

PUBLIC DISCLOSURE COPY

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

OMB No. 1545-0047

2022Department of the Treasury
Internal Revenue Service

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

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

Go to www.irs.gov/Form990 for instructions and the latest information.**Open to Public Inspection**

A For the 2022 calendar year, or tax year beginning <u>10/01</u> , 2022, and ending <u>09/30</u> , 20 <u>23</u>	
B Check if applicable: <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>NMDP FOUNDATION</u> Doing business as _____ Number and street (or P.O. box if mail is not delivered to street address) Room/suite <u>500 N 5TH ST.</u> City or town, state or province, country, and ZIP or foreign postal code <u>MINNEAPOLIS, MN 55401-1206</u>
	D Employer identification number <u>41-1704734</u>
	E Telephone number <u>(763) 406-8700</u>
	G Gross receipts \$ <u>20,162,412</u>
	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.
I 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	
J Website: <u>WWW.NMDP.ORG</u>	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
L Year of formation: <u>1991</u>	M State of legal domicile: <u>MN</u>

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>RAISES FUNDS TO SUPPORT THE NATIONAL MARROW DONOR PROGRAM (NMDP) MISSION: WE SAVE LIVES THROUGH CELLULAR THERAPY.</u>
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 <u>18</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 <u>17</u>
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 <u>44</u>
	6 Total number of volunteers (estimate if necessary) 6 <u>3,231</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a <u>0</u>
b Net unrelated business taxable income from Form 990-T, Part I, line 11 7b <u>0</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h) <u>13,066,515</u> Prior Year <u>18,893,262 Current Year</u>
	9 Program service revenue (Part VIII, line 2g) <u>0</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>283,656</u> <u>350,756</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>(548,424)</u> <u>(555,030)</u>
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>12,801,747</u> <u>18,688,988</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) <u>10,956,064</u> <u>9,700,536</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4) <u>0</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) <u>4,686,099</u> <u>5,791,779</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e) <u>418,679</u> <u>612,029</u>
	b Total fundraising expenses (Part IX, column (D), line 25) <u>2,149,445</u>
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) <u>1,716,828</u> <u>2,157,082</u>
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) <u>17,777,670</u> <u>18,261,426</u>
19 Revenue less expenses. Subtract line 18 from line 12 <u>(4,975,923)</u> <u>427,562</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) <u>15,501,279</u> Beginning of Current Year <u>15,913,956</u> End of Year
	21 Total liabilities (Part X, line 26) <u>2,624,098</u> <u>1,878,244</u>
	22 Net assets or fund balances. Subtract line 21 from line 20 <u>12,877,181</u> <u>14,035,712</u>

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <u>KATHERINE HEYERDAHL, CHIEF FINANCIAL OFFICER</u>		Date		
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <u>KAREN A. GRIES</u>	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN <u>P00078514</u>
	Firm's name <u>BAKER TILLY ADVISORY GROUP, LP</u>	Firm's EIN <u>39-0859910</u>		Phone no. <u>(612) 876-4500</u>	
	Firm's address <u>225 SOUTH 6TH ST SUITE 2300, MINNEAPOLIS, MN 55402</u>				

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2022)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐ Yes ☒ No**1** Briefly describe the organization's mission:SEE SCHEDULE O.**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ 5,352,583 including grants of \$ 5,352,583) (Revenue \$)PATIENT ASSISTANCE:NMDP FOUNDATION PROVIDES FINANCIAL ASSISTANCE TO PATIENTS THROUGHOUT EACH STAGE OF THE TRANSPLANT PROCESS. FUNDED BY PHILANTHROPY, IN FY23 MORE THAN \$5.3 MILLION WAS PROVIDED TO OVER 2,600 PATIENTS FROM 155 TRANSPLANT CENTERS.IN FY23 THE PROPORTION OF GRANT RECIPIENTS WHO IDENTIFIED AS NON-HISPANIC WHITE RANGED FROM 0%-65% DEPENDING ON THE GRANT TYPE. FOR THE SICKLE CELL FERTILITY PRESERVATION GRANT, WHICH HELPS PAY FOR FERTILITY PRESERVATION AND STORAGE PRE-TRANSPLANT FOR SICKLE CELL DISEASE, ALL RECIPIENTS IDENTIFIED AS EITHER BLACK, AFRICAN AMERICAN OR MULTIPLE RACE. FOR THE POST-TRANSPLANT SUPPORT ASSISTANCE (TSA) GRANT, 65% OF RECIPIENTS IDENTIFIED AS NON-HISPANIC WHITE.(CONTINUED ON SCHEDULE O)**4b** (Code:) (Expenses \$ 2,023,876 including grants of \$ 2,023,876) (Revenue \$)RESEARCH:RESEARCH INNOVATIONS ARE CRITICAL TO EXPANDING TREATMENT TO MORE PATIENTS AND IMPROVING OUTCOMES. EACH YEAR, NMDP FOUNDATION IS PROUD TO INVEST IN RESEARCH THROUGH:THE NMDP AMY STRELZER MANASEVIT RESEARCH PROGRAM (AMY RESEARCH PROGRAM): OUR FLAGSHIP RESEARCH FELLOWSHIP, THE AMY PROGRAM FUNDS EARLY CAREER INVESTIGATORS FOCUSED ON ADVANCES IN THE PREVENTION AND TREATMENT OF POST-CELL THERAPY COMPLICATIONS (E.G., GRAFT-VERSUS-HOST-DISEASE AND INFECTION).IN 2023, WE FUNDED THE WORK OF 12 AMY SCHOLARS. AMY SCHOLARS HAVE GONE ON TO BECOME LEADERS IN THE FIELD, PURSUING SCIENTIFIC ADVANCES THAT HELP NMDP PATIENTS LIVE LONGER, HEALTHIER LIVES.(CONTINUED ON SCHEDULE O)**4c** (Code:) (Expenses \$ 676,771 including grants of \$ 676,771) (Revenue \$)RECRUITMENT:THE NMDP REGISTRY IS THE MOST DIVERSE LISTING OF POTENTIAL DONORS AND CORD BLOOD UNITS IN THE WORLD. EVERY SEARCH THROUGH NMDP PROVIDES PATIENTS WITH ACCESS TO MORE THAN 41 MILLION POTENTIAL ADULT DONORS AND MORE THAN 800,000 CORD BLOOD UNITS WORLDWIDE.THE BEST MATCH FOR A PATIENT IS TYPICALLY SOMEONE WHO SHARES THEIR ETHNIC BACKGROUND. IMPROVING THE ETHNIC DIVERSITY OF THE NMDP REGISTRY IMPROVES ALL PATIENTS' ODDS OF FINDING THEIR BEST MATCH, REGARDLESS OF ETHNIC BACKGROUND.PEOPLE BETWEEN THE AGES OF 18 AND 35 ARE MOST URGENTLY NEEDED. RESEARCH HAS SHOWN THAT CELLS FROM YOUNGER DONORS LEAD TO BETTER LONG-TERM SURVIVAL FOR PATIENTS.(CONTINUED ON SCHEDULE O)**4d** Other program services (Describe on Schedule O.)(Expenses \$ 7,133,754 including grants of \$ 1,647,306) (Revenue \$ 0)**4e** Total program service expenses 15,186,984

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 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2 ✓	
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	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	✓
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	✓
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	✓
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	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	✓
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10 ✓	
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	✓
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	✓
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	✓
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	✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓
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 ✓	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b ✓	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b ✓	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15 ✓	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16 ✓	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17 ✓	
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 ✓	
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 ✓	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	✓
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 ✓	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 ✓	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 ✓	
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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a	✓
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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	✓
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	✓
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	✓
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	✓
28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	✓
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	✓
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 ✓	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	✓
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? If "Yes," complete Schedule R, Part I	33	✓
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34 ✓	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	✓
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	✓
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? If "Yes," complete Schedule R, Part VI	37	✓
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	38 ✓	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 267	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c ✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
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	44
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	✓
b	If "Yes," enter the name of the foreign country MX See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	✓
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	✓
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	✓
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17	

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

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	1a	18
b Enter the number of voting members included on line 1a, above, who are independent	1b	17
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	<input checked="" type="checkbox"/>
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	3	<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<input checked="" type="checkbox"/>
6 Did the organization have members or stockholders?	6	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	<input checked="" type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	<input checked="" type="checkbox"/>
b Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	<input checked="" type="checkbox"/>

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	<input checked="" type="checkbox"/>
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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	<input checked="" type="checkbox"/>
b Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	<input checked="" type="checkbox"/>
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<input checked="" type="checkbox"/>
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	<input checked="" type="checkbox"/>
13 Did the organization have a written whistleblower policy?	13	<input checked="" type="checkbox"/>
14 Did the organization have a written document retention and destruction policy?	14	<input checked="" type="checkbox"/>
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	<input checked="" type="checkbox"/>
b Other officers or key employees of the organization	15b	<input checked="" type="checkbox"/>
If "Yes" to line 15a or 15b, describe the process on 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	<input checked="" type="checkbox"/>
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed AL, AR, CA, FL, (CONTINUED ON SCHEDULE O)

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.
KATHERINE HEYERDAHL, 500 N 5TH ST, MINNEAPOLIS, MN 55401-1206, (763) 406-4275

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) AMY RONNEBERG CHIEF EXECUTIVE OFFICER	2.0 48.0	✓		✓				0	1,487,126	25,812
(2) KRISTA DUSIL CHIEF FINANCIAL OFFICER	1.0 49.0			✓				0	565,014	52,445
(3) JOY KING CHIEF ADVANCEMENT OFFICER	20.0 30.0				✓			225,301	337,951	49,675
(4) GINA GRAVES FORMER OFFICER	0.0 0.0						✓	0	358,453	36,354
(5) TODD PETERSON VICE PRESIDENT, ADVANCEMENT	50.0 0.0					✓		231,198	0	45,536
(6) ANGIE FITZGERALD SENIOR DIRECTOR, CORPORATE PARTNERSHIPS	50.0 0.0					✓		186,750	0	41,668
(7) DANIEL LEE DIRECTOR, MAJOR AND PLANNED GIFTS	50.0 0.0					✓		159,879	0	45,849
(8) ALEX MENSING DIRECTOR, BENEFACTOR ENGAGEMENT & MARKETING	50.0 0.0					✓		159,143	0	41,880
(9) JACQUELINE CHANDONNET DIRECTOR, DEVELOPMENT	50.0 0.0					✓		160,978	0	21,552
(10) JEFFREY CHELL FORMER OFFICER	0.0 0.0						✓	0	100,002	0
(11) MICHAEL STEWART CHAIR	1.0 0.0	✓		✓				0	0	0
(12) MELISSA KONG VICE CHAIR	1.0 0.0	✓		✓				0	0	0
(13) DIANA CARTER TREASURER	1.0 0.0	✓		✓				0	0	0
(14) JASON AHLGREN DIRECTOR	1.0 0.0	✓						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) GUSTAVO ALCOCER DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(16) SARAH ASMA DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(17) ANNIE BALLANTINE DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(18) ANDREW BLOCK DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(19) DIANNA CERVANTES DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(20) BRUCE MANASEVIT DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(21) DERYN POMEROY DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(22) JOHN PRESLEY DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(23) RAYNE ROUCE DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(24) RAMESH SUBRAHMANIAN DIRECTOR	1.0 0.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
1b Subtotal								1,123,249	2,848,546	360,771
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								1,123,249	2,848,546	360,771

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **13**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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
STREAMWORKS, 3640 PHEASANT RIDGE DRIVE NORTHEAST, BLAINE, MN 55449	CREATIVE, PRINT & MAIL SERVICES	606,754
BLACKBAUD, P.O. BOX 930256, ATLANTA, GA 31193	SOFTWARE SUPPORT	269,976
ALLEGIANCE FUNDRAISING GROUP, PO 9132, FARGO, ND 58106-9132	FUNDRAISING SUPPORT	137,577
CREATIVE CIRCLE, LLC, 5900 WILSHIRE BOULEVARD 11TH FLOOR, LOS ANGELES, CA 90036	TALENT AGENCY FOR CONTRACT WORK	126,354
MMS USA INVESTMENTS INC DBA EPSILON AGENCY LLC, 35 WEST WACKER DRIVE, CHICAGO, IL 60601	FUNDRAISING AND MEDIA BUYING SUPPORT	114,120
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	5	

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	2,095,070				
	d	Related organizations	1d	6,215,736				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	10,582,456				
	g	Noncash contributions included in lines 1a-1f	1g	\$ 361,740				
	h	Total. Add lines 1a-1f		18,893,262				
	Program Service Revenue							
2a	Business Code							
b								
c								
d								
e								
f	All other program service revenue . .			0	0	0	0	
g	Total. Add lines 2a-2f			0				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			283,513			283,513
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6a	Gross rents	6a	(i) Real	(ii) Personal			
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c	0	0			
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other			
	b	Less: cost or other basis and sales expenses . .	7b	786,280				
	c	Gain or (loss)	7c	719,037				
	d	Net gain or (loss)		67,243	0			67,243
	8a	Gross income from fundraising events (not including \$ 2,095,070 of contributions reported on line 1c). See Part IV, line 18	8a					
	b	Less: direct expenses	8b					
	c	Net income or (loss) from fundraising events			(585,097)			(585,097)
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
	b	Less: direct expenses	9b	35,610				
	c	Net income or (loss) from gaming activities			30,326			30,326
	10a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	FOREIGN CURRENCY GAIN/LOSS						
	b	Business Code			900099	(259)		(259)
	c							
	d	All other revenue			0	0	0	0
	e	Total. Add lines 11a-11d			(259)			
12	Total revenue. See instructions			18,688,988	0	0	(204,274)	

Part IX Statement of Functional Expenses

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,421,620	4,421,620		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	5,249,280	5,249,280		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	29,636	29,636		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	233,781	165,507	26,540	41,734
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	4,318,166	3,057,074	490,215	770,877
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	285,817	202,346	32,447	51,024
9 Other employee benefits	613,016	433,989	69,592	109,435
10 Payroll taxes	340,999	241,412	38,712	60,875
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	25,000		25,000	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	612,029			612,029
f Investment management fees	13,599		13,599	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	1,007,661	775,899	20,153	211,609
12 Advertising and promotion	66,092	66,092		
13 Office expenses	399,419	143,791	23,965	231,663
14 Information technology	3,658	2,817	73	768
15 Royalties				
16 Occupancy	156,485	110,784	17,765	27,936
17 Travel	375,591	274,181	90,142	11,268
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	15,981		15,981	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a <u>RECOGNITION</u>	34,875	12,556	2,092	20,227
b <u>REGISTRATIONS/MEMBERSHIP</u>	58,721		58,721	
c _____				
d _____				
e All other expenses	0	0	0	0
25 Total functional expenses. Add lines 1 through 24e	18,261,426	15,186,984	924,997	2,149,445
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing		1	
	2 Savings and temporary cash investments	1,771,547	2	1,415,756
	3 Pledges and grants receivable, net	3,374,111	3	3,247,472
	4 Accounts receivable, net	190,388	4	1,561
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	75,054	9	130,150
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 0		
	b Less: accumulated depreciation	10b 0	10c	0
	11 Investments—publicly traded securities	10,090,179	11	11,119,017
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 33)	15,501,279	16	15,913,956	
Liabilities	17 Accounts payable and accrued expenses	2,624,098	17	1,878,244
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	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	0	25	0
	26 Total liabilities. Add lines 17 through 25	2,624,098	26	1,878,244
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	5,784,204	27	4,107,242
	28 Net assets with donor restrictions	7,092,977	28	9,928,470
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	12,877,181	32	14,035,712
33 Total liabilities and net assets/fund balances	15,501,279	33	15,913,956	

Form **990** (2022)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,688,988
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,261,426
3	Revenue less expenses. Subtract line 2 from line 1	3	427,562
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	12,877,181
5	Net unrealized gains (losses) on investments	5	770,969
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	(40,000)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	14,035,712

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	<input checked="" type="checkbox"/>	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	<input checked="" type="checkbox"/>	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<input checked="" type="checkbox"/>
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2022)

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(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			
(25) RENE SIGMAN ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(26) THOMAS TEACH ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0
(27) REBECCA WENNGATZ ----- DIRECTOR	1.0 ----- 0.0	✓						0	0	0

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

NMDP FOUNDATION

Employer identification number

41-1704734

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Cat. No. 11285F

Schedule A (Form 990) 2022

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,751,245	18,034,650	20,737,956	13,066,515	18,893,262	81,483,628
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	10,751,245	18,034,650	20,737,956	13,066,515	18,893,262	81,483,628
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)						27,125,077
6 Public support. Subtract line 5 from line 4						54,358,551

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	10,751,245	18,034,650	20,737,956	13,066,515	18,893,262	81,483,628
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	247,043	238,703	260,691	293,611	283,513	1,323,561
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	0	0	3	(70)	(259)	(326)
11 Total support. Add lines 7 through 10						82,806,863
12 Gross receipts from related activities, etc. (see instructions)					12	(911,062)
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	65.64 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	67.30 %
16a 33¹/₃% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33¹/₃% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ / ₃ % or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) . . .	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests—2022. 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 . . . <input type="checkbox"/>		
b 33 1/3% support tests—2021. 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 . . . <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C—Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2022

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2022 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022			
a From 2017			
b From 2018			
c From 2019			
d From 2020			
e From 2021			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018 . . .			
b Excess from 2019 . . .			
c Excess from 2020 . . .			
d Excess from 2021 . . .			
e Excess from 2022 . . .			

Schedule A (Form 990) 2022

Part VI

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

Part VI

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

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	(1) FOREIGN CURRENCY GAIN/LOSS	0	0	3	(70)	(259)	(326)
	Total	0	0	3	(70)	(259)	(326)

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization
NMDP FOUNDATION

Employer identification number
41-1704734

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

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

☐ 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

Name of organization

NMDP FOUNDATION

Employer identification number

41-1704734

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 375,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 350,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 500,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 6,215,736	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NMDP FOUNDATION	Employer identification number 41-1704734
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Part II

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

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

Name of organization

NMDP FOUNDATION

Employer identification number

41-1704734

Part III

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

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

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

NMDP FOUNDATION

Employer identification number

41-1704734

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year	
4 Number of states where property subject to conservation easement is located	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	\$
(ii) Assets included in Form 990, Part X	\$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	\$
b Assets included in Form 990, Part X	\$

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

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

- a** ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange program
e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,542,124	5,550,447	5,098,748	4,612,433	1,407,960
b Contributions	19,605	465	60,000	200,500	2,963,973
c Net investment earnings, gains, and losses	444,680	(832,236)	554,109	285,815	240,500
d Grants or scholarships	180,000	172,000	160,000		
e Other expenditures for facilities and programs					
f Administrative expenses	5,486	4,552	2,410		
g End of year balance	4,820,923	4,542,124	5,550,447	5,098,748	4,612,433

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

- a** Board designated or quasi-endowment 62.93 %
b Permanent endowment 37.07 %
c Term endowment 0.00 %

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

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations	3a(i)	✓
(ii) Related organizations	3a(ii)	✓
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Land, Buildings, and Equipment.

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

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

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

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) _____	
(3) _____	
(4) _____	
(5) _____	
(6) _____	
(7) _____	
(8) _____	
(9) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	0

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	21,340,745
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	770,969
b	Donated services and use of facilities	2b	1,140,000
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	754,387
e	Add lines 2a through 2d	2e	2,665,356
3	Subtract line 2e from line 1	3	18,675,389
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	13,599
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	13,599
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	18,688,988

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

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

1	Total expenses and losses per audited financial statements	1	20,182,214
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,140,000
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	794,387
e	Add lines 2a through 2d	2e	1,934,387
3	Subtract line 2e from line 1	3	18,247,827
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	13,599
b	Other (Describe in Part XIII.)	4b	0
c	Add lines 4a and 4b	4c	13,599
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	18,261,426

Part XIII Supplemental Information.

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

[SEE STATEMENT](#)

Part XIII

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	DIRECT FUNDRAISING EVENT AND GAMING EXPENSES	754,387
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	DIRECT FUNDRAISING EVENT AND GAMING EXPENSES	754,387
	BAD DEBT ALLOWANCE	40,000

Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	THE INTENDED USES OF THE ENDOWMENT FUNDS ARE TO SUPPORT RESEARCH AND PATIENT ASSISTANCE GRANTS.
SCHEDULE D, PART X, LINE 2 - FIN 48 (ASC 740) FOOTNOTE	<p>ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER ASC 740 THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE PROGRAM AND NMDP FOUNDATION ARE TAX-EXEMPT ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE NOT-FOR-PROFIT STATUS OF THE PROGRAM AND NMDP FOUNDATION ARE CONSIDERED TAX POSITIONS UNDER FASB ASC 740, INCOME TAXES.</p> <p>THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES RECOGNITION THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY THE ORGANIZATION FOR UNCERTAIN TAX POSITIONS AS OF SEPTEMBER 30, 2023 OR 2022. THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES.</p>

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NMDP FOUNDATION

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

41-1704734

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

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

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) EUROPE (INCLUDING ICELAND AND GREENLAND)	0	0	GRANTMAKING	OTHER PROGRAM SERVICES - BONE MARROW/ STEM CELL DONOR ASSISTANCE	17,000
(2) NORTH AMERICA (CANADA & MEXICO ONLY)	0	0	GRANTMAKING	OTHER PROGRAM SERVICES - BONE MARROW/ STEM CELL DONOR ASSISTANCE	12,636
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal	0	0			29,636
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			29,636

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

Cat. No. 50082W

Schedule F (Form 990) 2022

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

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EUROPE (INCLUDING ICELAND AND GREENLAND)	RESEARCH/SCHOLAR	17,000	CHECK/WIRE			
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

1

3 Enter total number of other organizations or entities ►

0

Part III

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) BONE MARROW / STEM CELL DONOR ASSISTANCE	NORTH AMERICA (CANADA & MEXICO ONLY)	13	6,997	CHECK / WIRE			
(2) PATIENT GRANT	NORTH AMERICA (CANADA & MEXICO ONLY)	1	5,639	CHECK / WIRE			
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

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

Schedule F (Form 990) 2022

Part V

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

Return Reference - Identifier	Explanation
SCHEDULE F, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	<p>THE GRANT PROVIDED TO NORTH AMERICA INCLUDES GRANTS TO MEXICO IS PART OF A BONE MARROW/ STEM CELL DONOR ASSISTANCE PROGRAM THAT IS A LONG STANDING PROGRAM THAT PROVIDES ASSISTANCE WHEN AN EMPLOYER DOES NOT COVER WAGES WHEN A DONOR IS MAKING A DONATION. THE GRANTEEES ARE REQUIRED TO SUBMIT AN EMPLOYER LETTER, OR A PAY STUB TO DEMONSTRATE THAT LOST WAGES. A NMDP REPRESENTATIVE COMPLETES THE APPLICATION ON BEHALF OF THE DONOR. AN INTERNAL TEAM REVIEWS ALL APPLICATIONS AND SUPPORTING DOCUMENTS.</p> <p>THE OTHER GRANT TO NORTH AMERICA IS PART OF NMDP PATIENT FINANCIAL ASSISTANCE PROGRAM. GRANTS ARE MONITORED BY THE PATIENT SERVICES TEAM TO APPLICANTS BASED ON FINANCIAL NEED. NMDP EXPENDITURE POLICIES ARE FOLLOWED TO ENSURE APPROVALS AND CONTROLS ARE MAINTAINED TO DISBURSE GRANT FUNDS INTERNATIONALLY.</p> <p>THE GRANT PROVIDED TO EUROPE IS PART OF A BONE MARROW /STEM CELL TRANSPLANT RESEARCH SCHOLAR PROGRAM. THE GRANTEEES ARE REQUIRED ON A BI-ANNUAL BASIS TO SUBMIT DETAILED PROGRESS REPORTS TO NMDP THAT OUTLINE THE USE OF FUNDS. THE PAYMENTS ARE MADE TO THE INSTITUTION THAT THE SCHOLAR IS CONDUCTING RESEARCH AT AS AN ADDITIONAL PRECAUTION THAT THE FUNDS ARE USED FOR THEIR INTENDED PURPOSE.</p>
SCHEDULE F, PART I, LINE 3 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL
SCHEDULE F, PART II, LINE 1 - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	EUROPE (INCLUDING ICELAND AND GREENLAND) -ACCRUAL
SCHEDULE F, PART III - METHOD USED TO ACCOUNT FOR EXPENDITURES ON ORG'S FINANCIAL STATEMENTS	NORTH AMERICA (CANADA & MEXICO ONLY) -ACCRUAL

Name of the organization
NMDP FOUNDATION

Employer identification number
41-1704734

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

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

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☐ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 THE STELTER COMPANY, 10435 NEW YORK AVE, DES MOINES, IA 50322	(SEE STATEMENT)		✓	0	41,207	(41,207)
2 MMS USA INVESTMENTS INC DBA/ EPSILON AGENCY LLC, 35 WEST WACKER DRIVE, CHICAGO, IL 60601	FUNDRAISING CONSULTING		✓	0	556,422	(556,422)
3 GOODUNITED, 796 MEETING STREET, CHARLESTON, SC 29403	FUNDRAISING CONSULTING		✓	0	14,400	(14,400)
4						
5						
6						
7						
8						
9						
10						
Total				0	612,029	(612,029)

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
AL, AR, CA, FL, GA, HI, IL, KS, KY, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OR, PA, RI, SC, TN, UT, VA, WV, WI
-
-
-
-
-
-
-
-
-
-

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

		(a) Event #1 <u>MINNEAPOLIS GALA</u> (event type)	(b) Event #2 <u>NEW YORK GALA</u> (event type)	(c) Other events <u>2</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	1,220,477	445,155	593,444	2,259,076
	2 Less: Contributions	1,126,352	408,905	559,813	2,095,070
	3 Gross income (line 1 minus line 2)	94,125	36,250	33,631	164,006
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes	1,963			1,963
	6 Rent/facility costs	116,102	140,423	29,244	285,769
	7 Food and beverages	75,216		43,713	118,929
	8 Entertainment	120,066	101,730	44,440	266,236
	9 Other direct expenses	32,409	23,922	19,875	76,206
	10 Direct expense summary. Add lines 4 through 9 in column (d)				749,103
	11 Net income summary. Subtract line 10 from line 3, column (d)				(585,097)

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue			35,610	35,610
	2 Cash prizes				0
Direct Expenses	3 Noncash prizes			5,054	5,054
	4 Rent/facility costs				0
	5 Other direct expenses			230	230
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input checked="" type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				5,284
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				30,326

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct gaming activities with nonmembers? ☒ **Yes** ☐ **No**
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ **Yes** ☒ **No**
- 13** Indicate the percentage of gaming activity conducted in:
- | | | |
|--------------------------------------|------------|-------|
| a The organization's facility | 13a | 0 % |
| b An outside facility | 13b | 100 % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name JOY KINGAddress 500 N 5TH STREET, MINNEAPOLIS, MN 55401

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

Name _____

Address _____

16 Gaming manager information:Name STACEY CHASE

Gaming manager compensation \$ _____

Description of services provided GAMING COORDINATOR☐ Director/officer☒ Employee☐ Independent contractor**17** Mandatory distributions:

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ **Yes** ☒ **No**
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

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

SEE NEXT PAGE

Part IV

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

Return Reference - Identifier	Explanation
SCHEDULE G, PART I, LINE 2B(II) - LINE 2B COLUMN (II) ACTIVITY 1	GIFT & NEWSLETTER CONSULTANT
SCHEDULE G, PART I, LINE 2B(V) -	THE GROSS RECEIPTS FROM THE ACTIVITIES THAT PROFESSIONAL FUNDRAISERS ASSIST THE ORGANIZATION ON ARE NOT ABLE TO BE SEPARATELY REPORTED AS THE WORK AIDS IN MANY FUNDRAISING INITIATIVES THROUGHOUT THE FISCAL YEAR.
SCHEDULE G, PART III, LINE 16 -	OTHER GAMING MANAGER INCLUDES AMANDA ALBERTSON WHO OBTAINS LICENSES AND MANAGES THE PLANNING AND EXECUTION OF RAFFLES.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NMDP FOUNDATION

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

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

Attach to Form 990.

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

41-1704734

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) NATIONAL MARROW DONOR PROGRAM 500 N 5TH STREET, MINNEAPOLIS, MN 55401	84-0865803	501(C)(3)	749,549				VARIOUS NMDP PROGRAMS
(2) NATIONAL MARROW DONOR PROGRAM 500 N 5TH STREET, MINNEAPOLIS, MN 55401	84-0865803	501(C)(3)	45,448				CLINICAL TRIALS SUPPORT
(3) NATIONAL MARROW DONOR PROGRAM 500 N 5TH STREET, MINNEAPOLIS, MN 55401	84-0865803	501(C)(3)	676,771				DONOR RECRUITMENT
(4) NATIONAL MARROW DONOR PROGRAM 500 N 5TH STREET, MINNEAPOLIS, MN 55401	84-0865803	501(C)(3)	526,303				MEXICO PATIENT ASSISTANCE
(5) NATIONAL MARROW DONOR PROGRAM 500 N 5TH STREET, MINNEAPOLIS, MN 55401	84-0865803	501(C)(3)	1,090,876				RESEARCH
(6) NATIONAL MARROW DONOR PROGRAM 500 N 5TH STREET, MINNEAPOLIS, MN 55401	84-0865803	501(C)(3)	350,672				PROGRAM SUPPORT - SALARY
(7) (SEE STATEMENT)	23-7156071	501(C)(3)	240,000				RESEARCH
(8) (SEE STATEMENT)	13-1924236	501(C)(3)	80,000				RESEARCH
(9) (SEE STATEMENT)	74-6001118	501(C)(3)	120,000				RESEARCH
(10) (SEE STATEMENT)	56-6001393	501(C)(3)	80,000				RESEARCH
(11) UNIVERSITY OF ALABAMA 701 20TH STREET SOUTH, BIRMINGHAM, AL 35294	63-0649108	501(C)(3)	80,000				RESEARCH
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 12

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

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

Cat. No. 50055P

Schedule I (Form 990) 2022

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 PATIENT TRANSPLANT ASSISTANCE	2,361	4,308,107			
2 CLINICAL TRIALS ASSISTANCE	176	376,250			
3 PATIENT TYPING & SEARCH ASSISTANCE	248	136,284			
4 DONOR ASSISTANCE	493	428,639			
5					
6					
7					

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

Part II**Grants and Other Assistance to Governments and Organizations in the United States (continued)**

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) WASHINGTON UNIVERSITY OF ST. LOUIS 600 SOUTH EUCLID AVENUE, ST. LOUIS , MO 63110	43-0654872	501(C)(3)	80,000				RESEARCH
(13) BAYLOR COLLEGE OF MEDICINE P.O. BOX 4803, HOUSTON, TX 77210	74-1613878	501(C)(3)	36,000				RESEARCH
(14) INDIANA UNIVERSITY 1024 EAST 3RD ST. ROOM 132, BLOOMINGTON, IN 47405	35-6001673	501(C)(3)	120,000				RESEARCH
(15) MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET, BOSTON, MA 21140	04-2697983	501(C)(3)	80,000				RESEARCH
(16) JULIE ROGERS GIFT OF LIFE PROGRAM 2390 DOWLEN ROAD, BEAUMONT, TX 77706	76-0550450	501(C)(3)	33,000				VARIOUS PROGRAM
(17) LIFESHARE BLOOD CENTERS 8910 LINWOOD AVENUE, SHREVEPORT, LA 71106	72-0511367	501(C)(3)	33,000				VARIOUS PROGRAM

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	<p>PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE U.S. PATIENT ASSISTANCE GRANTS ARE AWARDED THROUGH NMDP FOUNDATION. PATIENTS APPLY FOR PRE AND POST-TRANSPLANT SUPPORT GRANTS THROUGH THE ONLINE APPLICATION. THESE APPLICATIONS AND PATIENT ASSISTANCE ARE TRACKED IN THE ORACLE CUSTOM-BUILT MODULE AND MONITORED BY THE PATIENT OUTCOMES AND EXPERIENCES TEAM, A DEPARTMENT WITHIN NMDP. THIS TEAM REVIEWS APPLICATIONS WEEKLY AND DETERMINES ASSISTANCE NEEDS BASED ON PUBLISHED CRITERIA, ALL WITH THE GOAL TO EQUITABLY ADMINISTER TO HELP PATIENTS OVERCOME BARRIERS BEFORE AND AFTER TRANSPLANT.</p> <p>SEARCH ASSISTANCE FUNDS ARE AWARDED TO COVER UNINSURED DONOR SEARCH COSTS. WHEN A TRANSPLANT CENTER (ORGANIZATIONS) RECEIVES AN INSURANCE DENIAL LETTER FOR DONOR SEARCH COSTS THEY ARE ABLE TO COMPLETE AN APPLICATION THAT INCLUDES PROVIDING A COPY OF THE DENIAL LETTER. IF APPROVED THE GRANT IS THEN DISTRIBUTED DIRECTLY TO THE TRANSPLANT CENTER.</p> <p>ALL OTHER PATIENT ASSISTANCE GRANTS ARE AWARDED TO THE APPLICANT BASED ON FINANCIAL NEED AND ARE USED TO COVER SUCH ITEMS AS UNINSURED COSTS, CO-PAYS, FOOD, LODGING, AND GROUND TRANSPORTATION. PAYMENTS ARE MADE DIRECTLY TO THE PATIENT/APPLICANT (INDIVIDUAL).</p> <p>DONOR ASSISTANCE CHECKS ARE ALSO AWARDED TO THE APPLICANT BASED ON FINANCIAL NEEDS AND ARE USED TO OFFSET HAVING TO TAKE UNPAID TIME OFF FROM WORK IN ORDER TO DONATE LIFE-SAVING CELLS. PAYMENTS ARE MADE DIRECTLY TO THE DONOR (INDIVIDUAL).</p>
(7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>FRED HUTCHINSON CANCER RESEARCH</p> <p>MAILSTOP LF-272 PO BOX 19024, SEATTLE, WA 19024</p>
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>MEMORIAL SLOAN KETTERING CANCER CENTER</p> <p>633 3RD AVENUE, 4TH FLOOR, NEW YORK, NY 10017</p>
(9) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>UNIVERSITY OF TEXAS M.D. ANDERSON CANCER CENTER</p> <p>1515 HOLCOMBE BOULEVARD, HOUSTON, TX 77030</p>
(10) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL</p> <p>P.O. BOX 402420, ATLANTA, GA 30384</p>

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NMDP FOUNDATION

Compensation Information

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Employer identification number

41-1704734

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) </div> </div>		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.		
1b		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?		
2		
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations </div> <div> <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee </div> </div>		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: <div style="margin-left: 20px;"> a Receive a severance payment or change-of-control payment? </div>		
4a		✓
<div style="margin-left: 20px;"> b Participate in or receive payment from a supplemental nonqualified retirement plan? </div>	✓	
4b	✓	
<div style="margin-left: 20px;"> c Participate in or receive payment from an equity-based compensation arrangement? </div>		✓
4c		✓
If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: <div style="margin-left: 20px;"> a The organization? </div>		✓
5a		✓
<div style="margin-left: 20px;"> b Any related organization? </div>		✓
5b		✓
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: <div style="margin-left: 20px;"> a The organization? </div>		✓
6a		✓
<div style="margin-left: 20px;"> b Any related organization? </div>		✓
6b		✓
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.		✓
7		✓
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		✓
8		✓
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		
9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1	AMY RONNEBERG CHIEF EXECUTIVE OFFICER	(i) 0	(ii) 0	(iii) 0	0	0	0	0
		726,731	738,407	21,988	25,790	22	1,512,938	0
2	KRISTA DUSIL CHIEF FINANCIAL OFFICER	(i) 0	(ii) 0	(iii) 0	0	0	0	0
		331,370	221,373	12,271	25,790	26,655	617,459	0
3	JOY KING CHIEF ADVANCEMENT OFFICER	(i) 117,772	(ii) 103,150	(iii) 4,379	10,316	9,554	245,171	0
		176,658	154,725	6,568	15,474	14,331	367,756	0
4	GINA GRAVES FORMER OFFICER	(i) 0	(ii) 0	(iii) 0	0	0	0	0
		219,405	127,022	12,026	25,790	10,564	394,807	0
5	TODD PETERSON VICE PRESIDENT, ADVANCEMENT	(i) 182,331	(ii) 43,523	(iii) 5,344	18,863	26,673	276,734	0
		0	0	0	0	0	0	0
6	ANGIE FITZGERALD SENIOR DIRECTOR, CORPORATE PARTNERSHIPS	(i) 142,736	(ii) 42,795	(iii) 1,219	15,730	25,938	228,418	0
		0	0	0	0	0	0	0
7	DANIEL LEE DIRECTOR, MAJOR AND PLANNED GIFTS	(i) 136,927	(ii) 21,815	(iii) 1,137	12,461	33,388	205,728	0
		0	0	0	0	0	0	0
8	ALEX MENSING DIRECTOR, BENEFACITOR ENGAGEMENT & MARKETING	(i) 122,780	(ii) 35,320	(iii) 1,043	12,802	29,078	201,023	0
		0	0	0	0	0	0	0
9	JACQUELINE CHANDONNET DIRECTOR, DEVELOPMENT	(i) 150,144	(ii) 9,346	(iii) 1,488	12,207	9,345	182,530	0
		0	0	0	0	0	0	0
10	JEFFREY CHELL FORMER OFFICER	(i) 0	(ii) 0	(iii) 0	0	0	0	0
		0	0	100,002	0	0	100,002	0
11		(i)	(ii)					
12		(i)	(ii)					
13		(i)	(ii)					
14		(i)	(ii)					
15		(i)	(ii)					
16		(i)	(ii)					

Part III

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 3 - ARRANGEMENT USED TO ESTABLISH THE TOP MANAGEMENT OFFICIAL'S COMPENSATION	METHODS USED BY RELATED ORGANIZATION NMDP TO ESTABLISH TOP MANAGEMENT OFFICIAL'S COMPENSATION: COMPENSATION COMMITTEE, INDEPENDENT COMPENSATION CONSULTANT, COMPENSATION SURVEY OR STUDY, AND APPROVAL BY THE COMPENSATION COMMITTEE. PLEASE ALSO SEE NARRATIVE ON SCHEDULE O, FOR FORM 990, PART VI, SECTION B, LINE 15A.
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	THE ORGANIZATION OFFERS A SUPPLEMENTAL BENEFITS PLAN (THE SUPPLEMENTAL PLAN) FOR ITS OFFICERS, SENIOR VICE PRESIDENTS AND VICE PRESIDENTS. ALL SUPPLEMENTAL PLAN PARTICIPANTS RECEIVED \$750,000 IN LIFE INSURANCE, LONG-TERM DISABILITY AND LONG-TERM CARE INSURANCE. PREMIUMS ARE PAID BY THE ORGANIZATION AND ARE TREATED AS TAXABLE INCOME TO PLAN PARTICIPANTS. FUTURE BENEFITS RECEIVED UNDER THE PLAN, IF ANY, WILL NOT BE TAXED. THE SUPPLEMENTAL PLAN WAS CREATED IN ACCORDANCE WITH APPLICABLE PROVISIONS OF THE INTERNAL REVENUE CODE (IRC SEC 7702).

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2022

**Open to Public
Inspection**

Name of the organization

NMDP FOUNDATION

Employer identification number

41-1704734

Part I **Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	9	98,685	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (SEE STATEMENT)				
26 Other ()				
27 Other ()				
28 Other ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement			29	0
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?				Yes No 30a ✓
b If "Yes," describe the arrangement in Part II.				
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?				31 ✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				32a ✓
b If "Yes," describe in Part II.				
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

Part I

Types of Property (continued)

Property Type	(a) Check If Applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
AUCTION ITEMS	✓	183	141,285	MARKET VALUE
ADVERTISING TIME AND MEDIA SPACE	✓	1	121,770	MARKET VALUE

Part II

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	OTHER - AUCTION ITEMS NMDP FOUNDATION USES THE NUMBER OF CONTRIBUTIONS AS THE METHOD FOR DETERMINE THE AMOUNT IN COLUMN (B).

SCHEDULE O (Form 990) Department of Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
		2022 Open to Public Inspection
Name of the Organization NMDP FOUNDATION		Employer Identification Number 41-1704734

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 1 - CONTINUED	<p>AT NMDP, WE BELIEVE EACH OF US HOLDS THE KEY TO CURING BLOOD CANCERS AND DISORDERS. AS A GLOBAL NONPROFIT LEADER IN CELL THERAPY, NMDP CREATES ESSENTIAL CONNECTIONS BETWEEN RESEARCHERS AND SUPPORTERS TO INSPIRE ACTION AND ACCELERATE INNOVATION TO FIND LIFE-SAVING CURES. WITH THE HELP OF BLOOD STEM DONORS FROM THE WORLD'S MOST DIVERSE REGISTRY AND OUR EXTENSIVE NETWORK OF TRANSPLANT PARTNERS, PHYSICIANS AND CAREGIVERS, WE'RE EXPANDING ACCESS TO TREATMENT SO THAT EVERY PATIENT CAN RECEIVE THEIR LIFE-SAVING CELL THERAPY. NMDP. FIND CURES. SAVE LIVES.</p> <p>OUR MISSION: WE SAVE LIVES THROUGH CELL THERAPY.</p> <p>OUR VISION: CREATE A WORLD WHERE EVERY PATIENT CAN RECEIVE THEIR LIFE-SAVING CELL THERAPY.</p> <p>THE NMDP FOUNDATION RAISES FUNDS FOR THREE PROGRAMS CRITICAL TO OUR LIFE-SAVING MISSION: TRANSPLANT RESEARCH, PATIENT FINANCIAL ASSISTANCE AND DONOR RECRUITMENT.</p> <p>SOME OF THE LIFE-CHANGING WORK THAT WE'RE DOING IS SOLEY FUNDING BY OUR COMMUNITY OF SUPPORTERS. WE CONDUCT RESEARCH THROUGH OUR RESEARCH PROGRAM, CIBMTR (CENTER FOR INTERNATIONAL BLOOD AND MARROW TRANSPLANT RESEARCH) IN COLLABORATION WITH THE MEDICAL COLLEGE OF WISCONSIN. OUR RESEARCH LEADS TO MORE LIVES SAVED AND AN ENRICHED QUALITY OF LIFE FOR THOUSANDS OF PATIENTS.</p> <p>THROUGH THE NMDP AMY STRELZER MANASEVIT RESEARCH PROGRAM AND OTHER RESEARCH GRANTS, OUTSTANDING EARLY-CAREER RESEARCHERS ARE DOING INNOVATIVE WORK TO FIND SOLUTIONS TO THE COMPLICATIONS THAT CAN ARISE AFTER TRANSPLANT. THEY'RE DEVELOPING TREATMENT APPROACHES THAT WILL HELP THE NEXT GENERATION OF TRANSPLANT PATIENTS LIVE LONGER, HEALTHIER LIVES.</p> <p>PATIENT FINANCIAL ASSISTANCE HELPS COVER TRANSPLANT-RELATED COSTS NOT COVERED BY INSURANCE THAT CAUSE SIGNIFICANT HARDSHIP OR EVEN PREVENT PATIENTS FROM MOVING FORWARD WITH TRANSPLANT. COSTS LIKE TRANSPORTATION, LODGING, LOST WAGES AND PRESCRIPTIONS.</p> <p>NMDP CONNECTS PATIENTS WITH A MATCHING, UNRELATED DONOR, A SELFLESS STRANGER WHO CAN STEP UP AND DONATE THEIR HEALTHY BLOOD STEM CELLS TO GIVE THEM THE CHANCE AT A LIFE-SAVING TRANSPLANT.</p>

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>THE SEARCH ASSISTANCE FUND GRANT (SAF) SUPPORT PATIENTS PRE-TRANSPLANT WHO HAVE BARRIERS RELATED TO INSURANCE THAT DELAY OR PREVENT THEM FROM FINDING A DONOR OR CORD BLOOD UNIT. THIS GRANT HELPS PATIENTS START THE SEARCH FOR AN UNRELATED DONOR OR CORD BLOOD UNIT BY GIVING TRANSPLANT CENTERS A GUARANTEE OF PAYMENT FOR SPECIFIC SEARCH AND/OR PROCUREMENT COSTS SHOULD THEY NOT BE COVERED BY INSURANCE. THERE WERE 42 PATIENTS APPROVED FOR SAF IN FY23.</p> <p>THE SICKLE CELL FERTILITY PRESERVATION GRANT HELPS PAY FOR FERTILITY PRESERVATION AND STORAGE FEES FOR PATIENTS WITH SICKLE CELL DISEASE PREPARING FOR TRANSPLANT. THIS GRANT IS PAID TO THE FERTILITY PRESERVATION CLINIC OR PATIENT WHEN INSURANCE DOES NOT COVER THIS COST. IN FY23, THIS GRANT WAS DISTRIBUTED TO 19 PATIENTS WITH AN AVERAGE AWARD AMOUNT OF \$5,468.</p> <p>NATIONAL MARROW DONOR PROGRAM (NMDP) ALSO PROVIDES FUNDING TO HELP WITH THE MANY UNCOVERED OUT-OF-POCKET EXPENSES FOR PATIENTS BEFORE AND AFTER TRANSPLANT. THE TSA GRANT PROVIDES DIRECT FINANCIAL ASSISTANCE TO QUALIFIED FAMILIES BOTH PRE- AND POST-TRANSPLANT. TSA HELPS WITH EXPENSES SUCH AS TRANSPORTATION, TEMPORARY RELOCATION, COPAYS AND INSURANCE PREMIUMS. IN FY23, 2,549 TSA AWARDS WERE GRANTED TO 2,096 PATIENTS PRE- AND POST-TRANSPLANT WITH THE AVERAGE AWARD BEING \$1,500.</p> <p>THE JOHN AND CARYN CAMIOLO SURVIVORSHIP GRANT (CAM) PROVIDES DIRECT FINANCIAL ASSISTANCE TO ELIGIBLE PATIENTS, WHO ARE AT LEAST THREE MONTHS POST-TRANSPLANT AND WHO ARE ACTIVELY RECEIVING TREATMENT FOR CHRONIC GRAFT-VERSUS-HOST DISEASE. CAM HELPS WITH UNCOVERED COSTS OF TREATMENT AND PRESCRIPTIONS. IN FY23, 218 PATIENTS WERE HELPED THROUGH THE CAM GRANT WITH EACH PATIENT AWARDED \$750.</p> <p>THE CHELL TRAVEL GRANT PROVIDES DIRECT FINANCIAL ASSISTANCE TO ELIGIBLE PATIENTS WHO NEEDED ASSISTANCE WITH TRAVEL COSTS TO PARTICIPATE IN CLINICAL TRIALS THAT TREAT BLOOD CANCERS OR BLOOD DISORDERS. FOR THIS GRANT, 51% OF RECIPIENTS IDENTIFIED AS NON-HISPANIC WHITE. IN FY23, 176 PATIENTS RECEIVED THE CHELL TRAVEL GRANT WITH THE AVERAGE AWARD AMOUNT BEING \$2,149.</p> <p>TWO CRISIS GRANTS HELP PATIENTS EXPERIENCING A SIGNIFICANT CRISIS EVENT IMPACTING ACCESS TO TRANSPLANT OR POST-TRANSPLANT CARE. THE IRA AND DIANA RIKLIS CRISIS GRANT PROVIDES UP TO \$10,000 IN DIRECT FINANCIAL ASSISTANCE TO QUALIFIED PATIENTS POST-TRANSPLANT AND THE MAKE ME STRONGER CRISIS GRANT PROVIDES UP TO \$15,000 PRE-TRANSPLANT. IN FY23, 28 PATIENTS WERE HELPED THROUGH THESE CRISIS GRANTS WITH THE AVERAGE AWARD AMOUNT BEING \$8,182. A COMMITTEE OF BMT SOCIAL WORKERS AND NAVIGATORS REVIEWS EACH CRISIS APPLICATION TO ENSURE EQUITABLE DISTRIBUTION OF THIS GRANT. IN FY23, 59% OF GRANT RECIPIENTS IDENTIFIED AS NON-HISPANIC WHITE.</p>
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	<p>SINCE 1998, NMDP FOUNDATION HAS INVESTED NEARLY \$12.5 MILLION TO HELP LAUNCH THE CAREERS OF 49 YOUNG PHYSICIAN-SCIENTISTS. AFTER RECEIVING THEIR NMDP AMY SCHOLAR AWARD, 49 YOUNG PHYSICIAN-SCIENTISTS HAVE GONE ON TO WIN MORE THAN \$250 MILLION IN SUBSEQUENT GOVERNMENT GRANT FUNDING TO PURSUE THE DISCOVERIES TO HELP PATIENTS LIVE LONGER, HEALTHIER LIVES AFTER CELL THERAPY. TODAY, THE AMY STRELZER MANASEVIT RESEARCH PROGRAM FOR THE STUDY OF POST-CELL THERAPY COMPLICATIONS IS ONE OF THE LARGEST AND MOST COVETED FELLOWSHIPS IN THE FIELD OF TRANSPLANTATION.</p> <p>DONOR FOR ALL: THIS SERIES OF TRANSFORMATIONAL MULTI-CENTER STUDIES ARE TESTING A NEW TRANSPLANT PROTOCOL AIMED AT MAKING MISMATCHED DONOR TRANSPLANTS SAFER AND MORE EFFECTIVE, WITH THE GOAL OF EXPANDING ACCESS TO TRANSPLANT TO THOUSANDS OF PATIENTS WHO LACK A FULLY MATCHED DONOR.</p> <p>ANTHONY NOLAN TRUST: PROVIDE SUPPORT TO THE ANTHONY NOLAN RESEARCH INSTITUTE TO CONTINUE DEVELOPMENT AND MAINTENANCE OF AN HLA CLASS I AND II SEQUENCE DATABASE AND PROVISION OF HLA CLASS I AND II SEQUENCE INFORMATION.</p> <p>NMDP'S CENTER FOR INTERNATIONAL BLOOD AND MARROW TRANSPLANT RESEARCH (CIBMTR)- A PARTNERSHIP WITH THE MEDICAL COLLEGE OF WISCONSIN IS THE LEADING HUB FOR TRANSPLANT AND CELL THERAPY RESEARCH. NMDP FOUNDATION HELPS TO FUND VARIOUS OTHER INNOVATIVE RESEARCH STUDIES LED AND MANAGED BY THE CIBMTR.</p>
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	<p>IN FY23, MORE THAN 330,000 POTENTIAL DONORS JOINED THE NMDP REGISTRY AND MORE THAN 4,200 UMBILICAL CORD UNITS WERE ADDED TO THE REGISTRY.</p>
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$7,133,754 INCLUDING GRANTS OF \$1,647,306)(REVENUE)</p> <p>NMDP FOUNDATION PARTNERS WITH NMDP TO ADVANCE VARIOUS INITIATIVES TIED TO THE SHARED MISSION. THESE PROGRAMS INCLUDE:</p> <p>NMDP PROVIDES COMPREHENSIVE EDUCATION AND SUPPORT SERVICES TO PATIENTS AND THEIR FAMILIES THROUGH ONE-ON-ONE NAVIGATION SUPPORT, VIDEO, PRINTED, AND DIGITAL EDUCATION RESOURCES, COUNSELING, NMDP PEER CONNECT PROGRAM, NMDP SURVIVORSHIP PROGRAM, NMDP SICKLE CELL WARRIOR PROGRAM, AND THE JASON CARTER CLINICAL TRIALS SEARCH AND SUPPORT PROGRAM, WHICH HELPS PATIENTS WITH LIFE-THREATENING BLOOD DISORDERS FIND CLINICAL TRIALS. NMDP FOUNDATION RAISES FUNDS TO SUPPORT THESE CRITICAL SERVICES.</p> <p>NMDP ALLOCATES COMPENSATION AND BENEFITS AND OCCUPANCY COSTS TO PROGRAMS BASED ON EMPLOYEE RESPONSIBILITIES.</p>

Return Reference - Identifier	Explanation
FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	<p>THE NMDP FOUNDATION BOARD OF DIRECTORS AND NMDP BOARD OF DIRECTORS APPROVED A NAME CHANGE FROM BE THE MATCH FOUNDATION TO NMDP FOUNDATION.</p> <p>THE NMDP FOUNDATION ARTICLES OF INCORPORATION WERE REVISED FOR THE NAME CHANGE, EFFECTIVE DECEMBER 1, 2023. IN ADDITION TO ADMINISTRATIVE CHANGES, THE NMDP FOUNDATION ARTICLES OF INCORPORATION DISSOLUTION ARTICLE WAS REVISED TO CLARIFY THAT THE MEMBER (AS IDENTIFIED WITHIN THE BYLAWS OF THE NMDP FOUNDATION) RECEIVES THE ASSET DISTRIBUTION UPON DISSOLUTION, IF THE MEMBER IS A 501(C)(3) AT THAT TIME.</p>
FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS	MEMBERS OR STOCKHOLDERS: NMDP IS THE SOLE CORPORATE MEMBER OF NMDP FOUNDATION.
FORM 990, PART VI, LINE 7A - MEMBERS OR STOCKHOLDERS ELECTING MEMBERS OF GOVERNING BODY	MEMBERS OR STOCKHOLDERS WHO MAY ELECT GOVERNING BODY: THE NMDP BOARD ELECTS THE BOARD OF DIRECTORS OF NMDP FOUNDATION.
FORM 990, PART VI, LINE 7B - DECISIONS REQUIRING APPROVAL BY MEMBERS OR STOCKHOLDERS	MEMBERS OR STOCKHOLDERS WHO MAY APPROVE DECISIONS: THE NMDP BOARD APPROVES THE ACTIONS OF NMDP FOUNDATION.
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>FORM 990 REVIEW PROCESS:</p> <p>THE ORGANIZATION CONTRACTED WITH THE OUTSIDE PUBLIC ACCOUNTING FIRM, BAKER TILLY, TO PREPARE THE FORM 990. PREPARING THE DETAILS AND SUPPORTING REPORTS FOR THE RETURN IS A COLLABORATIVE EFFORT AMONG A SMALL GROUP OF INDIVIDUALS IN THE FINANCIAL REPORTING & COMPLIANCE AREA OF FINANCE, INTERNAL AUDIT AND HUMAN RESOURCES. ONCE A DRAFT IS RECEIVED BACK FROM BAKER TILLY, IT IS REVIEWED BY THE TEAM THAT PULLED THE DETAILS TOGETHER, DIRECTOR, FINANCE AND CORPORATE CONTROLLER, CHIEF ADVANCE OFFICE AND CHIEF FINANCIAL OFFICER. NMDP CHIEF ADMINISTRATIVE OFFICER ALSO REVIEW THE GOVERNANCE SECTIONS. A COPY OF THE RETURN IS PROVIDED TO THE ORGANIZATION'S AUDIT & FINANCE COMMITTEE AND BOARD OF DIRECTORS PRIOR TO FILING.</p>
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>THE CONFLICT-OF-INTEREST POLICY STATES THE FOLLOWING:</p> <p>"THE EXISTENCE OF AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST TURNS ON THE SPECIFIC FACTS AND CIRCUMSTANCES IN EACH CASE. IF A MEMBER HAS AN INTEREST WHICH MAY CONFLICT WITH THOSE OF THE ORGANIZATIONS, HE OR SHE MUST IMMEDIATELY DISCLOSE THE MATTERS AND DISCUSS THEM FULLY AND FRANKLY WITH THE APPLICABLE ORGANIZATION'S FULL BOARD OR ITS EXECUTIVE COMMITTEE, AS SET FORTH IN DETAIL BELOW. A MEMBER MUST NOT PARTICIPATE IN ANY MATTER IN WHICH THAT MEMBER MAY HAVE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST WITHOUT THE EXPRESS APPROVAL OF THE APPLICABLE ORGANIZATION'S BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS (EXECUTIVE COMMITTEE).</p> <p>ALL MEMBERS MUST DISCLOSE TO THE APPLICABLE ORGANIZATION'S BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE ALL CONFLICTS OF INTEREST AND REPORTABLE RELATIONSHIPS AND MUST ANNUALLY COMPLETE AND SUBMIT THE CONFLICT-OF-INTEREST QUESTIONNAIRE WHICH IS REQUIRED BY THIS POLICY. WHENEVER IN THE COURSE OF EVENTS A MEMBER'S CIRCUMSTANCES CHANGE SUCH THAT THE MEMBER KNOWS OR HAS REASON TO BELIEVE THAT THE MEMBER MAY HAVE AN ACTUAL OR PERCEIVED CONFLICT OF INTEREST, SUCH MEMBER SHALL PROMPTLY DISCLOSE THE POTENTIAL CONFLICT TO THE APPLICABLE ORGANIZATION'S BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE. FOR THE PURPOSES OF THIS ARTICLE, A MEMBER MAY FORMALLY DISCLOSE A CONFLICT OR REPORTABLE RELATIONSHIP TO THE NMDP CHIEF EXECUTIVE OFFICER (CEO), THE CHIEF ADVANCEMENT OFFICER, OR THE NMDP CHIEF ADMINISTRATIVE OFFICER (CAO), AS APPLICABLE, WHO SHALL INFORM THE APPLICABLE ORGANIZATION'S BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE FOR RESOLUTION.</p> <p>AS NOTED HEREIN, IF THE POTENTIAL CONFLICT INVOLVES A DIRECTOR OR COMMITTEE MEMBER, THAT DIRECTOR OR COMMITTEE MEMBER SHALL NOT PARTICIPATE IN OR VOTE UPON SUCH MATTERS UNTIL THE QUESTION OF THE EXISTENCE OF THE CONFLICT OF INTEREST HAS BEEN RESOLVED IN ACCORDANCE WITH THIS POLICY. LIKEWISE, AN OFFICER OR KEY EMPLOYEE MAY NOT BECOME SUBSTANTIALLY INVOLVED IN DECISION-MAKING INVOLVING ANY COVERED LITIGATION, CONTRACT OR TRANSACTION UNTIL THE RESOLUTION OF THE MATTER IN ACCORDANCE WITH THIS POLICY."</p>

Return Reference - Identifier	Explanation				
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>PROCESS FOR DETERMINING COMPENSATION:</p> <p>THE CHIEF ADVANCEMENT OFFICER REPORTS DIRECTLY TO THE NMDP CHIEF EXECUTIVE OFFICER (CEO) AND IS CONSIDERED A KEY EMPLOYEE PER IRS DEFINITION. THE COMPENSATION OF THE CHIEF ADVANCEMENT OFFICER IS REVIEWED, EVALUATED, AND SET IN ACCORDANCE WITH THE NMDP BYLAWS AND COMPENSATION COMMITTEE CHARTER.</p> <p>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."</p> <p>THE COMPENSATION COMMITTEE CHARTER STATES: "THE COMMITTEE SHALL REVIEW AND EVALUATE THE OVERALL COMPENSATION AND BENEFIT STRUCTURE OF THE CORPORATION AND APPROVE AND ADOPT A COMPENSATION PHILOSOPHY AND PRINCIPLES CONSISTENT WITH THE CORPORATION'S NON-FOR-PROFIT STATUS (THE "COMPENSATION PHILOSOPHY AND PRINCIPLES").</p> <p>THE COMMITTEE SHALL CONDUCT THE CHIEF EXECUTIVE OFFICER ("CEO") PERFORMANCE EVALUATION. THE COMMITTEE SHALL MAKE CEO TOTAL COMPENSATION AND BENEFIT RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE, CONSISTENT WITH THE COMPENSATION PHILOSOPHY AND PRINCIPLES. IN MAKING COMPENSATION AND BENEFIT RECOMMENDATIONS FOR THE CEO, THE COMMITTEE SHALL UTILIZE, AMONG OTHER THINGS, COMPARABILITY DATA FOR COMPLIANCE WITH IRS INTERMEDIATE SANCTION PROVISIONS SO AS TO ALLOW THE CORPORATION TO TAKE ADVANTAGE OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS. ON A PERIODIC BASIS, THE COMMITTEE SHALL OBTAIN COMPARABILITY DATA FROM AN INDEPENDENT COMPENSATION CONSULTANT. IN ADDITION, THE COMMITTEE SHALL ADVISE THE CEO IN HIS/HER EVALUATION OF AND DECISIONS REGARDING THE COMPENSATION OF AND BENEFITS FOR SENIOR CORPORATION EMPLOYEES, AS WELL AS THE PRESIDENT (OR EQUIVALENT LEADER) OF ANY SUBSIDIARY OF THE CORPORATION REPORTING TO THE CEO (TOGETHER, "SENIOR LEADERSHIP"). IN ADVISING THE CEO IN MAKING HIS/HER COMPENSATION AND BENEFIT DECISIONS FOR SENIOR LEADERSHIP, THE COMMITTEE SHALL ENSURE THAT SUCH DECISIONS ARE CONSISTENT WITH THE COMPENSATION PHILOSOPHY AND PRINCIPLES, AND UTILIZE, AMONG OTHER THINGS, COMPARABILITY DATA FOR COMPLIANCE WITH IRS INTERMEDIATE SANCTION PROVISIONS. IF DECISIONS PROPOSED BY THE CEO ARE OUTSIDE THE PARAMETERS OF THE COMPENSATION PHILOSOPHY AND PRINCIPLES, THE CEO MUST OBTAIN THE COMMITTEE'S APPROVAL PRIOR TO IMPLEMENTATION."</p>				
FORM 990, PART VI, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	GA, HI, IL, KS, KY, MA, MD, MI, MN, MS, NC, NH, NJ, NM, NY, OR, PA, RI, SC, TN, UT, VA, WI, WV				
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	<p>HOW DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC:</p> <p>THE CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION AND CONSOLIDATED AUDITED FINANCIAL STATEMENTS AND ADDITIONAL CONSOLIDATING INFORMATION ARE ALL MADE AVAILABLE TO THE PUBLIC UPON REQUEST. THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON OUR WEBSITE. SUMMARY FINANCIAL STATEMENTS ARE ALSO INCLUDED IN OUR ANNUAL REPORT, WHICH IS MAILED TO KEY STAKEHOLDERS AND POSTED ON OUR WEBSITE.</p> <p>ADDITIONALLY, ARTICLES OF INCORPORATION ARE AVAILABLE AT THE MN OFFICE OF THE SECRETARY OF STATE, AND CONSOLIDATED AUDITED FINANCIAL STATEMENTS MAY BE OBTAINED AT THE MN OFFICE OF THE ATTORNEY GENERAL.</p>				
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table> <tr> <th>(a) Description</th><th>(b) Amount</th></tr> <tr> <td>BAD DEBT ALLOWANCE</td><td>- 40,000</td></tr> </table>	(a) Description	(b) Amount	BAD DEBT ALLOWANCE	- 40,000
(a) Description	(b) Amount				
BAD DEBT ALLOWANCE	- 40,000				
FORM 990, PART XII, LINE 2C -	THE ORGANIZATION HAS NEITHER CHANGED ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR.				

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
NMDP FOUNDATION

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Employer identification number
41-1704734

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) NATIONAL MARROW DONOR PROGRAM (84-0865803) 500 N 5TH STREET, MINNEAPOLIS, MN 55401-1206	TRANSPLANTS	CO	501(C)(3)	10	N/A		✓
(2) BE THE MATCH MX, A.C. VERACRUZ AV. 93, 101 PISO, CUIDAD DE MEXICO, CONDESA, MX	RECRUITMENT	MEXICO			NMDP		✓
(3)							
(4)							
(5)							
(6)							
(7)							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512—514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1).....												
(2).....												
(3).....												
(4).....												
(5).....												
(6).....												
(7).....												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1)(SEE STATEMENT).....									
(2).....									
(3).....									
(4).....									
(5).....									
(6).....									
(7).....									

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	✓
b Gift, grant, or capital contribution to related organization(s)	1b	✓
c Gift, grant, or capital contribution from related organization(s)	1c	✓
d Loans or loan guarantees to or for related organization(s)	1d	✓
e Loans or loan guarantees by related organization(s)	1e	✓
f Dividends from related organization(s)	1f	✓
g Sale of assets to related organization(s)	1g	✓
h Purchase of assets from related organization(s)	1h	✓
i Exchange of assets with related organization(s)	1i	✓
j Lease of facilities, equipment, or other assets to related organization(s)	1j	✓
k Lease of facilities, equipment, or other assets from related organization(s)	1k	✓
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	✓
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	✓
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	✓
o Sharing of paid employees with related organization(s)	1o	✓
p Reimbursement paid to related organization(s) for expenses	1p	✓
q Reimbursement paid by related organization(s) for expenses	1q	✓
r Other transfer of cash or property to related organization(s)	1r	✓
s Other transfer of cash or property from related organization(s)	1s	✓

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Schedule R (Form 990) 2022

Part IV**Identification of Related Organizations Taxable as a Corporation or Trust** (continued)

(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C-corp, S-corp or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) NMDP AUXILIARY SERVICES, LLC (81-1248190) 500 N 5TH ST., MINNEAPOLIS, MN 55401-1206	CELLULAR THERAPY	MN	N/A	C CORPORATION	N/A	N/A	N/A		✓
(2) CLEAR INSURANCE, LTD (84-0865803) 62 FORUM LN 3RD FL, P.O. BOX 30600, GRAND CAYMAN, KY1-1203, CJ	CAPTIVE INSURANCE	CAYMAN ISLANDS	N/A	C CORPORATION	N/A	N/A	N/A		✓