Public Inspection Copy

Form **990** — Department of the Treasury, Internal Revenue Service

Return of Organization Exempt From Income Tax

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.

OMB No. 1545-0047 — **2023** — Open to Public Inspection

A For the 2023 calendar year, or tax year beginning OCT 1, 2023 and ending SEP 30, 2024

B Check if applicable: Address change; Name change; Initial return; Final return/terminated; Amended return; Application pending

C Name of organization: NMDP FOUNDATION

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 500 N 5TH ST. Room/suite

City or town, state or province, country, and ZIP or foreign postal code: MINNEAPOLIS, MN 55401-1206

D Employer identification number: 41-1704734

E Telephone number: 763-406-8700

G Gross receipts $ 34,289,320.

F Name and address of principal officer: ERICA JENSEN, SAME AS C ABOVE

H(a) Is this a group return for subordinates? Yes [X] No

H(b) Are all subordinates included? Yes No — If "No," attach a list. See instructions

H(c) Group exemption number

I Tax-exempt status: [X] 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527

J Website: WWW.NMDP.ORG

K Form of organization: [X] Corporation Trust Association Other

L Year of formation: 1991 **M** State of legal domicile: MN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O

2 Check this box 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	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	45
6	Total number of volunteers (estimate if necessary)	6	3000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	18,893,262.	22,907,977.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	350,756.	2,335,205.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-555,030.	-938,540.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,688,988.	24,304,642.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	9,700,536.	12,389,221.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,791,779.	7,240,574.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	612,029.	482,576.
	b	Total fundraising expenses (Part IX, column (D), line 25) 2,175,120.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,157,082.	1,952,631.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	18,261,426.	22,065,002.
	19	Revenue less expenses. Subtract line 18 from line 12	427,562.	2,239,640.
			Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	15,913,956.	18,372,366.
	21	Total liabilities (Part X, line 26)	1,878,244.	1,852,736.
	22	Net assets or fund balances. Subtract line 21 from line 20	14,035,712.	16,519,630.

Part II Signature Block

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

Sign Here

Signature of officer — Date

KATHERINE HEYERDAHL, CHIEF FINANCIAL OFFICER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
KAREN A. GRIES	KAREN A. GRIES	08/14/25		P00078514

Firm's name: BAKER TILLY ADVISORY GROUP, LP — Firm's EIN: 39-0859910

Firm's address: 225 S 6TH ST #2300, MINNEAPOLIS, MN 55402 — Phone no. 612.876.4500

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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 [X] 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 [X] 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 $ 6,639,306. including grants of $ 6,639,306.) (Revenue $ 0.)

PATIENT ASSISTANCE:

THE NMDP FOUNDATION PROVIDES FINANCIAL ASSISTANCE TO PATIENTS THROUGHOUT EACH STAGE OF THE TRANSPLANT PROCESS. FUNDED BY PHILANTHROPY, IN FY24, MORE THAN $6.3 MILLION WAS PROVIDED TO OVER 3,300 PATIENTS FROM 160 TRANSPLANT CENTERS.

IN FY24, THE PROPORTION OF GRANT RECIPIENTS WHO IDENTIFIED AS NON-HISPANIC WHITE RANGED FROM 0%-66% 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 OR AFRICAN AMERICAN. FOR THE POST-TRANSPLANT SUPPORT ASSISTANCE (TSA) GRANT, 66% OF

4b (Code:) (Expenses $ 2,306,006. including grants of $ 2,305,672.) (Revenue $ 0.)

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 44 MILLION POTENTIAL ADULT DONORS AND MORE THAN 820,000 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 30 ARE MOST URGENTLY NEEDED. RESEARCH

4c (Code:) (Expenses $ 1,983,699. including grants of $ 1,983,699.) (Revenue $ 0.)

RESEARCH:

RESEARCH INNOVATIONS ARE CRITICAL TO EXPANDING TREATMENT TO MORE PATIENTS AND IMPROVING OUTCOMES. EACH YEAR, THE NMDP FOUNDATION IS PROUD TO INVEST IN RESEARCH THROUGH:

THE NMDP AMY STRELZER MANASEVIT RESEARCH PROGRAM: 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 2024, WE FUNDED THE WORK OF 14 AMY SCHOLARS. AMY SCHOLARS HAVE GONE ON TO BECOME LEADERS IN THE FIELD, PURSUING SCIENTIFIC ADVANCES THAT

4d Other program services (Describe on Schedule O.)

(Expenses $ 7,197,956. including grants of $ 1,460,544.) (Revenue $ 0.)

4e Total program service expenses 18,126,967.

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*? See instructions	2	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
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	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16	X	
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I.* See instructions	17	X	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	X	
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	X	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
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	X	

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	X	
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	X	
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		X
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		X
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		X
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		X
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		X
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		X
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		X
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		X
29	Did the organization receive more than $25,000 in noncash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
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		X
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		X
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	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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		X
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		X
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	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	376			
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	X	

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 45			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
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	X	
b	If "Yes," enter the name of the foreign country MEXICO 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		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
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		X
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	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
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		X
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		X
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		X
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 .... [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	17		
	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.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	16		
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		X
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X
6	Did the organization have members or stockholders?		6	X	
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	X	
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	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
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		X

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		X
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	X	
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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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	X	
b	Other officers or key employees of the organization	15b	X	
	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		X
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,GA,HI,IL,KS,KY,MA,MD,MI

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records

KATHERINE HEYERDAHL - 763-406-4275

500 N 5TH ST., MINNEAPOLIS, MN 55401-1206

SEE SCHEDULE O FOR FULL LIST OF STATES

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) AMY RONNEBERG NMDP CHIEF EXECUTIVE OFFICER	2.00 48.00	X		X				0.	1,538,663.	455,038.
(2) JOY KING CHIEF ADVANCEMENT OFFICER	20.00 30.00				X			230,187.	345,282.	168,631.
(3) KRISTA DUSIL CHIEF FINANCIAL OFFICER (THRU 2/24)	1.00 49.00			X				0.	649,755.	53,242.
(4) TODD PETERSON VICE PRESIDENT, ADVANCEMENT	50.00 0.00					X		291,111.	0.	84,039.
(5) ANGIE FITZGERALD VP, CORPORATE & FOUNDATION PARTNERSH	50.00 0.00					X		274,522.	0.	64,855.
(6) ALEX MENSING SR. DIRECTOR, SUPPORTER EXPERIENCE &	50.00 0.00					X		199,924.	0.	46,470.
(7) GINA GRAVES FORMER OFFICER	0.00 0.00						X	0.	239,958.	3,353.
(8) KEVIN HEALY DIRECTOR, ADVANCEMENT SERVICES	50.00 0.00					X		182,633.	0.	42,949.
(9) DANIEL LEE DIRECTOR, MAJOR AND PLANNED GIFTS	50.00 0.00					X		190,612.	0.	32,174.
(10) KATHERINE HEYERDAHL CHIEF FINANCIAL OFFICER (BEGAN 4/24)	2.00 48.00			X				0.	0.	0.
(11) MICHAEL STEWART CHAIR	1.00 0.00	X		X				0.	0.	0.
(12) MELISSA KONG VICE CHAIR	1.00 0.00	X		X				0.	0.	0.
(13) RAMESH SUBRAHMANIAN SECRETARY	1.00 0.00	X		X				0.	0.	0.
(14) DIANNA CERVANTES TREASURER	1.00 0.00	X		X				0.	0.	0.
(15) JASON AHLGREN DIRECTOR	1.00 0.00	X						0.	0.	0.
(16) GUSTAVO ALCOCER DIRECTOR	1.00 0.00	X						0.	0.	0.
(17) SARAH ASMA DIRECTOR	1.00 0.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) ANDREW BLOCK	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(19) BILL FURLONG	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(20) SULEIKA JAOUAD	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(21) BRUCE MANASEVIT	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(22) JOHN PRESLEY	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(23) DERYN POMEROY	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(24) RAYNE ROUCE	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(25) MELODY SMITH	1.00									
DIRECTOR	0.00	X						0.	0.	0.
(26) REBECCA WENNGATZ	1.00									
DIRECTOR	0.00	X						0.	0.	0.
1b Subtotal								1,368,989.	2,773,658.	950,751.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,368,989.	2,773,658.	950,751.

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 16

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MMS USA INVESTMENTS INC DBA EPSILON AGENCY 35 WEST WACKER DRVIE, CHICAGO, IL 60601	FUNDRAISING AND MEDIA BUYING SUPPORT	550,986.
STREAMWORKS, 640 PHEASANT RIDGE DRIVE NORTHEAST, BLAINE, MN 55449	CREATIVE, PRINT AND MAIL SERVICES	538,206.
BLACKBAUD P.O. BOX 844827, BOSTON, MA 02284	SOFTWARE SUPPORT	167,035.
25 BROADWAY BALLROOM DBA CIPRIANI, 25 BROADWAY 110 EAST 42ND ST., NEW YORK, NY	FACILITY RENTAL AND EVENT SERVICES	126,163.
WALK THE MOON MEDIA 5307 MALIBU DRIVE, EDINA, MN 55436	VIDEOGRAPHY SERVICES	114,230.

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 Revenue**

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

Section	Line	Description	Box	Amount	(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	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c	1,649,926.				
	d	Related organizations	1d	7,586,216.				
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	13,671,835.				
	g	Noncash contributions included in lines 1a-1f	1g	$ 255,801.				
	h	**Total.** Add lines 1a-1f			22,907,977.			
Program Service Revenue			Business Code					
	2 a							
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	**Total.** Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			463,724.			463,724.
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
				(i) Real / (ii) Personal				
	6 a	Gross rents	6a					
	b	Less: rental expenses	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
				(i) Securities / (ii) Other				
	7 a	Gross amount from sales of assets other than inventory	7a	10,709,627.				
	b	Less: cost or other basis and sales expenses	7b	8,838,146.				
	c	Gain or (loss)	7c	1,871,481.				
	d	Net gain or (loss)			1,871,481.			1,871,481.
	8 a	Gross income from fundraising events (not including $ 1,649,926. of contributions reported on line 1c). See Part IV, line 18	8a	162,044.				
	b	Less: direct expenses	8b	1,140,588.				
	c	Net income or (loss) from fundraising events			-978,544.			-978,544.
	9 a	Gross income from gaming activities. See Part IV, line 19	9a	45,940.				
	b	Less: direct expenses	9b	5,944.				
	c	Net income or (loss) from gaming activities			39,996.			39,996.
	10 a	Gross sales of inventory, less returns and allowances	10a					
	b	Less: cost of goods sold	10b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
	11 a	FOREIGN CURRENCY GAIN	900099		8.			8.
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a-11d			8.			
	12	**Total revenue.** See instructions			24,304,642.	0.	0.	1,396,665.

Part IX Statement of Functional Expenses

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

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

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,048,966.	6,048,966.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	6,333,478.	6,333,478.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	6,777.	6,777.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	270,159.	186,109.	30,434.	53,616.
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	5,317,449.	3,443,855.	950,476.	923,118.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	321,306.	221,343.	36,196.	63,767.
9	Other employee benefits	971,887.	595,605.	223,392.	152,890.
10	Payroll taxes	359,773.	247,842.	40,529.	71,402.
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	482,576.			482,576.
f	Investment management fees	18,476.		18,476.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	456,440.	351,459.	9,129.	95,852.
12	Advertising and promotion				
13	Office expenses	325,970.	117,349.	19,558.	189,063.
14	Information technology	362,751.	265,860.	90,013.	6,878.
15	Royalties				
16	Occupancy	184,800.		184,800.	
17	Travel	395,857.	272,700.	44,594.	78,563.
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	29,223.		29,223.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	RECOGNITION	98,956.	35,624.	5,937.	57,395.
b	REGISTRATIONS	55,158.		55,158.	
c					
d					
e	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24e	22,065,002.	18,126,967.	1,762,915.	2,175,120.
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	1,415,756.	2	2,008,741.
	3	Pledges and grants receivable, net	3,247,472.	3	3,261,229.
	4	Accounts receivable, net	1,561.	4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	130,150.	9	189,625.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less: accumulated depreciation — 10b		10c	
	11	Investments - publicly traded securities	11,119,017.	11	12,912,771.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	15,913,956.	16	18,372,366.
Liabilities	17	Accounts payable and accrued expenses	1,878,244.	17	1,838,532.
	18	Grants payable		18	
	19	Deferred revenue		19	14,204.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	1,878,244.	26	1,852,736.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** [X] **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	4,107,242.	27	4,690,433.
	28	Net assets with donor restrictions	9,928,470.	28	11,829,197.
		Organizations that do not follow FASB ASC 958, check here ☐ **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	14,035,712.	32	16,519,630.
	33	Total liabilities and net assets/fund balances	15,913,956.	33	18,372,366.

Form **990** (2023)

332011 12-21-23

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	24,304,642.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,065,002.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,239,640.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	14,035,712.
5	Net unrealized gains (losses) on investments	5	244,278.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	16,519,630.

Part XII Financial Statements and Reporting

Check 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: ☐ Cash ☒ Accrual ☐ Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
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	3b		

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
2023
Open to Public Inspection

Name of the organization	Employer identification number
NMDP FOUNDATION	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 [X] 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? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	18,034,650.	20,737,956.	13,066,515.	18,893,262.	22,907,977.	93,640,360.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	18,034,650.	20,737,956.	13,066,515.	18,893,262.	22,907,977.	93,640,360.
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)						35,381,692.
6 **Public support.** Subtract line 5 from line 4.						58,258,668.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	18,034,650.	20,737,956.	13,066,515.	18,893,262.	22,907,977.	93,640,360.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	238,703.	260,691.	293,611.	283,513.	463,724.	1,540,242.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		3.	-70.	-259.	8.	-318.
11 **Total support.** Add lines 7 through 10						95,180,284.

12 Gross receipts from related activities, etc. (see instructions) | 12 |

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** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) | 14 | 61.21 %

15 Public support percentage from 2022 Schedule A, Part II, line 14 | 15 | 65.64 %

16a **33 1/3% support test - 2023.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test - 2022.** 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 ☐

17a **10% -facts-and-circumstances test - 2023.** 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 ☐

b **10% -facts-and-circumstances test - 2022.** 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 ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

Part 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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** ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2023** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2022** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests - 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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.*	1		
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).*	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.*	3a		
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.*	3b		
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.*	3c		
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.*	4a		
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.*	4b		
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.*	4c		
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).*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.**	6		
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).*	7		
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).*	8		
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.**	9a		
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.**	9b		
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.**	9c		
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.*	10a		
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.)*	10b		

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** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental entity. *Describe in* **Part VI** *how you supported a governmental entity (see instructions).*

			Yes	No
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 (*explain in detail in* **Part VI**):			
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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - *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 2023 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-2023**	**(iii)** **Distributable Amount for 2023**
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f **Total** of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2024.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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

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

FOREIGN CURRENCY GAIN

2019 AMOUNT: $ 0.

2020 AMOUNT: $ 3.

2021 AMOUNT: $ -70.

2022 AMOUNT: $ -259.

2023 AMOUNT: $ 8.

Schedule B
(Form 990)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization	**Employer identification number**
NMDP FOUNDATION	41-1704734

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 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

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year .... $ ______

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

Name of organization: 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		$ 7,586,216.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 5,000,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 525,347.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization	Employer identification number
NMDP FOUNDATION	41-1704734

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

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

(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 info. once.) $

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(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
2023
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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- ☐ Preservation of land for public use (for example, recreation or education)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of a historically important land area
- ☐ Preservation of a certified historic structure

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

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c 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? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ______

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

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

1a If the organization elected, as permitted under 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 in Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,820,923.	4,542,124.	5,550,447.	5,098,748.	4,612,433.
b Contributions	-39,900.	19,605.	465.	60,000.	200,500.
c Net investment earnings, gains, and losses	998,624.	444,680.	-832,236.	554,109.	285,815.
d Grants or scholarships	205,880.	180,000.	172,000.	160,000.	
e Other expenditures for facilities and programs					
f Administrative expenses	7,460.	5,486.	4,552.	2,410.	
g End of year balance	5,566,307.	4,820,923.	4,542,124.	5,550,447.	5,098,748.

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

a Board designated or quasi-endowment 63.1100 %
b Permanent endowment 36.8900 %
c Term endowment .0000 %

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)		X
(ii) Related organizations?	3a(ii)		X
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, line 10c, column (B))*				0.

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related.

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

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

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, line 15, col. (B))*	

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, line 25, col. (B))*	

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 ... X

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

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

Part XIII Supplemental Information

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

PART V, LINE 4:

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

PART X, LINE 2:

ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER ASC 740 THE INTERNAL REVENUE SERVICE HAS DETERMINED THAT THE PROGRAM AND 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.

THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN

Part XIII Supplemental Information *(continued)*

EVALUATING UNCERTAIN TAX POSITIONS. THIS GUIDANCE PRESCRIBES RECOGNITION THRESHOLD PRINCIPLES FOR THE FINANCIAL STATEMENT RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN ON A TAX RETURN THAT ARE NOT CERTAIN TO BE REALIZED. NO LIABILITY HAS BEEN RECOGNIZED BY THE ORGANIZATION FOR UNCERTAIN TAX POSITIONS AS OF SEPTEMBER 30, 2024 OR 2023. THE ORGANIZATION'S TAX RETURNS ARE SUBJECT TO REVIEW AND EXAMINATION BY FEDERAL AND STATE AUTHORITIES.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

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
2023
Open to Public Inspection

Name of the organization	Employer identification number
NMDP FOUNDATION	41-1704734

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

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ...... ☐ **Yes** ☒ **No**

2 **For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

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

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)

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 ....

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

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

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
BONE MARROW/ STEM CELL DONOR ASSISTANCE	NORTH AMERICA	19	5,358.	CHECK/WIRE	0.		
PATIENT GRANT	NORTH AMERICA	1	1,419.	CHECK/WIRE	0.		

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 the Instructions for Form 926)* ..... [ ] Yes [X] 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* ..... [ ] Yes [X] 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 the Instructions for Form 5471)* ..... [X] 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 the Instructions for Form 8621)* ..... [ ] Yes [X] 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 the Instructions for Form 8865)* ..... [ ] Yes [X] 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 the Instructions for Form 5713; don't file with Form 990)* ..... [ ] Yes [X] No

Schedule F (Form 990) 2023

Part V **Supplemental Information**

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

PART I, LINE 2:

GRANTS PROVIDED IN NORTH AMERICA INCLUDE GRANTS TO MEXICO AS PART OF A LONG-STANDING BONE MARROW AND STEM CELL DONOR ASSISTANCE PROGRAM TO REIMBURSE LOSS OF INCOME CAUSED BY THE DONOR TAKING UNPAID LEAVE FROM WORK IN ORDER TO DONATE LIFE-SAVING CELLS. THE GRANTEES ARE REQUIRED TO SUBMIT AN EMPLOYER LETTER OR A PAY STUB TO DEMONSTRATE LOST INCOME. AN NMDP REPRESENTATIVE COMPLETES THE APPLICATION ON BEHALF OF THE DONOR. AN INTERNAL TEAM REVIEWS ALL APPLICATIONS AND SUPPORTING DOCUMENTS.

ALL OTHER GRANTS IN NORTH AMERICA ARE PART OF THE NMDP FOUNDATION PATIENT FINANCIAL ASSISTANCE PROGRAM. PATIENTS APPLY FOR PRE- AND POST-TRANSPLANT SUPPORT GRANTS THROUGH AN ONLINE APPLICATION. THESE APPLICATIONS FOR PATIENT ASSISTANCE ARE TRACKED IN A ORACLE CUSTOM-BUILT MODULE AND MONITORED BY THE PATIENT OUTCOMES AND EXPERIENCES TEAM, A DEPARTMENT WITHIN NATIONAL MARROW DONOR PROGRAM (NMDP). NMDP EXPENDITURE POLICES ARE FOLLOWED TO ENSURE APPROVALS AND CONTROLS ARE MAINTAINED TO DISBURSE GRANT FUNDS INTERNATIONALLY.

SCHEDULE G (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

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 [X] Mail solicitations
b [X] Internet and email solicitations
c [X] Phone solicitations
d [X] In-person solicitations
e [X] Solicitation of non-government grants
f [ ] Solicitation of government grants
g [X] Special fundraising events

2 a 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? [X] **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? Yes	No	**(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
COMMUNITY COUSELING SERVICE - 527 MADISON AVENUE, 5TH	FUNDRAISING CONSULTING		X	0.	448,604.	0.
MMS USA INVESTMENTS INC DBA/ EPSILON AGENCY LLC - 35 WEST	FUNDRAISING CONSULTING		X	0.	25,097.	0.
GOODUNITED - 769 MEETING STREET, CHARLESTON, SC 29403	FUNDRAISING CONSULTING		X	0.	7,200.	0.
Total					480,901.	

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. **Schedule G (Form 990) 2023**

SEE PART IV FOR CONTINUATIONS

LHA 332081 09-13-23

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 MINNEAPOLIS GALA (event type)	(b) Event #2 NEW YORK GALA (event type)	(c) Other events 3 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	798,275.	419,854.	593,841.	1,811,970.
	2 Less: Contributions	737,407.	376,415.	536,104.	1,649,926.
	3 Gross income (line 1 minus line 2)	60,868.	43,439.	57,737.	162,044.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	1,104.		288,755.	289,859.
	6 Rent/facility costs	47,490.	143,425.	46,923.	237,838.
	7 Food and beverages	81,219.		49,403.	130,622.
	8 Entertainment	127,139.	94,905.	114,984.	337,028.
	9 Other direct expenses	97,457.	8,984.	38,800.	145,241.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				1,140,588.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-978,544.

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	29,400.		16,540.	45,940.
Direct Expenses	2 Cash prizes				
	3 Noncash prizes	5,649.			5,649.
	4 Rent/facility costs				
	5 Other direct expenses	165.		130.	295.
	6 Volunteer labor	☐ Yes ____ % ☒ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☒ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				5,944.
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				39,996.

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

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? [X] 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 [X] No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility — 13a: %

b An outside facility — 13b: 100.00 %

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

Name: TODD PETERSON

Address: 500 N 5TH STREET - MINNEAPOLIS, MN 55401

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? [ ] Yes [X] 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 [X] 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 [X] No

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

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

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

(I) NAME OF FUNDRAISER: COMMUNITY COUSELING SERVICE

(I) ADDRESS OF FUNDRAISER:

527 MADISON AVENUE, 5TH FLOOR, NEW YORK, NY 10022

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

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

Part IV Supplemental Information *(continued)*

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

THE GROSS RECEIPTS FROM ACTIVITIES ASSISTED BY PROFESSIONAL FUNDRAISERS CANNOT BE SEPARATELY REPORTED AS THE WORK PERFORMED BY FUNDRAISERS AIDS IN MANY FUNDRAISING INITIATIVES THROUGHOUT THE FISCAL YEAR.

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

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
2023
Open to Public Inspection

Name of the organization: NMDP FOUNDATION

Employer identification number 41-1704734

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
NATIONAL MARROW DONOR PROGRAM 500 N 5TH STREET MINNEAPOLIS, MN 55401	84-0865803	501(C)(3)	2,305,672.	0.			DONOR RECRUITMENT
NATIONAL MARROW DONOR PROGRAM 500 N 5TH STREET MINNEAPOLIS, MN 55401	84-0865803	501(C)(3)	1,078,699.	0.			RESEARCH
NATIONAL MARROW DONOR PROGRAM 500 N 5TH STREET MINNEAPOLIS, MN 55401	84-0865803	501(C)(3)	834,833.	0.			PATIENT ASSISTANCE
NATIONAL MARROW DONOR PROGRAM 500 N 5TH STREET MINNEAPOLIS, MN 55401	84-0865803	501(C)(3)	464,924.	0.			VARIOUS NMDP PROGRAMS
NATIONAL MARROW DONOR PROGRAM 500 N 5TH STREET MINNEAPOLIS, MN 55401	84-0865803	501(C)(3)	405,238.	0.			PROGRAM SUPPORT-SALARY
NATIONAL MARROW DONOR PROGRAM 500 N 5TH STREET MINNEAPOLIS, MN 55401	84-0865803	501(C)(3)	54,600.	0.			CLINICAL TRIALS SUPPORT

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.

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DANA FARBER CANCER INSTITUTE PO BOX 414744 BOSTON, MA 02241	04-2263040	501(C)(3)	40,000.	0.			RESEARCH
FRED HUTCHINSON CANCER RESEARCH CENTER - MAILSTOP LF-272 PO BOX 19024 - SEATTLE, WA 98109	23-7156071	501(C)(3)	240,000.	0.			RESEARCH
INDIANA UNIVERSITY 1024 EAST 3RD ST. ROOM 132 BLOOMINGTON, IN 47405	35-6001673	501(C)(3)	80,000.	0.			RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	80,000.	0.			RESEARCH
MEMORIAL SLOAN KETTERING CANCER RESEARCH CENTER - 633 3RD AVENUE, 4TH FLOOR - NEW YORK, NY 10017	13-1924236	501(C)(3)	80,000.	0.			RESEARCH
REGENTS OF THE UNIVERSITY OF COLORADO - MAILSTOP F-754 1665 AURORA COURT - AURORA, CO 80045	84-6000555	501(C)(3)	25,000.	0.			RESEARCH
STANFORD UNIVERSITY DEPT 33725 PO BOX 39000 SAN FRANCISCO, CA 94139	94-1156365	501(C)(3)	120,000.	0.			RESEARCH
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - P.O. BOX 402420 - ATLANTA, GA 30384	56-6001393	501(C)(3)	80,000.	0.			RESEARCH
UNIVERSITY OF PITTSBURGH PO BOX 371220 PITTSBURGH, PA 15251	25-0965591	501(C)(3)	40,000.	0.			RESEARCH

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of noncash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
UNIVERSITY OF TEXAS M.D. ANDERSON CANCER CENTER - 1515 HOLCOMBE BOULEVARD - HOUSTON, TX 77030	74-6001118	501(C)(3)	80,000.	0.			RESEARCH
WASHINGTON UNIVERSITY OF ST. LOUIS 600 SOUTH EUCLID AVENUE ST. LOUIS , MO 63110	43-0654872	501(C)(3)	40,000.	0.			RESEARCH

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
PATIENT TRANSPLANT ASSISTANCE	2706	5,409,873.	0.		
CLINICAL TRIALS ASSISTANCE	204	302,890.	0.		
PATIENT TYPING & SEARCH ASSISTANCE	229	90,291.	0.		
DONOR ASSISTANCE	579	530,424.	0.		

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

PART I, LINE 2:

PATIENT ASSISTANCE GRANTS ARE AWARDED THROUGH NMDP FOUNDATION. PATIENTS APPLY FOR PRE- AND POST-TRANSPLANT SUPPORT GRANTS THROUGH AN ONLINE APPLICATION. THESE APPLICATIONS FOR PATIENT ASSISTANCE ARE TRACKED IN A ORACLE CUSTOM-BUILT MODULE AND MONITORED BY THE PATIENT OUTCOMES AND EXPERIENCES TEAM, A DEPARTMENT WITHIN NATIONAL MARROW DONOR PROGRAM (NMDP). THIS TEAM REVIEWS APPLICATIONS WEEKLY AND DETERMINES ASSISTANCE NEEDS BASED ON PUBLISHED CRITERIA, ALL WITH THE GOAL TO EQUITABLY ADMINISTER ASSISTANCE TO HELP PATIENTS OVERCOME BARRIERS BEFORE AND AFTER TRANSPLANT.

Part IV Supplemental Information

SEARCH ASSISTANCE FUNDS ARE AWARDED TO COVER UNINSURED DONOR SEARCH COSTS. WHEN A TRANSPLANT CENTER (ORGANIZATIONS) RECEIVES AN INSURANCE DENIAL LETTER FOR DONOR SEARCH COSTS, THEY ARE ABLE TO COMPLETE AN APPLICATION THAT INCLUDES PROVIDING A COPY OF THE DENIAL LETTER. IF APPROVED, THE GRANT IS THEN DISTRIBUTED DIRECTLY TO THE TRANSPLANT CENTER.

ALL OTHER PATIENT ASSISTANCE GRANTS ARE AWARDED TO THE APPLICANT BASED ON FINANCIAL NEED AND ARE USED TO COVER SUCH ITEMS AS UNINSURED COSTS, CO-PAYS, FOOD, LODGING, AND GROUND TRANSPORTATION. PAYMENTS ARE MADE DIRECTLY TO THE PATIENT/APPLICANT (INDIVIDUAL).

DONOR ASSISTANCE REIMBURSEMENT PAYMENTS ARE PROVIDED TO APPLICANT DONORS BASED ON FINANCIAL NEED AND ARE USED TO REIMBURSE LOSS OF INCOME CAUSED BY THE DONOR TAKING UNPAID LEAVE FROM WORK IN ORDER TO DONATE LIFE-SAVING CELLS. PAYMENTS ARE MADE DIRECTLY TO THE DONOR/APPLICANT (INDIVIDUAL).

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: NMDP FOUNDATION

Employer identification number: 41-1704734

Part I Questions Regarding Compensation

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule J (Form 990) 2023**

LHA 332111 11-06-23

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	(i)	0.	0.	0.	0.	0.	0.	0.
NMDP CHIEF EXECUTIVE OFFICER	(ii)	771,192.	743,820.	23,651.	455,016.	22.	1,993,701.	172,095.
(2) JOY KING	(i)	123,742.	101,812.	4,633.	58,012.	9,440.	297,639.	21,122.
CHIEF ADVANCEMENT OFFICER	(ii)	185,614.	152,719.	6,949.	87,018.	14,161.	446,461.	31,682.
(3) KRISTA DUSIL	(i)	0.	0.	0.	0.	0.	0.	0.
CHIEF FINANCIAL OFFICER (THRU 2/24)	(ii)	348,706.	287,104.	13,945.	27,306.	25,936.	702,997.	59,562.
(4) TODD PETERSON	(i)	192,154.	91,014.	7,943.	55,877.	28,162.	375,150.	0.
VICE PRESIDENT, ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) ANGIE FITZGERALD	(i)	169,320.	99,485.	5,717.	44,060.	20,795.	339,377.	0.
VP, CORPORATE & FOUNDATION PARTNERSH	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ALEX MENSING	(i)	138,111.	60,723.	1,090.	13,198.	33,272.	246,394.	0.
SR. DIRECTOR, SUPPORTER EXPERIENCE &	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) GINA GRAVES	(i)	0.	0.	0.	0.	0.	0.	0.
FORMER OFFICER	(ii)	66,809.	0.	173,149.	0.	3,353.	243,311.	0.
(8) KEVIN HEALY	(i)	127,882.	52,244.	2,507.	11,621.	31,328.	225,582.	0.
DIRECTOR, ADVANCEMENT SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) DANIEL LEE	(i)	143,966.	45,510.	1,136.	11,781.	20,393.	222,786.	0.
DIRECTOR, MAJOR AND PLANNED GIFTS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 3:

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 COMMIITTEE

PLEASE ALSO SEE NARRATIVE ON SCHEDULE O, FOR FORM 990, PART VI, SECTION B,

LINE 15A.

PART I, LINE 4A:

SEVERANCE:

THE FOLLOWING INDIVIDUAL RECEIVED A SEVERANCE PAYMENT DURING CALENDAR 2023:

GINA GRAVES, FORMER OFFICER - $159,740

PART I, LINE 7:

THE ORGANIZATION OFFERS AN ANNUAL INCENTIVE PLAN (AIP) TO ALL EMPLOYEES FOR

THE CONTRIBUTIONS THEY MAKE TO THE ORGANIZATION'S RESULTS. AIP AWARDS ARE

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.

DETERMINED AS PART OF A FORMULA UTILIZING AN EMPLOYEE'S BASE PAY, THE EMPLOYEE'S AIP TARGET PERCENTAGE, AND THE ORGANIZATION'S PERFORMANCE. AIP AWARDS ARE SUBJECT TO EXECUTIVE TEAM APPROVAL AND TO ACHIEVING ESTABLISHED PERFORMANCE REQUIREMENTS.

THE ORGANIZATION OFFERS A LONG-TERM INCENTIVE PLAN (LTIP) TO ELIGIBLE SENIOR LEADERSHIP EMPLOYEES. THE VARIABLE INCENTIVE COMPENSATION PLAN IS MEANT TO LINK SENIOR LEADER COMPENSATION TO ACHIEVEMENT OF LONG-TERM PERFORMANCE RESULTS AND TO ASSIST THE ORGANIZATION IN ATTRACTING AND RETAINING SENIOR LEADERS BY PROVIDING MISSION-BASED LONG-TERM INCENTIVES AND REWARDS FOR SUPERIOR PERFORMANCE.

LTIP AWARDS ARE DETERMINED AS PART OF A FORMULA UTILIZING AN EMPLOYEE'S BASE SALARY IN EFFECT ON THE LAST DAY OF THE PERFORMANCE PERIOD, THE EMPLOYEE'S LTIP TARGET PERCENTAGE ESTABLISHED AT THE BEGINNING OF EACH PERFORMANCE PERIOD, AND THE OPERATING PERFORMANCE INDEX RESULTS FOR THE PERFORMANCE PERIOD. THE AWARD IS SUBJECT TO ACHIEVING ESTABLISHED PERFORMANCE REQUIREMENTS.

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.

LTIP AWARDS THAT WERE REPORTED AS AN EMPLOYEE'S DEFERRED COMPENSATION IN PRIOR YEARS AND PAID IN THE CURRENT YEAR ARE INCLUDED IN COLUMN (F). LTIP AWARDS THAT WERE PAID IN THE CURRENT YEAR ARE REPORTED IN COLUMN (B)(II).

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

2023

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	X	9	144,722.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (AUCTION ITEMS)	X	171	111,079.	FMV
26	Other ( )				
27	Other ( )				
28	Other ( )				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 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?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	X	
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule M (Form 990) 2023**

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS RECEIVED.

SCHEDULE M, LINE 32B:

THE ORGANIZATION USES A THIRD PARTY BROKERAGE TO PROCESS AND SELL CONTRIBUTIONS OF STOCK.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: NMDP FOUNDATION

Employer identification number: 41-1704734

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

RAISES FUNDS TO SUPPORT THE NATIONAL MARROW DONOR PROGRAM (NMDP)

MISSION: WE SAVE LIVES THROUGH CELLULAR THERAPY.

PART III, LINE 1

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.

OUR MISSION: WE SAVE LIVES THROUGH CELL THERAPY.

OUR VISION: CREATE A WORLD WHERE EVERY PATIENT CAN RECEIVE THEIR LIFE-SAVING CELL THERAPY.

THE NMDP FOUNDATION RAISES FUNDS FOR THREE PROGRAMS CRITICAL TO OUR LIFE-SAVING MISSION: TRANSPLANT RESEARCH, PATIENT FINANCIAL ASSISTANCE AND BLOOD STEM CELL DONOR RECRUITMENT. SOME OF THE LIFE-CHANGING WORK THAT WE'RE DOING IS SOLELY FUNDED BY OUR COMMUMITY OF SUPPORTERS. WE CONDUCT RESEARCH THROUGH OUR RESEARCH PROGRAM, CIBMTR (CENTER FOR INTERNATIONAL BLOOD AND MARROW TRANSPLANT RESEARCH) IN COLLABORATION

Name of the organization: NMDP FOUNDATION | Employer identification number: 41-1704734

WITH THE MEDICAL COLLEGE OF WISCONSIN. OUR RESEARCH LEADS TO MORE LIVES SAVED AND AN ENRICHED QUALITY OF LIFE FOR THOUSANDS OF PATIENTS.

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 AND HEALTHIER LIVES.

PATIENT FINANCIAL ASSISTANCE HELPS COVER TRANSPLANT-RELATED COSTS NOT COVERED BY INSURANCE. THESE COSTS, INCLUDING TRANSPORTATION, LODGING, LOST WAGES AND PRESCRIPTIONS, WOULD OTHERWISE CAUSE SIGNIFICANT HARDSHIP FOR PATIENTS OR EVEN PREVENT PATIENTS FROM MOVING FORWARD WITH TRANSPLANT.

NMDP CONNECTS PATIENTS WITH A MATCHING, UNRELATED DONOR - A SELFLESS STRANGER WHO CAN STEP UP AND DONATE HEALTHY BLOOD STEM CELLS TO GIVE THEM THE CHANCE AT A LIFE-SAVING TRANSPLANT.

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

RECIPIENTS IDENTIFIED AS NON-HISPANIC WHITE. 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 6 PATIENTS APPROVED FOR SAF IN FY24.

Name of the organization: NMDP FOUNDATION

Employer identification number: 41-1704734

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 FY24, THIS GRANT WAS DISTRIBUTED TO 15 PATIENTS WITH AN AVERAGE AWARD AMOUNT OF $4,680.

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 FY24, 3,337 TSA AWARDS WERE GRANTED TO 2,649 PATIENTS PRE- AND POST-TRANSPLANT WITH THE AVERAGE AWARD BEING $1,418.

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 FY24, 206 PATIENTS WERE HELPED THROUGH THE CAM GRANT WITH EACH PATIENT AWARDED $750.

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, 41% OF RECIPIENTS IDENTIFIED AS NON-HISPANIC WHITE. IN FY24, 204 PATIENTS RECEIVED THE CHELL TRAVEL GRANT WITH THE AVERAGE AWARD AMOUNT

Name of the organization NMDP FOUNDATION

Employer identification number 41-1704734

BEING $1,485.

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 FY24, 47 PATIENTS WERE HELPED THROUGH THESE CRISIS GRANTS WITH THE AVERAGE AWARD AMOUNT BEING $8,842. A COMMITTEE OF BMT SOCIAL WORKERS AND NAVIGATORS REVIEWS EACH CRISIS APPLICATION TO ENSURE EQUITABLE DISTRIBUTION OF THIS GRANT. IN FY24, 47% OF GRANT RECIPIENTS IDENTIFIED AS NON-HISPANIC WHITE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
HAS SHOWN THAT CELLS FROM YOUNGER DONORS LEAD TO BETTER LONG-TERM SURVIVAL FOR PATIENTS.

IN FY24, MORE THAN 240,000 POTENTIAL DONORS JOINED THE NMDP REGISTRY AND MORE THAN 4,400 UMBILICAL CORD UNITS WERE ADDED TO THE REGISTRY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
HELP NMDP PATIENTS LIVE LONGER, HEALTHIER LIVES. SINCE 1998, THE NMDP FOUNDATION HAS INVESTED NEARLY $12.5 MILLION TO HELP LAUNCH THE CAREERS OF 51 YOUNG PHYSICIAN-SCIENTISTS. AFTER RECEIVING THEIR NMDP AMY SCHOLAR AWARD, 51 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

Name of the organization: NMDP FOUNDATION
Employer identification number: 41-1704734

STUDY OF POST-CELL THERAPY COMPLICATIONS IS ONE OF THE LARGEST AND MOST COVETED FELLOWSHIPS IN THE FIELD OF TRANSPLANTATION.

NMDP DONOR FOR ALL: THIS SERIES OF TRANSFORMATIONAL MULTI-CENTER CLINICAL TRIALS 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.

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.

CIBMTR (THE CENTER FOR INTERNATIONAL BLOOD AND MARROW TRANSPLANT RESEARCH) A PARTNERSHIP BETWEEN THE MEDICAL COLLEGE OF WISCONSIN AND NMDP IS THE LEADING HUB FOR TRANSPLANT AND CELL THERAPY RESEARCH. THE NMDP FOUNDATION HELPS TO FUND VARIOUS OTHER INNOVATIVE RESEARCH STUDIES LED AND MANAGED BY THE CIBMTR.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER PROGRAM:

THE NMDP FOUNDATION PARTNERS WITH NMDP TO ADVANCE VARIOUS INITIATIVES. THESE PROGRAMS INCLUDE:

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

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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. THE NMDP FOUNDATION RAISES FUNDS TO SUPPORT THESE CRITICAL SERVICES.

NMDP ALLOCATES COMPENSATION AND BENEFITS AND OCCUPANCY COSTS TO PROGRAMS BASED ON EMPLOYEE RESPONSIBILITIES.

EXPENSES $ 7,197,956. INCLUDING GRANTS OF $ 1,460,544. REVENUE $ 0.

FORM 990, PART VI, SECTION A, LINE 1A:

THE NMDP FOUNDATION BYLAWS STATE: "THE BOARD OF DIRECTORS, BY AFFIRMATIVE VOTE OF A MAJORITY OF THE VOTING DIRECTORS, MAY DESIGNATE THREE (3) OR MORE VOTING DIRECTORS TO CONSTITUTE AN EXECUTIVE COMMITTEE. THE EXECUTIVE COMMITTEE SHALL HAVE THE AUTHORITY OF THE BOARD IN THE OVERSIGHT OF THE MANAGEMENT OF THE CORPORATION BETWEEN MEETINGS OF THE BOARD UNLESS OTHERWISE RESTRICTED BY RESOLUTION OF THE MAJORITY OF THE BOARD."

FORM 990, PART VI, SECTION A, LINE 4:

DURING FISCAL 2024, THE FOLLOWING SIGNIFICANT AMENDMENTS WERE MADE TO THE BYLAWS:

- ARTICLE IV - THE CHAIR-ELECT AND IMMEDIATE PAST CHAIR ARE NOW EXCLUDED IN CALCULATING LIMITATION ON LENGTH OF SERVICE
- ARTICLE VI - WAS REVISED TO MODIFY OFFICER POSITION DESCRIPTIONS AND TERMS

FORM 990, PART VI, SECTION A, LINE 6:

NATIONAL MARROW DONOR PROGRAM IS THE SOLE MEMBER OF THE NMDP FOUNDATION.

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

THE SOLE MEMBER, NATIONAL MARROW DONOR PROGRAM, ELECTS THE BOARD OF DIRECTORS FOR NMDP FOUNDATION.

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

THE NATIONAL MARROW DONOR PROGRAM'S BOARD OF DIRECTORS APPROVES THE ACTIONS OF NMDP FOUNDATION.

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

THE ORGANIZATION CONTRACTED WITH AN OUTSIDE PUBLIC ACCOUNTING FIRM 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, COMPLIANCE, AND HUMAN RESOURCES. ONCE A DRAFT IS RECEIVED, IT IS REVIEWED BY THE TEAM THAT PULLED THE DETAILS TOGETHER, DIRECTOR, FINANCE AND CORPORATE CONTROLLER, NMDP FOUNDATION EXECUTIVE DIRECTOR AND CHIEF FINANCIAL OFFICER. NMDP GENERAL COUNSEL & CHIEF COMPLIANCE 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.

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

THE CONFLICT OF INTEREST POLICY STATES THE FOLLOWING: "THE EXISTENCE OF AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST TURNS ON THE SPECIFIC FACTS AND CIRCUMSTANCES IN EACH CASE. IF A MEMBER HAS AN INTEREST WHICH MAY CONFLICT WITH THOSE OF THE ORGANIZATIONS, HE OR SHE MUST IMMEDIATELY DISCLOSE THE MATTERS AND DISCUSS THEM FULLY AND FRANKLY WITH THE APPLICABLE ORGANIZATION'S FULL BOARD OR ITS EXECUTIVE COMMITTEE, AS SET FORTH IN

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DETAIL BELOW. A MEMBER MUST NOT PARTICIPATE IN ANY MATTER IN WHICH THAT MEMBER MAY HAVE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST WITHOUT THE EXPRESS APPROVAL OF THE APPLICABLE ORGANIZATION'S BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS (EXECUTIVE COMMITTEE).

ALL MEMBERS MUST DISCLOSE TO THE APPLICABLE ORGANIZATION'S BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE ALL CONFLICTS OF INTEREST AND REPORTABLE RELATIONSHIPS, AND MUST ANNUALLY COMPLETE AND SUBMIT THE CONFLICT OF INTEREST QUESTIONNAIRE WHICH IS REQUIRED BY THIS POLICY. WHENEVER IN THE COURSE OF EVENTS A MEMBER'S CIRCUMSTANCES CHANGE SUCH THAT THE MEMBER KNOWS OR HAS REASON TO BELIEVE THAT THE MEMBER MAY HAVE AN ACTUAL OR PERCEIVED CONFLICT OF INTEREST, SUCH MEMBER SHALL PROMPTLY DISCLOSE THE POTENTIAL CONFLICT TO THE APPLICABLE ORGANIZATION'S BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE. FOR THE PURPOSES OF THIS ARTICLE, A MEMBER MAY FORMALLY DISCLOSE A CONFLICT OR REPORTABLE RELATIONSHIP TO THE NMDP CHIEF EXECUTIVE OFFICER (CEO), THE CHIEF ADVANCEMENT OFFICER, OR THE NMDP LEGAL TEAM, AS APPLICABLE, WHO SHALL INFORM THE APPLICABLE ORGANIZATION'S BOARD OF DIRECTORS OR EXECUTIVE COMMITTEE FOR RESOLUTION.

AS NOTED HEREIN, IF THE POTENTIAL CONFLICT INVOLVES A DIRECTOR OR COMMITTEE MEMBER, THAT DIRECTOR OR COMMITTEE MEMBER SHALL NOT PARTICIPATE IN OR VOTE UPON SUCH MATTERS UNTIL THE QUESTION OF THE EXISTENCE OF THE CONFLICT OF INTEREST HAS BEEN RESOLVED IN ACCORDANCE WITH THIS POLICY. LIKEWISE, AN OFFICER OR KEY EMPLOYEE MAY NOT BECOME SUBSTANTIALLY INVOLVED IN DECISION-MAKING INVOLVING ANY COVERED LITIGATION, CONTRACT OR TRANSACTION UNTIL THE RESOLUTION OF THE MATTER IN ACCORDANCE WITH THIS POLICY."

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

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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. 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) NONOFFICER BOARD MEMBER AS VOTING COMMITTEE MEMBERS. THE COMPENSATION COMMITTEE SHALL REVIEW AND EVALUATE THE OVERALL COMPENSATION AND BENEFIT STRUCTURE OF THE CORPORATION AND SHALL HAVE SUCH OTHER AUTHORITY AND RESPONSIBILITIES AS SET FORTH IN THE COMPENSATION COMMITTEE CHARTER."

THE COMPENSATION COMMITTEE CHARTER STATES: "THE COMMITTEE SHALL REVIEW AND EVALUATE THE OVERALL COMPENSATION AND BENEFIT STRUCTURE OF THE CORPORATION AND APPROVE AND ADOPT A COMPENSATION PHILOSOPHY AND PRINCIPLES CONSISTENT WITH THE CORPORATION'S NON-FOR-PROFIT STATUS (THE "COMPENSATION PHILOSOPHY AND PRINCIPLES"). THE COMMITTEE SHALL CONDUCT THE CHIEF EXECUTIVE OFFICER ("CEO") PERFORMANCE EVALUATION. THE COMMITTEE SHALL MAKE CEO TOTAL COMPENSATION AND BENEFIT RECOMMENDATIONS TO THE EXECUTIVE COMMITTEE, CONSISTENT WITH THE COMPENSATION PHILOSOPHY AND PRINCIPLES. IN MAKING COMPENSATION AND BENEFIT RECOMMENDATIONS FOR THE CEO, THE COMMITTEE SHALL UTILIZE, AMONG OTHER THINGS, COMPARABILITY DATA FOR COMPLIANCE WITH IRS INTERMEDIATE SANCTION PROVISIONS SO AS TO ALLOW THE CORPORATION TO TAKE ADVANTAGE OF THE REBUTTABLE PRESUMPTION OF REASONABLENESS. ON A PERIODIC BASIS, THE COMMITTEE SHALL OBTAIN COMPARABILITY DATA FROM AND 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

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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."

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

FORM 990, PART VI, SECTION C, LINE 19:

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

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: NMDP FOUNDATION

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
NATIONAL MARROW DONOR PROGRAM - 84-0865803 500 N 5TH STREET MINNEAPOLIS, MN 55401-1206	TRANSPLANTS	COLORADO	501(C)(3)	LINE 10	N/A		X
NMDP MEXICO VERACRUZ AV. 93, 101 PISO CUIDAD DE MEXICO, CONDESA, MEXICO 06140	RECRUITMENT	MEXICO			NMDP		X

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? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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	(i) No
NMDP COLLECTION SERVICES, LLC - 81-1248190 500 N 5TH ST. MINNEAPOLIS, MN 55401-1206	CELLULAR THERAPY	MN	N/A	C CORP	N/A	N/A	N/A		X
CLEAR INSURANCE, LTD - 84-0865803 62 FORUM LN 3RD FL P.O. BOX 30600 GRAND CAYMAN, CAYMAN ISLANDS KY1-1203	CAPTIVE INSURANCE	CAYMAN ISLANDS	N/A	C CORP	N/A	N/A	N/A		X
NMDP AUXILIARY SERVICES, LLC - 81-1248190 500 N 5TH STREET MINNEAPOLIS, MN 55401-1206	CELL THERAPY	MN	N/A	C CORP	N/A	N/A	N/A		X

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		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d		X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		X
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		X
o Sharing of paid employees with related organization(s)	1o		X
p Reimbursement paid to related organization(s) for expenses	1p	X	
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

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

(a) Name of related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved
(1) NATIONAL MARROW DONOR PROGRAM	B	5,143,966.	COST
(2) NATIONAL MARROW DONOR PROGRAM	C	7,586,216.	COST
(3) NATIONAL MARROW DONOR PROGRAM	P	1,493,184.	COST
(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 sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor-tionate 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	

Part VII Supplemental Information

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