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Form <b>990</b>  Department of the Treasury Internal Revenue Service	<b>Return of Organization Exempt From Income Tax</b>  <b>Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)</b>	OMB No 1545-0047 <div> <div>2011</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

<b>A For the 2011 calendar year, or tax year beginning 10-01-2011 and ending 09-30-2012</b>		<b>D Employer identification number</b> 41-1704734	
<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		<b>E Telephone number</b> (612) 627-5800	
<b>C</b> Name of organization Be the Match Foundation		<b>G</b> Gross receipts \$ 14,057,711	
Doing Business As			
Number and street (or P O box if mail is not delivered to street address) Room/suite 3001 Broadway Street NE No 601			
City or town, state or country, and ZIP + 4 Minneapolis, MN 554131753			
<b>F</b> Name and address of principal officer Christine C Fleming 3001 Broadway Street NE No 601 Minneapolis, MN 554131753		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)	
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number ▶	
<b>J Website:</b> ▶ www.marlow.org			
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation 1992	<b>M</b> State of legal domicile MN

<b>Part I</b>	<b>Summary</b>
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Activities & Governance	1 Briefly describe the organization's mission or most significant activities Support of the National Marrow Donor Program, a 501(c)3 entity 84-0865803		
	2 Check this box <input checked="" 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	11
	4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	8
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .	5	29
6 Total number of volunteers (estimate if necessary) . . . . .	6	1,170	
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	0	
7b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year 12,777,812	Current Year 13,317,653
	9 Program service revenue (Part VIII, line 2g) . . . . .	0	0
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .	187,400	156,975
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	356,030	-1,817
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	13,321,242	13,472,811
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . . .	10,788,557
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)		2,103,907	2,237,368
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		305,743	351,159
16b Total fundraising expenses (Part IX, column (D), line 25) <u>1,226,097</u>			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .		1,377,857	1,291,529
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		14,576,064	10,975,555
19 Revenue less expenses Subtract line 18 from line 12 . . . . .		-1,254,822	2,497,256
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16) . . . . .	18,948,952	19,736,583
	21 Total liabilities (Part X, line 26) . . . . .	3,620,954	1,332,451
	22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	15,327,998	18,404,132

## 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.

<b>Sign Here</b>	*****			2013-05-13	
	Signature of officer			Date	
	Bruce Schmaltz Director, Finance/Controller Type or print name and title				
<b>Paid Preparer's Use Only</b>	Preparer's signature	Kristina Rasmussen	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P00143920
	Firm's name (or yours if self-employed), address, and ZIP + 4	Deloitte Tax LLP			EIN 86-1065772
		50 South Sixth Street  Minneapolis, MN 55402			Phone no (612) 397-4000

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 to any question in this Part III

☐

☒

1

Briefly describe the organization's mission

Every year, 10,000 patients with leukemia, lymphoma, sickle cell and other life-threatening diseases need a marrow transplant from an unrelated donor, but only half receive one Half is not enough Every Patient Counts<sup>1</sup> See Schedule O Be The Match Foundation raises funds to support the life-saving mission of the National Marrow Donor Program, a 501(c)3 entity 84-0865803 Together, we help patients who need a marrow or umbilical cord blood transplant find a donor and receive the treatment they need A gift to Be The Match Foundation delivers tangible relief to patients struggling with thousands in uninsured costs, ignites hope for searching patients by adding donors to the marrow registry and turns the impossible into the achievable by investing in research discoveries

2

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

☐ Yes ☒ No

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

3

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code ) (Expenses \$ 4,292,097 including grants of \$ 4,292,097 ) (Revenue \$ )

Recruitment - Be The Match Registry grew by approximately 440,000 people from diverse populations during fiscal year 2012 Be The Match Foundation was able to help cover a portion of the typing lab costs incurred by the National Marrow Donor Program

4b

(Code ) (Expenses \$ 2,396,981 including grants of \$ 2,396,981 ) (Revenue \$ )

Patient Assistance - Be The Match Foundation's search assistance program is a pre-transplant grant program that provides guarantees of payment for search and/or procurement costs, enabling patients to proceed to search without delays caused by financial and/or insurance barriers This fiscal year 787 awards were granted to transplant centers on behalf of patients The transplant support assistance is a post-transplant grant program that provides direct financial assistance to families in financial need, to help with uncovered post-transplant expenses, such as food, ground transportation, lodging, co-pays, and insurance premiums This year 923 patient awards were granted The Donor Assistance program helps donors that will suffer a hardship when they take time off work to make a donation

4c

(Code ) (Expenses \$ 246,421 including grants of \$ 246,421 ) (Revenue \$ )

Research - Research-driven innovations make transplants a viable treatment for more patients Funding clinical trials, both pediatric and adult, continues to be a priority, giving doctors new tools that impact a patient's survival rate as well as his or her quality of life Research is conducted in hope of creating better cellular transplant therapies for survival and quality of life Be The Match Foundation helps cover a portion of the research scholar grants, and during FY12, three Amy Manasevit research scholars as well as collaborative work done by a team of researchers at the Anthony Nolan Trust performed work related to these research efforts

(Code ) (Expenses \$ 1,391,117 including grants of \$ 160,000 ) (Revenue \$ 0 )

4d

Other program services (Describe in Schedule O )

(Expenses \$ 1,391,117 including grants of \$ 160,000 ) (Revenue \$ )






















4e

Total program service expenses \$ 8,326,616

Form 990 (2011)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2	Yes
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX. 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	Yes
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I 	14b	Yes
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV 	15	Yes
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? If "Yes," complete Schedule F, Part III and IV 	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 	17	Yes
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	Yes
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance						
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>						
		YesNo				
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . . . . .	1c				
1a	770					
1b	0					
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return . . . . .	2a	29	2b	Yes	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	3a		3b		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)? . . . . .	4a		4b		No
b If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	5a		5b		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?						
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	5c		6a		No
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b		7a	Yes	
7 Organizations that may receive deductible contributions under section 170(c).						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	7a		7b	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .						
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c		7d		No
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e		7f		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g		7h		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8		9a		
9 Sponsoring organizations maintaining donor advised funds.						
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a		9b		
b Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .						
10	Section 501(c)(7) organizations. Enter	10a		10b		
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11a		11b		
11	Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders . . . . .	12a		12b		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	13a		13b		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13c		13d		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state					
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	14a		14b		No
c	Enter the aggregate amount of reserves on hand					
14a	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	14b				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .					

Part VI

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

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .	1a	11	
	1b	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5		No
6	Did the organization have members or stockholders? . . . . .	6	Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	Yes	
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .			
8a	The governing body? . . . . .	8a	Yes	
8b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a		No
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990 . . . . .			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes	
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes	
14	Did the organization have a written document retention and destruction policy? . . . . .	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? . . . . .			
15a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes	
15b	Other officers or key employees of the organization . . . . .	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions) . . . . .			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed <b>AL , AK , AR , AZ , CA , CO , CT , FL , GA , IL , KS , KY , ME , MD , MA , MI , MN , MS , NC , ND , NH , NJ , NM , NY , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WV , WI</b>
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. <b>Bruce Schmaltz 3001 Broadway St NE Suite 100 Minneapolis, MN 554131753 (612) 627-5800</b>

Part VII

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Rebecca A Lewis Esq Board Chair	50	X						0	0	0
(2) William Pomeroy Board Vice Chair	50	X						0	0	0
(3) Becky McCullough Board Secretary	50	X						0	0	0
(4) Daniel D Arndt Director	50	X						0	0	0
(5) Barbara Peterson Burwell Director	50	X						0	0	0
(6) James E Kwiatkowski Director	50	X						0	0	0
(7) Joseph M Loughran Director	50	X						0	0	0
(8) Jiro Okochi Director	50	X						0	0	0
(9) Jeffrey W Chell MD Director & CEO	2 00	X		X				0	589,759	87,451
(10) Dennis L Confer MD Director & CMO	3 00	X		X				0	371,182	50,923
(11) Subramanian Krishnan Board Treas & CFO (start 11/22/11)	2 00	X		X				0	44,945	1,585
(12) Schmaltz Bruce P Brd Treas (from 10/1/11 to 11/21/11)	8 00	X		X				0	104,231	20,667
(13) Christine C Fleming President	35 00				X			297,269	0	30,864
(14) Kingsriter Douglas J Vice President Development - BTMF	40 00					X		227,831	0	27,626
(15) Friesen Tiffany S Regional Director, SE Region - Fdn	40 00					X		106,451	0	17,074
(16) Gordon C Bryan Fmr Board Treas & CFO (end 9/30/11)	0 00						X	0	403,450	36,285



## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>	<b>▼</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>	<b>▼</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	<b>▼</b>	631,551	1,513,567	272,475

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. **3**

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

## **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
Carolina's Healthcare Foundation PO Box 32861 Charlotte, NC 282322861	Partial Event Proceeds	436,793
PD Marketing Svcs Inc DBA Pinnacle Dir 15260 113th St North Stillwater, MN 55082	Direct Mail Consultant	195,574
Chantry Dynamics Inc 3420 Exec Center Drive Ste G-100 Austin, TX 78731	Fundraising Consultant	126,556
Convio Inc 11501 Domain Drive Suite 200 Austin, TX 78758	Fundraising Consultant	115,625

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

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues . . . . .	1b				
	c	Fundraising events . . . . .	1c	960,992			
	d	Related organizations . . . . .	1d	5,559,230			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	6,797,431			
	g	Noncash contributions included in lines 1a-1f \$ 228,208					
	h	Total. Add lines 1a-1f . . . . .		13,317,653			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		156,082		
4		Income from investment of tax-exempt bond proceeds . . .					
5		Royalties . . . . .					
6a		Gross rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss) . . . . .					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss) . . . . .		893			893
8a		Gross income from fundraising events (not including \$ 960,992 of contributions reported on line 1c) See Part IV, line 18 . . . . .					
b		Less direct expenses . . . . .	a 574,521 b 576,338				
c		Net income or (loss) from fundraising events . . .		-1,817			-1,817
9a		Gross income from gaming activities See Part IV, line 19 . . . . .					
b		Less direct expenses . . . . .					
c		Net income or (loss) from gaming activities . . .					
10a		Gross sales of inventory, less returns and allowances . . . . .					
b		Less cost of goods sold . . . . .					
c		Net income or (loss) from sales of inventory . . .					
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .						
12	Total revenue. See Instructions . . . . .		13,472,811	0	0	155,158	

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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	4,698,518	4,698,518		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	2,396,981	2,396,981		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	341,493	34,149	239,045	68,299
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	1,487,832	769,648	486,013	232,171
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	69,030	41,191	10,994	16,845
9	Other employee benefits . . . . .	212,731	78,208	104,269	30,254
10	Payroll taxes . . . . .	126,282	49,481	55,503	21,298
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .				
c	Accounting . . . . .	42,000		42,000	
d	Lobbying . . . . .				
e	Professional fundraising See Part IV, line 17 . . . . .	351,159			351,159
f	Investment management fees . . . . .	1,952		1,952	
g	Other . . . . .	429,100	15,784	56,213	357,103
12	Advertising and promotion . . . . .				
13	Office expenses . . . . .	410,096	117,351	246,990	45,755
14	Information technology . . . . .	12,319		12,319	
15	Royalties . . . . .				
16	Occupancy . . . . .	217,503	87,454	91,986	38,063
17	Travel . . . . .	139,331	36,651	37,530	65,150
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	1,200	1,200		
20	Interest . . . . .				
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	25,751		25,751	
23	Insurance . . . . .	12,277		12,277	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a					
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	10,975,555	8,326,616	1,422,842	1,226,097
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing . . . . .			-106,215	1	
	2	Savings and temporary cash investments . . . . .			14,658,457	2	6,879,751
	3	Pledges and grants receivable, net . . . . .			1,627,099	3	1,137,116
	4	Accounts receivable, net . . . . .			45,400	4	15,134
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .				6	
	7	Notes and loans receivable, net . . . . .				7	
	8	Inventories for sale or use . . . . .				8	
	9	Prepaid expenses and deferred charges . . . . .			15,500	9	8,400
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	10a	165,524			
	b	Less: accumulated depreciation . . . . .	10b	97,875	91,572	10c	67,649
	11	Investments—publicly traded securities . . . . .			2,345,139	11	11,022,986
	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 . . . . .			272,000	15	605,547
16	Total assets. Add lines 1 through 15 (must equal line 34) . . . . .			18,948,952	16	19,736,583	
Liabilities	17	Accounts payable and accrued expenses . . . . .			2,954,199	17	572,077
	18	Grants payable . . . . .			666,755	18	760,374
	19	Deferred revenue . . . . .				19	
	20	Tax-exempt bond liabilities . . . . .				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .				22	
	23	Secured mortgages and notes payable to unrelated third parties . . . . .				23	
	24	Unsecured notes and loans payable to unrelated third parties . . . . .				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .				25	0
	26	Total liabilities. Add lines 17 through 25 . . . . .			3,620,954	26	1,332,451
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets . . . . .			10,517,955	27	13,130,432
	28	Temporarily restricted net assets . . . . .			4,810,043	28	5,273,700
	29	Permanently restricted net assets . . . . .				29	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds . . . . .				30	
	31	Paid-in or capital surplus, or land, building or equipment fund . . . . .				31	
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .				32	
	33	Total net assets or fund balances . . . . .			15,327,998	33	18,404,132
34	Total liabilities and net assets/fund balances . . . . .			18,948,952	34	19,736,583	

**Part XI**   **Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI . . . . . ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	13,472,811
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	10,975,555
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	2,497,256
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	15,327,998
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>5</b>	578,878
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	<b>6</b>	18,404,132

**Part XII**   **Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

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

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization Be the Match Foundation	Employer identification number 41-1704734
---	--

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

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

1

☐

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

2

☐

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

3

☐

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

4

☐

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

5

☐

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

6

☐

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

7

☒

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

8

☐

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

9

☐

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

10

☐

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

11

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

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

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

Part II

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	11,399,850	16,607,489	13,196,593	14,001,441	13,891,111	69,096,484
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	11,399,850	16,607,489	13,196,593	14,001,441	13,891,111	69,096,484
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)						73,004
6 Public Support. Subtract line 5 from line 4						69,023,480

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	11,399,850	16,607,489	13,196,593	14,001,441	13,891,111	69,096,484
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	207,944	219,944	96,434	187,400	156,083	867,805
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						69,964,289
12 Gross receipts from related activities, etc (See instructions )					12	31,563,442
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	98 660 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	98 180 %
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			



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

Facts And Circumstances Test

Explanation

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

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" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

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

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

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

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

4

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

5

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

☐ Yes ☐ No

6

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

7

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

8

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

☐ Yes ☐ No

9

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

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

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

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

(i) Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

	Amount
c Beginning balance	
d Additions during the year	
e Distributions during the year	
f Ending balance	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance . . . . .	4,810,306	6,815,488	10,037,993	6,854,793	
b Contributions . . . . .	6,572,987	8,134,046	9,681,432	7,024,037	
c Investment earnings or losses . . . . .	0	0	0	0	
d Grants or scholarships . . . . .	5,236,657	9,602,027	11,527,609	2,457,759	
e Other expenditures for facilities and programs . . . . .	872,936	537,201	1,376,328	1,313,780	
f Administrative expenses . . . . .	0	0	0	69,298	
g End of year balance . . . . .	5,273,700	4,810,306	6,815,488	10,037,993	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 100 000 %

b

Permanent endowment ▶

c

Term endowment ▶

3a

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

(i) unrelated organizations . . . . .

(ii) related organizations . . . . .

b

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

	Yes	No
3a(i)	Yes	
3a(ii)		No
3b		

4

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

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .				
b Buildings . . . . .				
c Leasehold improvements . . . . .		105,141	60,044	45,097
d Equipment . . . . .		55,388	34,917	20,471
e Other . . . . .		4,995	2,914	2,081
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ▶				67,649



Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	13,472,811
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,975,555
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,497,256
4	Net unrealized gains (losses) on investments	4	578,878
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	578,878
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,076,134

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	358,545,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments . . . . .	2a	578,876
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	354,696,495
e	Add lines 2a through 2d . . . . .	2e	355,275,371
3	Subtract line 2e from line 1 . . . . .	3	3,269,629
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	
b	Other (Describe in Part XIV) . . . . .	4b	10,203,182
c	Add lines 4a and 4b . . . . .	4c	10,203,182
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	13,472,811

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements . . . . .	1	333,540,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	332,767,338
e	Add lines 2a through 2d . . . . .	2e	332,767,338
3	Subtract line 2e from line 1 . . . . .	3	772,662
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	
b	Other (Describe in Part XIV) . . . . .	4b	10,202,893
c	Add lines 4a and 4b . . . . .	4c	10,202,893
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	10,975,555

Part XIV

Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
Description of Intended Use of Endowment Funds	Part V, Line 4	See Schedule O, Form 990, Part III, Line 4a-d disclosure
Description of Uncertain Tax Positions Under FIN 48	Part X	The Internal Revenue Service has determined that NDMP and BTMF are tax-exempt organizations under Section 501(c)(3) of the Internal Revenue Code. The not-for-profit status of the Program and BTMF are considered tax positions under Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 740, Income Taxes. The Organization has reviewed its tax positions for all open tax years and has concluded that the Organization's not-for-profit tax positions have no impact on the consolidated financial statements.
Part XII, Line 2d - Other Adjustments		NMDP total revenue eliminated for consolidated financial statement reconciliation purposes 349,266,000. NMDP investment income 2,222,157. NMDP change in unrealized appreciation on investments 2,632,000. Fundraising events direct expenses 576,338.
Part XII, Line 4b - Other Adjustments		Intercompany contributions eliminated for consolidated financial statements 10,201,384. Rounding 1,798.
Part XIII, Line 2d - Other Adjustments		NMDP expenses eliminated for consolidated financial statement purposes 332,191,000. Fundraising events direct expenses 576,338.
Part XIII, Line 4b - Other Adjustments		Intercompany expenses eliminated for consolidated financial statements 10,201,384. Rounding 1,509.

## Statement of Activities Outside the United States

OMB No 1545-0047

# 2011

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
Be the Match Foundation

Employer identification number

41-1704734

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

**1 For grantmakers.** 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 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States

**3** Activities per Region (Use Part V if additional space is needed )

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region or independent contractors	(d) Activities conducted in region (by type) (e.g., 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 region	(f) Total expenditures for region/investments in region
Europe (including Iceland & Greenland)	0	0	Program Services	IMGT/HLA Database Research	37,355
<b>3a</b> Sub-total	0	0			37,355
<b>b</b> Total from continuation sheets to Part I	0	0			0
<b>c Totals</b> (add lines 3a and 3b)	0	0			37,355

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 . . . . . ☒  
Use Part V if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			Europe (including Iceland & Greenland)	IMGT/HLA Database Research	37,355	Electronic Fund/Wire	0	N/A	FMV

2

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

3

Enter total number of other organizations or entities . . . . .

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

[illegible]



**Part IV Foreign Forms**

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926 (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 file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)*

☐

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, 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 file Form 5713, International Boycott Report (see instructions for Form 5713).*

☐

Yes

☒

No

**Part V**   **Supplemental Information**

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants Outside the US		Schedule F, Part I, Line 2 Be The Match Foundation helps cover a portion of the costs related to research efforts at the Anthony Nolan Bone Marrow Trust Royal Free Hospital located in Europe These costs are reflected as program services and support the IMGT/HLA Database research projects, which Be The Match Foundation's related organization, the National Marrow Donor Program, maintains contractual agreements with Anthony Nolan to support Progress reports are submitted by research scientists periodically, and if the progress is satisfactory, funds are distributed to the research organization If no progress report is submitted or the progress is deemed unsatisfactory, no funds are distributed

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding

Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization Be the Match Foundation	Employer identification number 41-1704734
---	--

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1

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

☒

Mail solicitations

b

☒

Internet and e-mail solicitations

c

☒

Phone solicitations

d

☒

In-person solicitations

e

☒

Solicitation of non-government grants

f

☐

Solicitation of government grants

g

☒

Special fundraising events
- 2a

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

☒ Yes ☐ No
- b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
PD Marketing Services Inc DBA Pinnacle Direct Inc 15260 113th Street North  Stillwater, MN 55082	Direct Mail Consultant		No	343,066	195,574	147,492
Charity Dynamics Inc 3420 Executive Center Drive Suite  Austin, TX 78731	Fundraising Consultant		No	0	156,556	-156,556
Convio Inc 11501 Domain Drive Suite 200  Austin, TX 78758	Fundraising Consultant		No	0	115,625	-115,625
Total . . . . . ▶				343,066	467,755	-124,689

- 3

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.
- AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY
-

Part II Fundraising Events.

Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		Learn, Live, Hope Hendrick Golf Eve (event type)	Minneapolis Tribute Event (event type)	9 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts . . . .	421,698	314,877	798,938
	2	Less Charitable contributions . . . .	258,522	129,620	572,850
	3	Gross income (line 1 minus line 2) . . . .	163,176	185,257	226,088
Direct Expenses	4	Cash prizes . . . .	0	0	0
	5	Non-cash prizes . . .	6,862	4,165	27,354
	6	Rent/facility costs . .	31,650	0	105,411
	7	Food and beverages . .	9,552	55,131	1,469
	8	Entertainment . . . .	1,320	6,520	200
	9	Other direct expenses .	18,597	70,072	238,035
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ▶			

Part III Gaming.

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

		(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 . . . . .			
	2	Cash prizes . . . . .			
Direct Expenses	3	Non-cash prizes . . . .			
	4	Rent/facility costs . . .			
	5	Other direct expenses . .			
	6	Volunteer labor . . . .	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ <input type="checkbox"/> No
	7	Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶			
	8	Net gaming income summary Combine lines 1 and 7 in column (d) . . . . . ▶			

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

a Is the organization licensed to operate gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," Explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

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

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

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

14

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

Name  \_\_\_\_\_



Address  \_\_\_\_\_

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

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


c

If "Yes," enter name and address

Name  \_\_\_\_\_

Address  \_\_\_\_\_

16 Gaming manager information

Name  \_\_\_\_\_

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

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

☐ Director/officer

☐ Employee

☐ Independent contractor

17


Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

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

Part IV Complete this part to provide additional information for responses to quuestion on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
Explanation of Fundraising Payments	Schedule G, Part I, Line 2b, Column (v)	The professional fee expenses listed on Sch G Part I are for the consulting work and related fees We are unable to break out the consulting costs from the printing, paper, and other expenses Also, the gross receipts column from the Charity Dynamics & Convio activity is not able to be provided as the costs relate to consulting work for various fundraising activities and appeals used to raise money throughout the fiscal year The PD Marketing Services gross receipts amount was calculated based on the Direct Mail appeals in Raiser's Edge, our gift database

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public  
Inspection

Name of the organization  
Be the Match Foundation

Employer identification number  
41-1704734

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . .

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) National Marrow Donor Program3001 Broadway St NE Suite 100 Minneapolis, MN 554131753	84-0865803	501(c)(3)	4,292,097	0		N/A	Donor Recruitment to the Be The Match Registry
(2) National Marrow Donor Program3001 Broadway St NE Suite 100 Minneapolis, MN 554131753	84-0865803	501(c)(3)	246,421	0		N/A	Anthony Nolan Bone Marrow Trust & Amy Strelzer Manasevit Research Scholar Programs
(3) National Marrow Donor Program3001 Broadway St NE Suite 100 Minneapolis, MN 554131753	84-0865803	501(c)(3)	160,000	0		N/A	Support of various programs of the NMDP Patient Services & Marketing Cost Centers

2

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

1

3

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

0

**Part III**

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) Patient Search Assistance Funds	787	1,350,555	0		N/A
(2) Patient Post Transplant Support Assistance	923	953,441	0		N/A
(3) Donor Assistance	165	92,985	0		N/A

**Part IV**

**Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The National Marrow Donor Program cuts the checks to and has contractual agreements with the recruitment typing labs and research organizations that the Be The Match Foundation helps support The NMDP monitors these agreements and payments NMDP's Scientific Services cost center fosters and maintains the long-standing relationships with the various labs tasked with typing our new recruits The NMDP CIBMTR and Scientific Services cost centers also work closely with the research scholars all the way from the grant award application through the end of the project
Schedule I,Part III		Patient search assistance grants are awarded through Be The Match Foundation Patients apply for pre- and post-transplant support grants through Patient Services, a department within the National Marrow Donor Program, who review applications weekly, determines the grant needs based on the preliminary registry search and transplant center match criteria The pre-transplant grants are awarded to cover potentially uninsured donor search assistance funds, and checks are written directly to transplant centers (organizations) The patient post-transplant grants are awarded to the applicant based on financial need and are used to cover such items as uninsured costs, co-pays, food, lodging, and ground transportation Checks are written 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 Checks are written directly to the donor (individual)

Schedule J  
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization  
Be the Match Foundation

Employer identification number  
41-1704734

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div></div> <div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?		No
b	Any related organization?		No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?		



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

[illegible]

**Part III**   **Supplemental Information**

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

Identifier	Return Reference	Explanation
	Part I, Line 3	BTMF uses NMDP's compensation committee which is charged with setting the compensation of the organization's CEO. As reported on NMDP's Form 990, Schedule J, a compensation committee, independent compensation consultant, written employment contract(s), compensation surveys or studies, and approval by the board or compensation committee are all utilized when determining compensation.
	Part I, Line 4b	The organization (BTMF through the National Marrow Donor Program) offers its officers, vice presidents, and directors a 457(b) deferred compensation plan (the "Plan") created in accordance with applicable provisions of the Internal Revenue Code. The Plan permits employees to defer a portion of their salary until future years. The accumulated deferred compensation balance is not available to employees until termination, retirement, death, or unforeseeable emergency. All amounts of compensation deferred under the Plan, and all income attributable to those amounts, are (until paid or made available to the employee or other beneficiary) solely the property of the organization, and the organization has all the related rights of ownership (not restricted to the payment of benefits under the Plan), subject only to the claim of the organization's general creditors. Participants' rights under the Plan are equal to those of general creditors of the organization in an amount equal to the fair market value of the deferred account for each participant. The related assets and liabilities are reported at fair market value based on quoted market prices and are included within deferred compensation funds and deferred compensation payable on the consolidated statement of financial position. The organization offers a supplemental benefits plan (the "Supplemental Plan") for its officers and vice presidents. Each year the Supplemental Plan contributes 14% of salary for the chief executive officer, 9% for other officers, and 4% for vice presidents. The Supplemental Plan is a flexible benefit plan allowing the officer to select from limited options, which include payment for individual long-term care, and the balance as a contribution into the 457(b) deferred compensation plan (above), and/or a capital accumulation account to supplement current basic and supplemental benefits. For the vice presidents, the Supplemental Plan is a flexible benefit plan allowing them to select from limited options, which includes a contribution into the 457(b) deferred compensation plan (above), and/or a capital accumulation account to supplement current basic and supplemental benefits. All Supplemental Plan participants receive life insurance. The capital accumulation account was created in accordance with applicable provisions of the Internal Revenue Code. The contributions into the capital accumulation account are subject to a two-year vesting period, with an employee election prior to the end of the first year to extend this to a five-year vesting period. If the participant remains employed by the organization after the vesting period, the accumulated account balance within the capital accumulation account will be paid out to each plan participant. The Supplemental Plan also provides for additional life insurance up to two times salary. The related assets and liabilities are reported at fair market value based on quoted market prices and are included within deferred compensation funds and deferred compensation payable on the consolidated statement of financial position. Amounts paid in current year - 457(f) Capital Accumulation: Jeffrey Chell \$0, Dennis Confer \$18,076, Gordon Bryan \$35,770, Christine Fleming \$0.
	Part I, Line 7	Discretionary bonus payments are determined each year as part of the performance evaluation completed by Human Resources in collaboration with the individual's manager.

SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

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) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art . . . . .	X	10	3,649	Cost/selling price
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		41,023	Cost/selling price
5 Clothing and household goods . . . . .	X		10,573	Cost/selling price
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .	X	18	18,661	Cost/selling price
19 Food inventory . . . . .	X	164	12,753	Cost/selling price
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ► ( <u>Jewelry</u> ) . . . . .	X	21	4,495	Cost/selling price
26 Other ► ( <u>Gift Cert</u> ) . . . . .	X	90	12,572	Cost/selling price
27 Other ► ( <u>Hotel Stay</u> ) . . . . .	X	34	90,839	Cost/selling price
28 Other ► ( <u>Tickets</u> ) . . . . .	X	139	33,643	Cost/selling price
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . . .	29	0		
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .	30a	Yes	No	No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes		
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .	32a		No	
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization Be the Match Foundation	Employer identification number  41-1704734
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Identifier	Return Reference	Explanation
	Part III, Line 4a-d	<p>The National Marrow Donor Program (NMDP), a nonprofit organization, is the global leader in providing bone marrow and umbilical cord blood transplants to patients in need. As Be The Match, we operate the Be The Match Registry, the world's largest listing of potential marrow donors and donated cord blood units and raise funds to help provide transplants to all patients through the Be The Match Foundation. We also match patients with donors, educate health care professionals and conduct research through our research arm, the Center for International Blood and Marrow Transplant Research (CIBMTR), so more lives can be saved. Today Our registry - now called the Be The Match Registry - has grown to 10 million donors and nearly 165,000 umbilical cord blood units, the largest and most racially and ethnically diverse registry of its kind in the world. Medical advances are making marrow and umbilical cord blood transplants available to more patients all the time. Since we began operations in 1987, we have facilitated more than 55,000 transplants to give patients a second chance at life. Today, we facilitate more than 5,800 transplants a year. As a leader in the field of marrow and cord blood transplantation, we work every day to connect patients, doctors, donors and researchers to the resources they need. To help people of every racial and ethnic background live longer, healthier lives, we offer people the unique opportunity to save a life through Be The Match, add more members and donated umbilical cord blood to our Be The Match Registry every day, support patients with resources and services to reduce barriers to transplant and improve their quality of life after transplant, educate doctors about transplant advances and patient care post transplant, conduct and support cutting-edge research to advance the science of transplant, develop innovative tools, systems and services so we can continue to increase the number of patients we serve. Building for the future - Many more patients still need our help. We are working to meet this need, but we can't do it alone. Our efforts are sustained by a network of relationships with donor centers, transplant centers, cord blood banks, and registries in more than 40 countries, agreements with cooperative donor registries and cord blood banks worldwide through which we provide patients access to nearly 20.5 million donors and nearly 590,000 cord blood units, the U.S. government, which has entrusted us to operate the C.W. Bill Young Cell Transplantation Program, the federal program supporting bone marrow and cord blood donation and transplantation, partnerships with corporations, service organizations, student groups, faith-based communities and other organizations and people like you. Get involved. Help save a life. Join the Be The Match Registry. Make a financial contribution, stay in touch and engage your organization. As a person committed to Be The Match, you may be surprised to learn that only half of all patients who would benefit from a life-saving marrow transplant actually receive one. Why? Some can't find a marrow match, some can't afford the expenses that will not be covered by their insurance, and others simply cannot be considered a candidate because more research is needed to expand the use of bone marrow transplant for every patient. We want to ensure that every patient in need receives their transplant, and you can help. Please join us in supporting our new Every Patient Counts campaign that celebrates each life impacted by marrow donation. Though this is a new campaign for Be The Match Foundation, the philosophy is not. Our work has always been based on the patients we serve and how important each and every one of them is to us, and to their friends, family and community. Thank you for helping transplant patients as only you can.</p>

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 2	The following individuals on the BTMF Board of Directors are also employees of NMDP, thereby creating a business relationship Jeffrey Chell, Dennis Confer, Subramanian Krishnan

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 4	Amendments to NMDP's corporate Bylaws were approved by the Board of Directors on September 27, 2012. Those amendments were designed to eliminate duplication and inconsistencies between the Bylaws and the former NMDP Council & Committees Policy (the latter having since been repealed), and to create a more coherent and concise governance document. The most substantive changes were made to: (i) clarify the roles, responsibilities, and administrative provisions specific to Board Committees and Advisory Groups, (ii) clarify and provide detail with regard to the NMDP's indemnity obligations to directors, officers, employees, and volunteers, and (iii) clarify procedures related to meetings of corporate members. There were no material changes made to the voting rights of any director, member, or class of directors or members.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 6	Be the Match Foundation is a wholly ow ned subsidiary of the National Marrow Donor Program The National Marrow Donor Program board elects the Board of Directors of Be the Match Foundation and approves the actions of Be the Match Foundation



Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 7a	See explanation for Form 990, Part VI, Section A, line 6

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 7b	See explanation for Form 990, Part VI, Section A, Line 6 Form 990, Part VI, Section A, Line 9 All current and former officers, directors, trustees, and key employees can be reached through the organization's mailing address

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 11	The organization contracted with the outside public accounting firm, Deloitte Tax, to prepare the Form 990. Pulling together the details and supporting reports for the return is a collaborative effort among a small group of individuals in the Financial Reporting & Compliance & Internal Audit areas of finance. That work is then reviewed by the NMDP Assistant Controller and Controller prior to sending to Deloitte. Once a draft is received back from Deloitte, it is reviewed by the staff that pulled the details together, the Assistant Controller, Controller, and President of Be The Match Foundation. A copy of the return is provided to the organization's Board of Directors prior to filing.

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	<p>As a wholly owned subsidiary of NMDP, BTMF officers, directors, and key employees are required to follow the Conflict of Interest Policy enacted by NMDP. The Conflict of Interest Policy states the following: All NMDP Members must disclose to the Executive Committee all conflicts of interest and business and family relationships and must annually complete and return to the Executive Committee the questionnaire which is a part of this Policy. Whenever in the course of events an NMDP Member's circumstances change such that the NMDP Member knows or has reason to believe that the NMDP Member may have an actual or perceived conflict of interest, such NMDP Member shall promptly disclose the potential conflict to the Executive Committee. As noted herein, if the potential conflict involves a Director, that Director shall not participate in or vote upon such matters until the question of the existence of the conflict of interest has been resolved by the Executive Committee in accordance with this Policy. Likewise, an officer or key employee may not become substantially involved in decision-making involving any covered litigation, contract or transaction until the Executive Committee resolves the conflict of interest question. The existence of an actual or potential conflict of interest turns on the specific facts and circumstances in each case. If an NMDP Member has an interest which may conflict with those of the NMDP, he or she must immediately disclose the matters and discuss them fully and frankly with the Executive Committee as set forth in detail below. An NMDP Member must not participate in any matter in which that the NMDP Member may have a conflict of interest without the express approval of the NMDP Executive Committee.</p>

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	<p>For purposes of the 990, Christine Fleming is considered a key employee and reports directly to the NMDP CEO. The NMDP Bylaws state: The Compensation Committee shall be comprised only of Voting Directors and shall include the Chair of the Board and at least one (1) non-officer Board member as voting committee members. The Compensation Committee shall review and evaluate the overall compensation and benefit structure of the Corporation and shall have such other authority and responsibilities as set forth in the Compensation Committee Charter. The Compensation Committee Charter states: The Compensation Committee shall review and evaluate the overall compensation and benefit structure of the Corporation. The Compensation Committee shall conduct the Chief Executive Officer performance evaluation and make Chief Executive Officer compensation and benefit recommendations to the Executive Committee. In making the Chief Executive Officer's compensation and benefit recommendations, the Committee shall utilize, among other things, comparability data for compliance with IRS Intermediate Sanction rules. On a periodic basis, the Compensation Committee shall obtain comparability data from an independent compensation consultant. In addition, the Compensation Committee shall advise the Chief Executive Officer in the evaluation and compensation of and benefits for senior corporation employees, as well as the President of any affiliate of the Corporation reporting to the Chief Executive Officer.</p>

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 19	The conflict of interest policy, articles of incorporation and consolidated audited financial statements and additional consolidated information are all made available to the public upon request. The consolidated audited financial statements are also available on our website. Summary financial statements are also included in our annual report, which is mailed to key stakeholders and posted on our website. Additionally, Articles of Incorporation are available at the MN Office of the Secretary of State, and Financial Statements may be obtained at the MN Office of Attorney General.

Identifier	Return Reference	Explanation
Average hours devoted to related org(s) when related comp is reported	Form 990, Part VII	Jeffrey W Chell, MD , Subramanian Krishnan, Dennis L Confer, MD , and Bruce P Schmaltz were employees of NMDP; how ever, their job responsibilities included some BTMF work. The hours listed on the BTMF 990 Part VII are average hours per week these individuals devoted to BTMF during the year. On average, these individuals work approximately 40-50 hours in total for both NMDP & BTMF. Average hours/week provided to related organizations (NMDP): Jeffrey W Chell, MD 38-48 Subramanian Krishnan 38-48 Dennis L Confer, MD 37-47 Bruce P Schmaltz 32-42 Christine C Fleming 5-15

Identifier	Return Reference	Explanation
	Form 990, Part VII	Gordon C Bryan served as the BTMF Board Treasurer and CFO and was the top financial official of BTMF until 9/30/2011 During the period from 10/1/2011 to 11/21/2011 Bruce Schmaltz served as the Interim BTMF Board Treasurer and as the top financial official of BTMF Subramanian Krishnan served as the BTMF Board Treasurer and CFO and was the top financial official of BTMF starting on 11/22/2011 and continuing through the remainder of the tax year



Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 578,878

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2011

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 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 organization	
						Yes	No
(1) National Marrow Donor Program  3001 Broadway Street NE Suite 100  Minneapolis, MN 554132197 84-0865803	Save lives through cellular transplantation	CO	501(c)(3)	Line 7 170(b)(1)(a)	N/A		No

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

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

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

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

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

1

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

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

Performance of services or membership or fundraising solicitations for related organization(s)

l

Performance of services or membership or fundraising solicitations by related organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

Yes

Yes

No

No

No

No

No

No

No

No

No

No

No

No

Yes

No

No

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

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

Schedule R (Form 990) 2011

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

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
------------	------------------	-------------	--

Additional Data

Software ID:  
Software Version:  
EIN: 41-1704734  
Name: Be the Match Foundation

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services					
(Code	) (Expenses \$	1,391,117	including grants of \$	160,000 ) (Revenue \$	0 )