTS TO HELP WITH THE  
MANY UNCOVERED EXTRA EXPENSES PATIENTS EXPERIENCE FOLLOWING A  
TRANSPLANT. THE TRANSPLANT SUPPORT ASSISTANCE (TSA) GRANT PROVIDES  
DIRECT FINANCIAL ASSISTANCE TO QUALIFIED FAMILIES WITHIN THE FIRST  
YEAR AFTER TRANSPLANT. TSA HELPS WITH EXTRA EXPENSES, SUCH AS

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ATTACHMENT 2 (CONT'D)

TRANSPORTATION, TEMPORARY RELOCATION, CO-PAYS, AND INSURANCE PREMIUMS. THIS YEAR 1,337 PATIENT AWARDS WERE GRANTED TSA - WITH THE AVERAGE GRANT AWARD BEING \$2,000. 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 FISCAL YEAR, 88 PATIENTS WERE HELPED THROUGH THE CAM PROGRAM - WITH THE AVERAGE GRANT BEING \$750.

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, 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 CENTER FOR INTERNATIONAL BLOOD AND MARROW TRANSPLANT RESEARCH (CIBMTR): THE CIBMTR IS A JOINT COLLABORATION BETWEEN BE THE MATCH AND THE MEDICAL COLLEGE OF WISCONSIN, FACILITATING CRITICAL, CUTTING-EDGE RESEARCH THAT HAS LED TO INCREASED SURVIVAL AND AN ENRICHED QUALITY OF LIFE FOR THOUSANDS OF PATIENTS WORLDWIDE. THIS WORK INCLUDES ESTABLISHING AND MAINTAINING AN EXTENSIVE DATABASE FOR RESEARCHERS, CONDUCTING OBSERVATIONAL STUDIES, AND PLANNING AND FACILITATING CLINICAL TRIALS THAT ASSESS TRENDS AND THERAPIES. LAST YEAR, MORE THAN 200 RESEARCH STUDIES WERE UNDERWAY THROUGH

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ATTACHMENT 3 (CONT'D)

THE CIBMTR.

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 2019, WE FUNDED THE WORK OF 14 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 \$9 MILLION TO HELP LAUNCH THE CAREERS OF 41 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.

Name of the organization

BE THE MATCH FOUNDATION

Employer identification number

41-1704734

ATTACHMENT 4

FORM 990, PART III - PROGRAM SERVICE, LINE 4C

RECRUITMENT - THE BE THE MATCH REGISTRY PROVIDES THE MOST DIVERSE LISTING OF POTENTIAL DONORS AND CORD BLOOD UNITS IN THE WORLD. BTMF PROVIDES FINANCIAL SUPPORT AND AID IN ADDING MEMBERS TO THE REGISTRY. WITH 22 MILLION POTENTIAL DONORS AND MORE THAN 300,000 UMBILICAL CORD BLOOD UNITS, OUR GROWING REGISTRY IS HELPING PATIENTS GET THE TRANSPLANT THEY NEED. IN FISCAL YEAR 2019, OVER 1.4M NEW POTENTIAL DONORS WERE ADDED TO THE BE THE MATCH REGISTRY, OF WHICH MORE THAN 305,000 WERE RECRUITED IN THE U.S. 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 19% TO 80% 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 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 FISCAL YEAR 2017. WITH THE GOAL OF REACHING MORE PATIENTS AND INCREASING DIVERSITY ON THE REGISTRY, WORK CONTINUES TO HAPPEN TO CREATE A NETWORK OF DONOR CENTERS AND FUNDRAISING PARTNERS IN MEXICO. IN FISCAL YEAR 2019, OVER 28,000 RECRUITS WERE ADDED IN MEXICO WITH MANY UNIQUE HLA TYPES TO HELP WITH OUR VISION OF DEMOCRATIZING CELL THERAPY.

Name of the organization

BE THE MATCH FOUNDATION

Employer identification number

41-1704734

ATTACHMENT 5FORM 990, PART VI, LINE 17 - STATES

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,

ATTACHMENT 6990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
LEARFIELD COMMUNICATIONS P.O. BOX 843038 KANSAS CITY, MO 64184	ADVERTISING	925,000.
MAL WARWICK & ASSOCIATES 2550 NINTH STREET - STE 103 BERKELEY, CA 94710	PROGRAM SUPPORT	270,375.
ON THE LOT EVENTS 1150 WEST 48TH STREET LOS ANGELS, CA 90037	EVENT SUPPORT	263,292.
BLACKBAUD P.O. BOX 930256 ATLANTA, GA 930256	SOFTWARE SUPPORT	179,411.

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

BE THE MATCH FOUNDATION

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

2018

Open to Public  
Inspection

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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

**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 84-0865803 500 N 5TH ST. MINNEAPOLIS, MN 55401-1206	TRANSPLANTS	CO	501(C)(3)	10	N/A		X
(2) BE THE MATCH MX, A.C. VERACRUZ AV. 93, 101 PISO CIUDAD DE MEXICO, CONDESA	RECRUITMENT	MX	N/A	N/A	NMDP		X
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2018

**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	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

**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
(1) BE THE MATCH BIOTHERAPIES SERVICES, LLC 81-1248190 500 N 5TH ST. MINNEAPOLIS, MN 55401-1206	CELLULAR THERAPY	MN	NMDP	C CORP	0.	0.			X
(2) CLEAR INSURANCE, LTD. (FORMERLY CLR) 84-0865803 62 FORUM LN 3RD FL KY1-1203 P.O. BOX 30600, GRAND CAYMAN	CAPTIVE INSURANCE	CJ	NMDP	C CORP	0.	0.			X
(3)									
(4)									
(5)									
(6)									
(7)									

**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.

		Yes	No
<b>1</b> 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?			
<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 . . . . .	<b>1a</b>		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>		X
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>		X
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>		X
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>		X
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>		X
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	X	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>		X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	X	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>		X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>		X
<b>2</b> 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)			
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VI** **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

**Part VII** **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

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**Application for Automatic Extension of Time To File an  
Exempt Organization Return**

► **File a separate application for each return.**  
 ► **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

OMB No. 1545-1709

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

		Enter filer's identifying number, see instructions
<b>Type or print</b>  File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	BE THE MATCH FOUNDATION	41-1704734
	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	500 N 5TH ST.	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	MINNEAPOLIS, MN 55401-1206	

Enter the Return Code for the return that this application is for (file a separate application for each return) . . . . . 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

AMY RONNEBERG

- The books are in the care of ► 500 N 5TH ST. MINNEAPOLIS MN 55401-1206

Telephone No. ► 763 406-8694

Fax No. ►

- If the organization does not have an office or place of business in the United States, check this box . . . . . ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . . . . . . If this is for the whole group, check this box . . . . . ☐ . If it is for part of the group, check this box . . . . . ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 6-month extension of time until 08/17, 2020, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ☐ calendar year 20 or  
 ► ☒ tax year beginning 10/01, 2018, and ending 09/30, 2019.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

<b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2019)