

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning OCT 1, 2021, and ending SEP 30, 2022

2021

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer BE THE MATCH FOUNDATION EIN or SSN 41-1704734

Name and title of officer or person subject to tax KRISTA DUSIL CHIEF FINANCIAL OFFICER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Table with 4 columns: Line number, Form type, Check box, and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity), (EIN) and that I have examined a copy of the 2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only. I authorize BAKER TILLY US, LLP to enter my PIN 12345. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2021 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 or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 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.

Signature of officer or person subject to tax [Signature] Date 08/10/23

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. 41381255401 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return 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 LAWRENCE H. MOHR, CPA Date 08/09/23

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

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions. Form 8879-TE (2021)

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning **OCT 1, 2021** and ending **SEP 30, 2022**

B Check if applicable: Address change Name change Initial return Final return/terminated Amended return Application pending	C Name of organization BE THE MATCH FOUNDATION		D Employer identification number 41-1704734	
	Doing business as		E Telephone number 763-406-8700	
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 13,991,112.	
	500 N 5TH ST.		H(a) Is this a group return for subordinates? Yes <input checked="" type="checkbox"/> No	
City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55401-1206		H(b) Are all subordinates included? Yes No		
F Name and address of principal officer: JOY KING SAME AS C ABOVE		H(c) Group exemption number		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527				
J Website: WWW.BETHEMATCH.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation Trust Association Other			L Year of formation: 1991	M State of legal domicile: MN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: RAISES FUNDS TO SUPPORT THE NMDP MISSION: WE 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) 3 19
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 18
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 43
	6 Total number of volunteers (estimate if necessary) 6 2934
	7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 20,737,956. Current Year 13,066,515.
	9 Program service revenue (Part VIII, line 2g) 0. 0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 491,516. 283,656.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -62,198. -548,424.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 21,167,274. 12,801,747.
	Expenses
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) 4,124,427. 4,686,099.	
16a Professional fundraising fees (Part IX, column (A), line 11e) 699,201. 418,679.	
b Total fundraising expenses (Part IX, column (D), line 25) 1,708,894.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) -113,509. 1,716,828.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 13,533,546. 17,777,670.	
19 Revenue less expenses. Subtract line 18 from line 12 7,633,728. -4,975,923.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 21,284,478. End of Year 15,501,279.
	21 Total liabilities (Part X, line 26) 999,743. 2,624,098.
	22 Net assets or fund balances. Subtract line 21 from line 20 20,284,735. 12,877,181.

Part II Signature Block

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.

Sign Here	Signature of officer		Date		
	KRISTA DUSIL, CHIEF FINANCIAL OFFICER				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
	LAWRENCE H. MOHR, CPA	LAWRENCE H. MOHR, CPA	08/10/23	<input type="checkbox"/>	P00447603
Preparer Use Only	Firm's name BAKER TILLY US, LLP			Firm's EIN 39-0859910	
	Firm's address 225 S 6TH ST #2300 MINNEAPOLIS, MN 55402			Phone no. 612.876.4500	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: RAISES FUNDS TO SUPPORT THE NMDP MISSION: WE SAVE LIVES THROUGH CELLULAR THERAPY

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 6,140,620. including grants of \$ 6,140,620.) (Revenue \$) PATIENT ASSISTANCE: BE THE MATCH FOUNDATION (BTMF) PROVIDES FINANCIAL ASSISTANCE TO PATIENTS THROUGHOUT EACH STAGE OF THE TRANSPLANT PROCESS. FUNDED FULLY BY PHILANTROHY, IN FY22 MORE THAN \$4.6 MILLION WAS PROVIDED TO OVER 1,900 PATIENTS FROM 135 TRANSPLANT CENTERS.

IN FY22 THE PROPORTION OF GRANT RECIPIENTS WHO IDENTIFY AS NON-HISPANIC WHITE RANGED FROM 58%-83% DEPENDING ON THE GRANT TYPE. THE CHELL TRAVEL GRANT, WHICH HELPS PEOPLE WITH TRAVEL COSTS ASSOCIATED WITH PARTICIPATING IN A CLINICAL TRIAL, WAS DISTRIBUTED TO THE MOST DIVERSE POPULATION, WITH 58% OF GRANT RECIPIENTS IDENTIFYING AS NON-HISPANIC WHITE. THE SEARCH ASSISTANCE FUND GRANT WAS DISTRIBUTED TO THE LEAST

4b (Code:) (Expenses \$ 3,566,119. including grants of \$ 3,566,119.) (Revenue \$) RESEARCH: RESEARCH INNOVATIONS ARE CRITICAL TO EXPANDING TREATMENT TO MORE PATIENTS AND IMPROVING OUTCOMES. EACH YEAR, BTMF IS PROUD TO INVEST IN RESEARCH THROUGH:

THE AMY STRELZER MANASEVIT RESEARCH PROGRAM (AMY PROGRAM): OUR FLAGSHIP RESEARCH FELLOWSHIP, THE AMY PROGRAM FUNDS EARLY CAREER INVESTIGATORS FOCUSED ON ADVANCES IN THE PREVENTION AND TREATMENT OF POST-CELL THERAPY COMPLICATIONS (E.G., GRAFT-VERSUS-HOST-DISEASE AND INFECTION). IN 2022, WE FUNDED THE WORK OF 15 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,

4c (Code:) (Expenses \$ 100,000. including grants of \$ 100,000.) (Revenue \$) RECRUITMENT: THE BE THE MATCH REGISTRY PROVIDES THE MOST DIVERSE LISTING OF POTENTIAL DONORS AND CORD BLOOD UNITS IN THE WORLD, WITH ACCESS TO MORE THAN 41 MILLION POTENTIAL DONORS AND 811,000 CORD BLOOD UNITS WORLDWIDE. IN FY2022, OVER 308,000 NEW POTENTIAL DONORS WERE ADDED TO THE BE THE MATCH REGISTRY. ALTHOUGH THERE ARE MILLIONS ON THE REGISTRY, PATIENTS SOMETIMES STILL CANNOT FIND A MATCH. THIS IS DUE IN PART TO THE PATIENT'S ETHNIC BACKGROUND. ON AVERAGE, A PATIENT'S LIKELIHOOD OF FINDING A MATCH ON THE BE THE MATCH REGISTRY RANGES FROM 29% TO 79% DEPENDING ON THE ETHNIC BACKGROUND. SOME ETHNIC GROUPS HAVE MORE COMPLEX TISSUE TYPES THAN OTHERS, SO A PERSON'S BEST CHANCE OF FINDING A DONOR IS WITH SOMEONE OF THE SAME ETHNIC BACKGROUND. THE IMPORTANCE

4d Other program services (Describe on Schedule O.) (Expenses \$ 5,524,271. including grants of \$ 1,149,325.) (Revenue \$)

4e Total program service expenses 15,331,010.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and transactions.

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 19; 1b Enter the number of voting members included... 18; 2 Did any officer, director, trustee, or key employee have a family relationship...; 3 Did the organization delegate control over management duties...; 4 Did the organization make any significant changes to its governing documents...; 5 Did the organization become aware during the year of a significant diversion of the organization's assets...; 6 Did the organization have members or stockholders...; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body...; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body...; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official; b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI
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. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 KRISTA DUSIL - 763-406-4275 500 N 5TH ST., MINNEAPOLIS, MN 55401-1206

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) AMY RONNEBERG CHIEF EXECUTIVE OFFICER	2.00 48.00	X		X				0.	1,180,217.	25,519.
(2) JOY KING EXEC. DIR. BTMF/SVP PHILAN.	20.00 30.00				X			172,807.	259,210.	48,354.
(3) GINA GRAVES FORMER OFFICER	0.00 0.00						X	0.	306,000.	35,689.
(4) KRISTA DUSIL CHIEF FINANCIAL OFFICER	1.00 49.00			X				0.	312,246.	18,105.
(5) TODD A. PETERSON VICE PRESIDENT	50.00 0.00				X			207,645.	0.	40,900.
(6) ANGIE FITZGERALD SENIOR DIR., CORPORATE PARTNERSHIPS	50.00 0.00				X			162,123.	0.	34,504.
(7) DANIEL LEE DIRECTOR, MAJOR AND PLANNED GIFTS	50.00 0.00				X			161,555.	0.	25,294.
(8) JACQUELINE CHANDONNET DIRECTOR, DEVELOPMENT	50.00 0.00				X			160,435.	0.	20,479.
(9) KRISTIN SCOTT MANAGER, MAJOR GIFTS	50.00 0.00				X			149,534.	0.	13,860.
(10) JEFFREY CHELL FORMER OFFICER	0.00 0.00						X	0.	101,795.	0.
(11) ANNE MCGEORGE CHAIR	1.00 0.00	X						0.	0.	0.
(12) MICHAEL STEWART VICE CHAIR	1.00 0.00	X						0.	0.	0.
(13) DIANA CARTER TREASURER	1.00 0.00	X						0.	0.	0.
(14) ROGER PASCHKE SECRETARY	1.00 0.00	X						0.	0.	0.
(15) ANDREW BLOCK DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) ANNIE BALLANTINE DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) BRUCE MANASEVIT DIRECTOR	1.00 0.00	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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DAVID PEARCE DIRECTOR	1.00 0.00	X						0.	0.	0.
(19) DERYN POMEROY DIRECTOR	1.00 0.00	X						0.	0.	0.
(20) GUSTAVO ALCOCER DIRECTOR	1.00 0.00	X						0.	0.	0.
(21) JASON AHLGREN DIRECTOR	1.00 0.00	X						0.	0.	0.
(22) JOSEPH LOUGHRAN DIRECTOR	1.00 0.00	X						0.	0.	0.
(23) MELISSA KONG DIRECTOR	1.00 0.00	X						0.	0.	0.
(24) MICHAEL ROSE DIRECTOR	1.00 0.00	X						0.	0.	0.
(25) NICOLE MOORE DIRECTOR	1.00 0.00	X						0.	0.	0.
(26) RAMESH SUBRHMANIAN DIRECTOR	1.00 0.00	X						0.	0.	0.
1b Subtotal								1,014,099.	2,159,468.	262,704.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,014,099.	2,159,468.	262,704.

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 13

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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
ALLEGIANCE FUNDRAISING GROUP PO 9132, FARGO, ND 58106-9132	FUNDRAISING SUPPORT	398,037.
STREAMWORKS, 3640 PHEASANT RIDGE DRIVE NORTHEAST, BLAINE, MN 55449	CREATIVE, PRINT & MAIL SERVICES	269,976.
BLACKBAUD P.O. BOX 930256, ATLANTA, GA 31193	SOFTWARE SUPPORT	157,967.
GOODUNITED, INKIND 1306 SHIRE ROAD, MT PLEASANT, SC 29464	FUNDRAISING SUPPORT	107,627.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	2,171,032.				
	d Related organizations	1d	1,584,800.				
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,310,683.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 272,900.				
	h Total. Add lines 1a-1f			13,066,515.			
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		293,611.			293,611.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	494,468.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b	504,423.				
	c Gain or (loss)	7c	-9,955.				
	d Net gain or (loss)			-9,955.		-9,955.	
8 a Gross income from fundraising events (not including \$ 2,171,032. of contributions reported on line 1c). See Part IV, line 18	8a		109,988.				
			678,967.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			-568,979.		-568,979.		
9 a Gross income from gaming activities. See Part IV, line 19	9a		26,600.				
			5,975.				
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities			20,625.		20,625.		
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a FOREIGN CURRENCY GAIN/	Business Code	900099	-70.		-70.	
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			-70.			
12 Total revenue. See instructions			12,801,747.	0.	0.	-264,768.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	6,050,393.	6,050,393.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	4,899,926.	4,899,926.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	5,745.	5,745.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	209,897.	143,645.	23,726.	42,526.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,453,901.	2,363,702.	390,422.	699,777.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	260,811.	178,488.	29,482.	52,841.
9 Other employee benefits	491,070.	336,067.	55,510.	99,493.
10 Payroll taxes	270,420.	185,064.	30,568.	54,788.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	25,000.		25,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	418,679.			418,679.
f Investment management fees	11,652.		11,652.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,047,166.	806,318.	20,943.	219,905.
12 Advertising and promotion				
13 Office expenses	88,339.	31,802.	5,300.	51,237.
14 Information technology	1,390.	1,070.	28.	292.
15 Royalties				
16 Occupancy	164,012.	112,242.	18,540.	33,230.
17 Travel	272,887.	199,207.	65,493.	8,187.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	14,353.		14,353.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a RECOGNITION	48,170.	17,341.	2,890.	27,939.
b REGISTRATIONS/MEMBERSHI	43,859.		43,859.	
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	17,777,670.	15,331,010.	737,766.	1,708,894.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0.	1	0.
	2 Savings and temporary cash investments	5,371,228.	2	1,771,547.
	3 Pledges and grants receivable, net	3,318,740.	3	3,374,111.
	4 Accounts receivable, net	286,639.	4	190,388.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	294,221.	9	75,054.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 0.		
	b Less: accumulated depreciation	10b 0.	10c	0.
	11 Investments - publicly traded securities	12,013,650.	11	10,090,179.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	21,284,478.	16	15,501,279.	
Liabilities	17 Accounts payable and accrued expenses	999,743.	17	2,624,098.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	999,743.	26	2,624,098.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	11,125,976.	27	5,784,204.
	28 Net assets with donor restrictions	9,158,759.	28	7,092,977.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	20,284,735.	32	12,877,181.
33 Total liabilities and net assets/fund balances	21,284,478.	33	15,501,279.	

Form **990** (2021)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	12,801,747.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,777,670.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,975,923.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,284,735.
5	Net unrealized gains (losses) on investments	5	-2,431,631.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	12,877,181.

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 on 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 on 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 on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2021)

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,051,487.	10,751,245.	18,034,650.	20,737,956.	13,066,515.	73,641,853.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	11,051,487.	10,751,245.	18,034,650.	20,737,956.	13,066,515.	73,641,853.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						23,225,154.
6 Public support. Subtract line 5 from line 4.						50,416,699.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	11,051,487.	10,751,245.	18,034,650.	20,737,956.	13,066,515.	73,641,853.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	229,695.	247,043.	238,703.	260,691.	293,611.	1,269,743.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)				3.	-70.	-67.
11 Total support. Add lines 7 through 10						74,911,529.
12 Gross receipts from related activities, etc. (see instructions)					12	-18,779.
13 First 5 years. 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 stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	67.30 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	64.03 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. 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 stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. 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 - 2020. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Schedule A (Form 990) 2021

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.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

FOREIGN CURRENCY GAIN

2017 AMOUNT: \$ 0.

2018 AMOUNT: \$ 0.

2019 AMOUNT: \$ 0.

2020 AMOUNT: \$ 3.

2021 AMOUNT: \$ -70.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

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), 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), 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).

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	<hr/> <hr/> <hr/>	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 380,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 300,000.	Person <input checked="" 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 info. once.) ▶ \$ _____
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 for instructions and the latest information.**

OMB No. 1545-0047

2021

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

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

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

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

4 Number of states where property subject to conservation easement is located ▶ _____

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

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)?

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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

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 make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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
1a Beginning of year balance	5,550,447.	5,098,748.	4,612,433.	1,407,960.	
b Contributions	465.	60,000.	200,500.	2,963,973.	1,407,960.
c Net investment earnings, gains, and losses	-832,236.	554,109.	285,815.	240,500.	
d Grants or scholarships	172,000.	160,000.			
e Other expenditures for facilities and programs					
f Administrative expenses	4,552.	2,410.			
g End of year balance	4,542,124.	5,550,447.	5,098,748.	4,612,433.	1,407,960.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 62.6900 %
 - b Permanent endowment 37.3100 %
 - c Term 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 |
|---|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 0.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	12,013,406.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-2,431,631.
b	Donated services and use of facilities	2b	970,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	684,942.
e	Add lines 2a through 2d	2e	-776,689.
3	Subtract line 2e from line 1	3	12,790,095.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,652.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	11,652.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	12,801,747.

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.

1	Total expenses and losses per audited financial statements	1	19,420,960.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	970,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	684,942.
e	Add lines 2a through 2d	2e	1,654,942.
3	Subtract line 2e from line 1	3	17,766,018.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	11,652.
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	11,652.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	17,777,670.

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.

PART V, LINE 4:

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

PART X, LINE 2:

ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER ASC 740 THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE PROGRAM AND BTMF ARE TAX-EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE NOT-FOR-PROFIT STATUS OF THE PROGRAM AND BTMF ARE CONSIDERED TAX POSITIONS UNDER FASB ASC 740, INCOME TAXES.

THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN

Part XIII Supplemental Information (continued)

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, 2022 OR 2021.

THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY

FEDERAL AND STATE AUTHORITIES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENT AND GAMING EXPENSES 684,942.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENT AND GAMING EXPENSES 684,942.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

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 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

Employer identification number

BE THE MATCH FOUNDATION

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
NORTH AMERICA	0	0	GRANTMAKING	OTHER PROGRAM SERVICES - BONE MARROW/ STEM CELL DONOR ASSISTANCE	5,745.
3 a Subtotal	0	0			5,745.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			5,745.

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

Schedule F (Form 990) 2021

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

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

PART I, LINE 2:

THE GRANT PROVIDED TO NORTH AMERICA INCLUDES GRANTS TO BOTH MEXICO AND

CANADA IS PART OF A BONE MARROW/STEM CELL DONOR ASSISTANCE PROGRAM THAT

IS A LONG STANDING PROGRAM THAT PROVIDES ASSISTANCE WHEN AN EMPLOYER DOES

NOT COVER WAGES WHEN A DONOR IS MAKING A DONATION. THE GRANTEES ARE

REQUIRED TO SUBMIT AN EMPLOYER LETTER OR A PAY STUB TO DEMONSTRATE THE

LOST WAGES. A BE THE MATCH (BTM) REPRESENTATIVE COMPLETES THE APPLICATION

ON BEHALF OF THE DONOR. AN INTERNAL TEAM REVIEWS ALL APPLICATIONS AND

SUPPORTING DOCUMENTS.

Multiple horizontal lines for supplemental information input.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		THE BE THE MATCH GALA	THE BE THE MATCH GALA NEW YORK	2		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	1,696,638.	309,714.	274,668.	2,281,020.
	2	Less: Contributions	1,619,649.	284,989.	266,394.	2,171,032.
	3	Gross income (line 1 minus line 2)	76,989.	24,725.	8,274.	109,988.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes		3,127.		3,127.
	6	Rent/facility costs	121,208.	126,822.	44,357.	292,387.
	7	Food and beverages	75,102.		45,692.	120,794.
	8	Entertainment	72,509.	53,920.	23,809.	150,238.
	9	Other direct expenses	84,190.	12,971.	15,260.	112,421.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				678,967.
11	Net income summary. Subtract line 10 from line 3, column (d)				-568,979.	

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		26,600.	26,600.
	2	Cash prizes			
Direct Expenses	3	Noncash prizes		5,330.	5,330.
	4	Rent/facility costs			
	5	Other direct expenses		645.	645.
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				5,975.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				20,625.

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:

a The organization's facility	13a	%
b An outside facility	13b	100.00 %
- 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

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ STACEY CHASE

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 explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: THE STELTER COMPANY

(I) ADDRESS OF FUNDRAISER: 10435 NEW YORK AVE, DES MOINES, IA 50322

(I) NAME OF FUNDRAISER: MMS USA INVESTMENTS INC DBA/ EPSILON AGENCY LLC

(I) ADDRESS OF FUNDRAISER: 35 WEST WACKER DRIVE, CHICAGO, IL 60601

PART I, LINE 2B, COLUMN (V):

Part IV Supplemental Information (continued)

THE GROSS RECEIPTS FROM THE ACTIVITIES THAT PROFESSIONAL FUNDRAISERS ASSIST THE ORGANIZATION ON ARE NOT ABLE TO BE SEPARATELY REPORTED AS THE WORK AIDS IN MANY FUNDRAISING INITIATIVES THROUGHOUT THE FISCAL YEAR.

SCHEDULE G, PART II, LINE 1:

BE THE MATCH FOUNDATION'S FISCAL YEAR IS OCTOBER 1 - SEPTEMBER 30. THE ANNUAL GALA EVENT IS ROUTINELY HELD AT THE END OF SEPTEMBER; HOWEVER IN 2021, THE EVENT WAS HELD ON OCTOBER 1, 2021 WHICH WAS OUTSIDE OF THE 2020 FORM 990 REPORTING PERIOD. THE REVENUE AND EXPENSES INCURRED DURING FY2021 WERE CAPTURED IN THE 2020 FORM 990 AND ADDITIONAL REVENUE AND EXPENSES REPORTED HAVE BEEN REPORTED WITHIN THE NATIONAL GALA EVENT IN THE 2021 FORM 990.

OTHER GAMING MANAGER INCLUDES AMANDA ALBERTSON WHO OBTAIN LISCENSES AND MANAGES THE PLANNING AND EXUCUTION OF RAFFLES.

**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 for the latest information.**

OMB No. 1545-0047

2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NATIONAL MARROW DONOR PROGRAM 500 N 5TH STREET MINNEAPOLIS, MN 55401	84-0865803	501(C)(3)	497,167.	0.			VARIOUS NMDP PROGRAMS
NATIONAL MARROW DONOR PROGRAM 500 N 5TH STREET MINNEAPOLIS, MN 55401	84-0865803	501(C)(3)	1,497,649.	0.			BTMM PATIENT ASSISTANCE
NATIONAL MARROW DONOR PROGRAM 500 N 5TH STREET MINNEAPOLIS, MN 55401	84-0865803	501(C)(3)	74,612.	0.			CLINICAL TRIALS SUPPORT
NATIONAL MARROW DONOR PROGRAM 500 N 5TH STREET MINNEAPOLIS, MN 55401	84-0865803	501(C)(3)	100,000.	0.			DONOR RECRUITMENT
NATIONAL MARROW DONOR PROGRAM 500 N 5TH STREET MINNEAPOLIS, MN 55401	84-0865803	501(C)(3)	2,720,058.	0.			RESEARCH
UNIVERSITY OF CALIFORNIA SAN FRANCISCO FOUNDATION - 2001 THE EMBARCEDARO, 3RD FLOOE - SAN FRANCISCO, CA 94133	94-2829914	501(C)(3)	35,000.	0.			RESEARCH

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **11.**

3 Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDRENS HOSPITAL CORPORATION 300 LONGWOOD AVENUE BOSTON, MA 02115	04-2774441	501(C)(3)	80,000.	0.			RESEARCH/SCHOLAR
FRED HUTCHINSON CANCER RESEARCH CENTER - MAILSTOP LF-272 PO BOX 19024 - SEATTLE, WA 98109	23-7156071	501(C)(3)	276,000.	0.			RESEARCH/SCHOLAR
H LEE MOFFITT CANCER CENTER AND RESEARCH INSTITUTE - 12902 MAGNOLIA DRIVE - TAMPA, FL 33612	59-3238634	501(C)(3)	36,000.	0.			RESEARCH/SCHOLAR
MEMORIAL SLOAN KETTERING CANCER CENTER - 633 3RD AVENUE, 4TH FLOOR - NEW YORK, NY 10017	13-1924236	501(C)(3)	80,000.	0.			RESEARCH/SCHOLAR
UNIVERSITY OF TEXAS M.D. ANDERSON CANCER CENTER - 1515 HOLCOMBE BOULEVARD - HOUSTON, TX 77030	74-6001118	501(C)(3)	80,000.	0.			RESEARCH/SCHOLAR
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - P.O. BOX 402420 - ATLANTA, GA 30384	56-6001393	501(C)(3)	80,000.	0.			RESEARCH/SCHOLAR
UNIVERSITY OF ALABAMA 701 20TH STREET SOUTH BIRMINGHAM, AL 35294	63-0649108	501(C)(3)	80,000.	0.			RESEARCH/SCHOLAR
UNIVERSITY OF PITTSBURGH P.O. BOX 371220 PITTSBURGH, PA 15251	25-0965591	501(C)(3)	19,060.	0.			RESEARCH/SCHOLAR
WASHINGTON UNIVERSITY OF ST. LOUIS 600 SOUTH EUCLID AVENUE ST. LOUIS, MO 63110	43-0654872	501(C)(3)	80,000.	0.			RESEARCH/SCHOLAR

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PATIENT TRANSPLANT ASSISTANCE	2019	3,557,475.	0.		
CLINICAL TRIALS ASSISTANCE	98	353,600.	0.		
PATIENT TYPING & SEARCH ASSISTANCE	244	731,896.	0.		
DONOR ASSISTANCE	318	256,955.	0.		

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

PART I, LINE 2:

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

PATIENT ASSISTANCE GRANTS ARE AWARDED THROUGH BTMF. PATIENTS APPLY FOR PRE

AND POST-TRANSPLANT SUPPORT GRANTS THROUGH THE ONLINE APPLICATION. THESE

APPLICATIONS AND PATIENT ASSISTANCE ARE TRACKED IN THE ORACLE CUSTOM-BUILT

MODULE AND MONITORED BY THE PATIENT OUTCOMES AND EXPERIENCES TEAM, A

DEPARTMENT WITHIN NATIONAL MARROW DONOR PROGRAM (NMDP). THIS TEAM REVIEWS

APPLICATIONS WEEKLY AND DETERMINES ASSISTANCE NEEDS BASED ON PUBLISHED

CRITERIA, ALL WITH THE GOAL TO EQUITABLY ADMINISTER TO HELP PATIENTS

Part IV Supplemental Information

OVERCOME BARRIERS BEFORE AND AFTER TRANSPLANT.

SEARCH ASSISTANCE FUNDS ARE AWARDED TO COVER UNINSURED DONOR SEARCH COSTS.

WHEN A TRANSPLANT CENTER (ORGANIZATIONS) RECEIVES AN INSURANCE DENIAL

LETTER FOR DONOR SEARCH COSTS THEY ARE ABLE TO COMPLETE AN APPLICATION THAT

INCLUDES PROVIDING A COPY OF THE DENIAL LETTER. IF APPROVED THE GRANT IS

THEN DISTRIBUTED DIRECTLY TO THE TRANSPLANT CENTER.

ALL OTHER PATIENT ASSISTANCE GRANTS ARE AWARDED TO THE APPLICANT BASED ON

FINANCIAL NEED AND ARE USED TO COVER SUCH ITEMS AS UNINSURED COSTS,

CO-PAYS, FOOD, LODGING, AND GROUND TRANSPORTATION. PAYMENTS ARE MADE

DIRECTLY TO THE PATIENT/APPLICANT (INDIVIDUAL).

DONOR ASSISTANCE CHECKS ARE ALSO AWARDED TO THE APPLICANT BASED ON

FINANCIAL NEEDS AND ARE USED TO OFFSET HAVING TO TAKE UNPAID TIME OFF FROM

WORK IN ORDER TO DONATE LIFE-SAVING CELLS. PAYMENTS ARE MADE DIRECTLY TO

THE DONOR (INDIVIDUAL).

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

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

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC 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				
(1) AMY RONNEBERG CHIEF EXECUTIVE OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	700,962.	457,400.	21,855.	25,496.	23.	1,205,736.	0.
(2) JOY KING EXEC. DIR. BTMF/SVP PHILAN.	(i)	113,398.	55,430.	3,979.	10,198.	9,143.	192,148.	0.
	(ii)	170,098.	83,144.	5,968.	15,298.	13,715.	288,223.	0.
(3) GINA GRAVES FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	211,353.	85,255.	9,392.	25,496.	10,193.	341,689.	0.
(4) KRISTA DUSIL CHIEF FINANCIAL OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	201,301.	104,895.	6,050.	0.	18,105.	330,351.	0.
(5) TODD A. PETERSON VICE PRESIDENT	(i)	162,585.	43,911.	1,149.	15,340.	25,560.	248,545.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ANGIE FITZGERALD SENIOR DIR., CORPORATE PARTNERSHIPS	(i)	132,405.	28,736.	982.	9,691.	24,813.	196,627.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) DANIEL LEE DIRECTOR, MAJOR AND PLANNED GIFTS	(i)	133,182.	27,514.	859.	9,034.	16,260.	186,849.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JACQUELINE CHANDONNET DIRECTOR, DEVELOPMENT	(i)	145,011.	14,150.	1,274.	10,840.	9,639.	180,914.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) KRISTIN SCOTT MANAGER, MAJOR GIFTS	(i)	129,426.	19,231.	877.	8,146.	5,714.	163,394.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) JEFFREY CHELL FORMER OFFICER	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	0.	0.	101,795.	0.	0.	101,795.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

TOP MANAGEMENT'S COMPENSATION:

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

LINE 15 NARRATIVE.

PART I, LINE 4B:

THE ORGANIZATION OFFERS A SUPPLEMENTAL BENEFITS PLAN (THE SUPPLEMENTAL
PLAN) FOR ITS OFFICERS, SENIOR VICE PRESIDENTS AND VICE PRESIDENTS. ALL
SUPPLEMENTAL PLAN PARTICIPANTS RECEIVED \$750,000 IN LIFE INSURANCE,
LONG-TERM DISABILITY AND LONG-TERM CARE INSURANCE. PREMIUMS ARE PAID BY THE
ORGANIZATION AND ARE TREATED AS TAXABLE INCOME TO PLAN PARTICIPANTS. FUTURE
BENEFITS RECEIVED UNDER THE PLAN, IF ANY, WILL NOT BE TAXED. THE
SUPPLEMENTAL PLAN WAS CREATED IN ACCORDANCE WITH APPLICABLE PROVISIONS 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.

THE INTERNAL REVENUE CODE (IRC SEC 7702).

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	8	112,860.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (AUCTION ITEMS)	X	210	155,415.	FMV
26 Other (ADVERTISEMENT)	X	1	2,375.	FMV
27 Other (GIFT CARDS)	X	15	2,250.	FMV
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** 0

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** X
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31** X
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** 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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2021

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

SCHEDULE M, PART I, COLUMN (B):

METHOD USED

BTMF USES THE NUMBER OF CONTRIBUTIONS AS THE METHOD FOR DETERMINING THE

AMOUNT IN COLUMN (B).

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

BE THE MATCH FOUNDATION

Employer identification number

41-1704734

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

BE THE MATCH IS A GLOBAL LEADER WORKING EVERY DAY TO SAVE LIVES THROUGH

CELLULAR THERAPY. FOR PEOPLE WITH LIFE-THREATENING BLOOD CANCERS-LIKE

LEUKEMIA AND LYMPHOMA-OR OTHER BLOOD DISORDERS LIKE SICKLE CELL, A CURE

EXISTS. BE THE MATCH CONNECTS PATIENTS WITH A MATCHING DONOR FOR A

LIFE-SAVING BLOOD STEM CELL TRANSPLANT. THE BE THE MATCH REGISTRY IS

THE MOST DIVERSE REGISTRY IN THE WORLD AND INCLUDES BOTH ADULT DONORS

WILLING TO DONATE TO A STRANGER IN NEED AND STORED CORD BLOOD UNITS. IN

ADDITION, BE THE MATCH PROVIDES PATIENTS AND THEIR FAMILIES ONE-ON-ONE

SUPPORT, EDUCATION, AND GUIDANCE BEFORE, DURING AND AFTER TRANSPLANT.

BE THE MATCH IS ALSO A GLOBAL LEADER IN RESEARCH THROUGH THE CIBMTR

(CENTER FOR INTERNATIONAL BLOOD AND MARROW TRANSPLANT RESEARCH), A

COLLABORATION WITH MEDICAL COLLEGE OF WISCONSIN, INVESTING IN AND

MANAGING RESEARCH STUDIES THAT IMPROVE PATIENT OUTCOMES AND ADVANCE THE

FUTURE OF CARE.

THE BE THE MATCH FOUNDATION RAISES FUNDS TO HELP PATIENTS BY:

- ADDING NEW POTENTIAL DONORS TO THE REGISTRY

- HELPING PAY UNINSURED PATIENT COSTS ASSOCIATED WITH TRANSPLANT

- FUNDING LIFE-SAVING RESEARCH THROUGH THE CIBMTR

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, THROUGH OUR GLOBAL

NETWORK, WE CONNECT CENTERS AND PATIENTS TO BEST CELL THERAPY OPTIONS

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

Schedule O (Form 990) 2021

132211 11-11-21

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

FROM BLOOD STEM CELL TRANSPLANT TO A NEXT-GENERATION THERAPY AND

COLLABORATE WITH CELL AND GENE THERAPY COMPANIES TO SUPPORT THERAPY

DEVELOPMENT AND DELIVERY THROUGH BE THE MATCH BIOTHERAPIES.

THE DEFINITION FOR THE BE THE MATCH TRUE NORTH GOAL OF LIVES EQUALS THE

NUMBER OF PATIENTS WHO RECEIVE BE THE MATCH-FACILITATED CELL THERAPIES.

AS THE USE OF THERAPIES EXPANDS, SO HAS BE THE MATCH'S WORK IN

UNRELATED AND RELATED DONOR TRANSPLANTS AND BIOTHERAPIES AUTOLOGOUS

(DONATION FOR SELF), ALLOGENEIC (DONATION FOR NON-SPECIFIC PATIENT) AND

CLINICAL TRIALS.

THE VISION OF BE THE MATCH IS FOR EVERY PATIENT TO RECEIVE A TRANSPLANT

NO MATTER THEIR ETHNIC BACKGROUND.

EVERY YEAR, MORE PATIENTS ARE RECEIVING THE LIFE-SAVING MARROW OR CORD

BLOOD TRANSPLANT THEY NEED BECAUSE OF THE COMMUNITY OF DONORS,

VOLUNTEERS, HEALTH CARE PROFESSIONALS, RESEARCHERS AND FINANCIAL

SUPPORTERS.

FORM 990, PART I, LINE 12:

TOTAL REVENUE DECREASED FROM PRIOR YEAR PRIMARILY DRIVEN BY

CONTRIBUTIONS FROM RELATED ORGANIZATIONS (FORM 990, PART VIII,

STATEMENT OF REVENUE, SECTION I, LINE D). NATIONAL MARROW DONOR PROGRAM

(NMDP) PROVIDED \$7.7M IN 2020 VS. \$1.6M IN 2021. BE THE MATCH

FOUNDATION (BTMF) IS OPERATED BY NMDP AND REGULARLY RECORDS

INTERCOMPANY ACTIVITY. IN 2020 INTERCOMPANY REVENUE OF \$7.7M WAS

RECORDED TO BTMF TO REFLECT THE FORGIVENESS OF INTERCOMPANY BALANCES.

Name of the organization BE THE MATCH FOUNDATION	Employer identification number 41-1704734
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IN 2021, BTMF SETTLED THE INTERCOMPANY PAYABLE RESULTING IN NO NEEDED

FORGIVENESS OF OUTSTANDING INTERCOMPANY BALANCES. IN 2021 INTERCOMPANY

REVENUE OF \$1.6M REPRESENTS PATIENT FINANCIAL ASSISTANCE GRANT FUNDING

PROVIDED FROM NMDP.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

DIVERSE POPULATION, WITH 83% OF RECIPIENTS IDENTIFYING AS NON-HISPANIC

WHITE.

THE SEARCH ASSISTANCE FUND GRANT PROGRAMS (SAF) SUPPORT PATIENTS

PRE-TRANSPLANT WHO HAVE INSURANCE AND FINANCIAL BARRIERS THAT DELAY OR

PREVENT THEM FROM FINDING A DONOR OR CORD BLOOD UNIT. THIS GRANT HELPS

PATIENTS START THE SEARCH FOR AN UNRELATED DONOR OR CORD BLOOD UNIT BY

GIVING TRANSPLANT CENTERS A GUARANTEE OF PAYMENT FOR SPECIFIC SEARCH

AND/OR PROCUREMENT COSTS SHOULD THEY NOT BE COVERED BY INSURANCE. THERE

WERE 136 PATIENTS APPROVED FOR SAF THIS FISCAL YEAR.

BTMF ALSO PROVIDES FUNDING TO HELP WITH THE MANY UNCOVERED

OUT-OF-POCKET EXPENSES FOR PATIENTS BEFORE AND AFTER A TRANSPLANT. THE

TRANSPLANT SUPPORT ASSISTANCE (TSA) GRANT PROVIDES DIRECT FINANCIAL

ASSISTANCE TO QUALIFIED FAMILIES BOTH PRE- AND POST-TRANSPLANT. TSA

HELPS WITH EXPENSES SUCH AS TRANSPORTATION, TEMPORARY RELOCATION,

CO-PAYS, AND INSURANCE PREMIUMS. THIS YEAR 1,928 TSA AWARDS WERE

GRANTED WITH THE AVERAGE AWARD BEING \$1,746 TO PATIENTS PRE- AND

POST-TRANPLANT.

THE JOHN AND CARYN CAMIOLO SURVIVORSHIP GRANT (CAM) PROVIDES DIRECT

FINANCIAL ASSISTANCE TO QUALIFIED PATIENTS, WHO ARE AT LEAST THREE

Name of the organization

BE THE MATCH FOUNDATION

Employer identification number

41-1704734

MONTHS POST-TRANSPLANT AND WHO ARE ACTIVELY RECEIVING TREATMENT FOR
 CHRONIC GRAFT-VERSUS-HOST DISEASE. CAM HELPS WITH UNCOVERED COSTS OF
 TREATMENT AND PRESCRIPTIONS. IN FY22, 109 PATIENTS WERE HELPED THROUGH
 THE CAM GRANT WITH EACH PATIENT AWARDED \$750.

THE CHELL TRAVEL GRANT PROVIDES DIRECT FINANCIAL ASSISTANCE TO
 QUALIFIED PATIENTS WHO NEEDED ASSISTANCE WITH TRAVEL COSTS TO
 PARTICIPATE IN CLINICAL TRIALS THAT TREAT BLOOD CANCERS OR BLOOD
 DISORDERS. THIS YEAR 99 CHELL TRAVEL GRANTS WERE AWARDED WITH THE
 AVERAGE AWARD AMOUNT BEING \$3,536.

TWO CRISIS GRANTS HELP PATIENTS EXPERIENCING A SIGNIFICANT CRISIS EVENT
 IMPACTING ACCESS TO TRANSPLANT OR POST-TRANSPLANT CARE. THE IRA AND
 DIANA RIKLIS CRISIS GRANT PROVIDES UP TO \$10,000 IN DIRECT FINANCIAL
 ASSISTANCE TO QUALIFIED PATIENTS POST-TRANSPLANT AND THE MAKE ME
 STRONGER CRISIS GRANT PROVIDES UP TO \$15,000 PRE-TRANSPLANT. THIS
 FISCAL YEAR, 15 PATIENTS WERE HELPED THROUGH THESE CRISIS GRANTS WITH
 THE AVERAGE AWARD AMOUNT BEING \$8,600. A COMMITTEE REVIEWS EACH CRISIS
 GRANT APPLICATION WITH RACE/ETHNICITY INFORMATION REDACTED TO INCREASE
 THE EQUITABLE DISTRIBUTION OF THIS GRANT. IN FY22, 73% OF GRANT
 RECIPIENTS IDENTIFIED AS NON-HISPANIC WHITE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

BTMF HAS INVESTED NEARLY \$12 MILLION TO HELP LAUNCH THE CAREERS OF 47
 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 CELL THERAPY. TODAY, THE AMY STRELZER MANASEVIT

Name of the organization BE THE MATCH FOUNDATION	Employer identification number 41-1704734
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RESEARCH PROGRAM FOR THE STUDY OF POST-CELL THERAPY COMPLICATIONS IS ONE OF THE LARGEST AND MOST COVETED FELLOWSHIPS IN THE FIELD OF TRANSPLANTATION.

ACCESS/DONOR FOR ALL: THIS TRANSFORMATIONAL MULTI-CENTER STUDY IS TESTING A NEW TRANSPLANT PROTOCOL AIMED AT MAKING MISMATCHED DONOR TRANSPLANTS SAFER AND MORE EFFECTIVE, WITH THE GOAL OF EXPANDING ACCESS TO TRANSPLANT TO THOUSANDS OF PATIENTS WHO LACK A FULLY MATCHED DONOR.

COVID-19 VACCINATION STUDY: CIBMTR LAUNCHED A MULTI-CENTER STUDY IN 2020 TO TRACK COVID-19 VACCINATION RESPONSE IN PATIENTS WHO HAVE RECEIVED A TRANSPLANT OR CAR-T CELL THERAPY, WITH THE GOAL OF UNDERSTANDING SAFETY, EFFICACY, AND DURABILITY OF RESPONSES TO VACCINATION.

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.

BE THE MATCH'S CENTER FOR INTERNATIONAL BLOOD AND MARROW TRANSPLANT RESEARCH (CIBMTR)- A PARTNERSHIP WITH THE MEDICAL COLLEGE OF WISCONSIN- IS THE LEADING HUB FOR TRANSPLANT AND CELL THERAPY RESEARCH. BTMF HELPS TO FUND INNOVATIVE RESEARCH STUDIES LED AND MANAGED BY THE CIBMTR

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: OF INCREASING DIVERSITY ON THE REGISTRY IS AN ORGANIZATION GOAL AND PRIORITY AT BE THE MATCH.

Name of the organization BE THE MATCH FOUNDATION	Employer identification number 41-1704734
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FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

BTMF PARTNERS WITH BE THE MATCH ON VARIOUS INITIATIVES TIED TO THE

SHARED MISSION. THESE PROGRAMS INCLUDE:

BE THE MATCH PROVIDES COMPREHENSIVE EDUCATION AND SUPPORT SERVICES TO

PATIENTS AND THEIR FAMILIES THROUGH ONE-ON-ONE NAVIGATION SUPPORT,

VIDEO, PRINTED, AND DIGITAL EDUCATION RESOURCES, COUNSELING,

PEER-TO-PEER CONNECT PROGRAM, SURVIVORSHIP PROGRAM, AND THE JASON

CARTER CLINICAL TRIALS SEARCH AND SUPPORT PROGRAM, WHICH HELPS PATIENTS

WITH LIFE-THREATENING BLOOD DISORDERS FIND CLINICAL TRIALS. BTMF RAISES

FUNDS TO SUPPORT THESE CRITICAL SERVICES.

A MEDIA CAMPAIGN FOCUSED ON AWARENESS OF OUR MISSION TO NEW AUDIENCES

WAS LAUNCHED IN FY22. THIS CAMPAIGN FEATURES CELTICS PLAYER AND

DEFENSIVE PLAYER OF THE YEAR MARCUS SMART, WHOSE PERSONAL CONNECTION

WITH BLOOD DISEASE INSPIRED A SOCIAL MEDIA DRIVE TO SUPPORT A SEARCHING

PATIENT.

BTMF ALLOCATES COMPENSATION AND BENEFITS AND OCCUPANCY COSTS TO PROGRAM

BASED ON EMPLOYEE RESPONSIBILITIES.

EXPENSES \$ 5,524,271. INCLUDING GRANTS OF \$ 1,149,325. REVENUE \$ 0.

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

THE FOLLOWING DIRECTORS OF BTMF HAVE A REPORTABLE BUSINESS RELATIONSHIP:

ANNE MCGEORGE AND AMY RONNEBERG (MS. MCGEORGE AND MS. RONNEBERG WERE BOTH

VOTING DIRECTORS OF MAGENTA THERAPEUTICS DURING FY2022).

Name of the organization BE THE MATCH FOUNDATION	Employer identification number 41-1704734
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FORM 990, PART VI, SECTION A, LINE 6:

MEMBERS OR STOCKHOLDERS:

NMDP IS THE SOLE CORPORATE MEMBER OF BTMF.

FORM 990, PART VI, SECTION A, LINE 7A:

MEMBERS OR STOCKHOLDERS WHO MAY ELECT GOVERNING BODY:

THE NMDP BOARD ELECTS THE BOARD OF DIRECTORS OF BTMF.

FORM 990, PART VI, SECTION A, LINE 7B:

MEMBERS OR STOCKHOLDERS WHO MAY APPROVE DECISIONS:

THE NMDP BOARD APPROVES THE ACTIONS OF BTMF.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 REVIEW PROCESS:

THE ORGANIZATION CONTRACTED WITH THE OUTSIDE PUBLIC ACCOUNTING FIRM, BAKER

TILLY, TO PREPARE THE FORM 990. PREPARING THE DETAILS AND SUPPORTING

REPORTS FOR THE RETURN IS A COLLABORATIVE EFFORT AMONG A SMALL GROUP OF

INDIVIDUALS IN THE FINANCIAL REPORTING & COMPLIANCE AREA OF FINANCE,

INTERNAL AUDIT AND HUMAN RESOURCES. THAT WORK IS THEN REVIEWED BY THE

SENIOR MANAGER OF FINANCIAL REPORTING PRIOR TO SENDING TO BAKER TILLY; THE

CHIEF LEGAL OFFICER ALSO REVIEWS THE GOVERNANCE SECTIONS PRIOR TO SENDING

TO BAKER TILLY. ONCE A DRAFT IS RECEIVED BACK FROM BAKER TILLY, IT IS

REVIEWED BY THE TEAM THAT PULLED THE DETAILS TOGETHER, NMDP ACTING CHIEF

FINANCIAL OFFICER AND EXECUTIVE DIRECTOR OF BTMF. A COPY OF THE RETURN IS

PROVIDED TO THE NMDP AUDIT AND FINANCE COMMITTEE AND BTMF BOARD OF

DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

Name of the organization BE THE MATCH FOUNDATION	Employer identification number 41-1704734
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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 EXECUTIVE OFFICER (CEO) OF NMDP, THE CHIEF ADVANCEMENT OFFICER/BTMF EXECUTIVE DIRECTOR, OR THE NMDP CHIEF LEGAL OFFICER AND POLICY OFFICER/GENERAL COUNSEL (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

Name of the organization BE THE MATCH FOUNDATION	Employer identification number 41-1704734
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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."

FORM 990, PART VI, SECTION B, LINE 15:

PROCESS FOR DETERMINING COMPENSATION:

THE BTMF CHIEF ADVANCEMENT OFFICER REPORTS DIRECTLY TO THE NMDP CEO AND IS

CONSIDERED A KEY EMPLOYEE PER THE IRS DEFINITION. THE COMPENSATION OF THE

BTMF CHIEF ADVANCEMENT OFFICER IS REVIEWED, EVALUATED, AND SET IN

ACCORDANCE WITH THE NMDP BYLAWS AND COMPENSATION COMMITTEE CHARTER.

THE NMDP BYLAWS STATE: "THE COMPENSATION COMMITTEE SHALL BE COMPRISED ONLY

OF VOTING DIRECTORS AND SHALL INCLUDE THE CHAIR OF THE BOARD AND AT LEAST

ONE (1) NON-OFFICER BOARD MEMBER AS VOTING COMMITTEE MEMBERS. THE

COMPENSATION COMMITTEE SHALL REVIEW AND EVALUATE THE OVERALL COMPENSATION

AND BENEFIT STRUCTURE OF THE CORPORATION AND SHALL HAVE SUCH OTHER

AUTHORITY AND RESPONSIBILITIES AS SET FORTH IN THE COMPENSATION COMMITTEE

CHARTER."

THE COMPENSATION COMMITTEE CHARTER STATES: "THE COMMITTEE SHALL REVIEW AND

EVALUATE THE OVERALL COMPENSATION AND BENEFIT STRUCTURE OF THE CORPORATION,

AND APPROVE AND ADOPT A COMPENSATION PHILOSOPHY AND PRINCIPLES CONSISTENT

WITH THE CORPORATION'S NOT-FOR-PROFIT STATUS (THE COMPENSATION PHILOSOPHY

AND PRINCIPLES). THE COMMITTEE SHALL CONDUCT THE CHIEF EXECUTIVE OFFICER

(CEO) PERFORMANCE EVALUATION. THE COMMITTEE SHALL MAKE CEO TOTAL

COMPENSATION AND BENEFIT RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE,

Name of the organization BE THE MATCH FOUNDATION	Employer identification number 41-1704734
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CONSISTENT WITH THE COMPENSATION PHILOSOPHY AND PRINCIPLES. IN MAKING
 COMPENSATION AND BENEFIT RECOMMENDATIONS FOR THE CEO, THE COMMITTEE SHALL
 UTILIZE, AMONG OTHER THINGS, COMPARABILITY DATA FOR COMPLIANCE WITH IRS
 INTERMEDIATE SANCTION PROVISIONS SO AS TO ALLOW THE CORPORATION TO TAKE
 ADVANTAGE OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS. ON A PERIODIC
 BASIS, THE COMMITTEE SHALL OBTAIN COMPARABILITY DATA FROM AN INDEPENDENT
 COMPENSATION CONSULTANT. IN ADDITION, THE COMMITTEE SHALL ADVISE THE CEO IN
 HIS/HER/THEIR EVALUATION OF AND DECISIONS REGARDING THE COMPENSATION OF AND
 BENEFITS FOR SENIOR CORPORATION EMPLOYEES, AS WELL AS THE PRESIDENT (OR
 EQUIVALENT LEADER) OF ANY SUBSIDIARY OF THE CORPORATION REPORTING TO THE
 CEO (TOGETHER, SENIOR LEADERSHIP). IN ADVISING THE CEO IN MAKING
 HIS/HER/THEIR COMPENSATION AND BENEFIT DECISIONS FOR SENIOR LEADERSHIP, THE
 COMMITTEE SHALL ENSURE THAT SUCH DECISIONS ARE CONSISTENT WITH THE
 COMPENSATION PHILOSOPHY AND PRINCIPLES, AND UTILIZE, AMONG OTHER THINGS,
 COMPARABILITY DATA FOR COMPLIANCE WITH IRS INTERMEDIATE SANCTION
 PROVISIONS. IF DECISIONS PROPOSED BY THE CEO ARE OUTSIDE THE PARAMETERS OF
 THE COMPENSATION PHILOSOPHY AND PRINCIPLES, THE CEO MUST OBTAIN THE
 COMMITTEE'S APPROVAL PRIOR TO IMPLEMENTATION."

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
 AL, AR, CA, FL, GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT
 VA, WV, WI

FORM 990, PART VI, SECTION C, LINE 19:
 HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC:
 THE CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION AND CONSOLIDATED
 AUDITED FINANCIAL STATEMENTS AND ADDITIONAL CONSOLIDATING INFORMATION ARE
 ALL MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE CONSOLIDATED AUDITED

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

FORM 990, PART XII, LINE 2C:
THE ORGANIZATION HAS NEITHER CHANGED ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

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

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
NATIONAL MARROW DONOR PROGRAM - 84-0865803 500 N 5TH STREET MINNEAPOLIS, MN 55401-1206	TRANSPLANTS	COLORADO	501(C)(3)	LINE 10	N/A		X
BE THE MATCH MX, A.C. VERACRUZ AV. 93, 101 PISO CIUDAD DE MEXICO, CONDESA, MEXICO	RECRUITMENT	MEXICO			NMDP		X

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

Schedule R (Form 990) 2021

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

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

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

