Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

▶ Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

ΑI	or t	he 202	3 calendar year, or tax year beg	inning 04/01/20	23	and endir	ng		03/	31/202	4
-			C Name of organization				D	Employer id			
В	heck if a	applicable;	NATIONAL KIDNEY FOUR	IDATION, INC.							
	Add		Doing Business As	1211220117 21101			_	17	-167	3104	
		e change	Number and street (or P.O. box if mail i	s not delivered to street addres	s)	Room/suite	E	Telephone r		2104	
-	-	al return	30 EAST 33RD STREET		-/		-	•		00 001	
-			City or town, state or province, country,	and 7ID or foreign nostal code			-+	(2	TZ) 8	89-221	.0
-		ninated nded		and zir or ibreight postal code	-		ا				
-	retur		NEW YORK, NY 10016					Gross receip		51,084	
_	pend	ling	F Name and address of principal officer.	KEVIN LONGIN	-		H(a) Is this a gro subordinates		TOT	Yes X No
_			30 EAST 33RD STREET,	NEW YORK, NY 1	0016		Н(ъ	Are all subore	dinates inclu	uded?	Yes No
L		xempt sta	== (-)(-)) (insert no.)	4947(a)(1)	ог 527	7	If "No," atta	ch a list. (see instructio	ins)
J	Webs	ite: 🕨	WWW.KIDNEY.ORG				H(c	Group exem	ption nun	nber 🕨	2041
K	Form	of organ	ization: X Corporation Trust	Association Other		L Year of	formation:	1950 M	State of	f legal domi	icile: NY
P	art I	Sur	nmary								
	1	Briefly	describe the organization's mission	or most significant activities	: PREVE	ENT KIDNE	EY DISE	EASES,	IMPR	OVE TH	E
စ္ပ			LTH & WELL-BEING OF IND								
an			REASE THE AVAILABILITY								
ie.	2		this box 🕨 🔛 if the organization					ts net asset	s		
30	3		er of voting members of the governing						3		24
ಹ	4	Numbe	er of independent voting members of	the governing body (Part)	// line 1h)				4		23
ies	5	Total	number of individuals employed in ca	lander year 2022 (Deet V. II	no Col				-		
Ξ	6								5		271
Activities & Governance			number of volunteers (estimate if neces						6		20,000
`			unrelated business revenue from Part						7a		NONE
-	b	Net un	related business taxable income from	Form 990-T, line 34					7b		NONE
								ior Year		Curren	
ne	8	Contril	butions and grants (Part VIII, line 1h)		COPY	Y FOR		,387,63			13,151.
Revenue	9		am service revenue (Part VIII, line 2g)			SPECTION		,965,88		20,9	61,589.
Re	10		ment income (Part VIII, column (A), lir				1	,867,21	11.	2,1	.01,833.
	11	Other	revenue (Part VIII, column (A), lines 5	i, 6d, 8c, 9c, 10c, and 11e)		* *	4	,544,58	33.	3,2	09,280.
_	12		evenue - add lines 8 through 11 (mus				45	,765,31	.7.	46,6	85,853.
	13		s and similar amounts paid (Part IX, co				1	,142,71	.2.	1,1	.08,930.
	14	Benefi	ts paid to or for members (Part IX, colo	umn (A), line 4)				N	ONE		NONE
80	15		es, other compensation, employee ber				24	,698,43	36.	27,0	53,603.
Expenses	16a	Profes	sional fundraising fees (Part IX, colum	n (A), line 11e)		[No	ONE		NONE
ă	b	Total f	undraising expenses (Part IX, column	(D), line 25) > 3, 3	51,880.						
ш	17		expenses (Part IX, column (A), lines 1				20	,719,30	9.	21,8	85,239.
	18		expenses. Add lines 13-17 (must equa				46	,560,45	57.	50,0	47,772.
	19		ue less expenses. Subtract line 18 fro					-795,14			61,919.
Net Assets or Fund Balances								of Current		End of	
ets	20	Total a	ssets (Part X, line 16)					,928,79	_	52.4	73,755.
Ass	21		abilities (Part X, line 26)					,721,82			53,949.
Met	22		sets or fund balances. Subtract line 2	1 from line 20	999			,206,96			19,806.
	rt II		nature Block	, montanto 20, 1 1 1 1 1				7200750	,0.	20/1	13,000.
_				nis return, including accompa	nvina schedu	iles and statem	ents, and to	the best of	my kno	owledge an	d helief it is
true	, corre	ect, and c	f perjury, I declare that I have examined it complete. Declaration of preparer (other tha	n officer) is based on all infor	nation of which	ch preparer has	any knowle	edge.	,,,		
			la atra	-				Tan	144	9	2025
Sig	n	₽ §	Signature of officer					Date	-/	-4	
Hei	е		KENTIN LD	WE IND	CEO				1		
		D i	Type or print name and title	7							
	-	-	ype preparer's name	Preparer's signature		Date		01	# PTI	N	
Paid			., .		IN T IN TO		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Self-employe	"		70
Prep	arer	PAUL		PAUL HAMMERSCH	THIDT	01/07/				013841	
Use	Only	Firm's		ODMIT DI COD MESS	ערטע ייי	V 10100		n's EIN		-53815	
Mar	the !!		address > 200 PARK AVENUE cuss this return with the preparer show			I TOT00	Pho	ne no.	212	2-885-8	
viay	are II	เฉอ (แอติ	uss this return with the preparer snow	ni adove? (See instructions	1 :-:					IX I Vac	No.

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2023)

۲	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	THE NATIONAL KIDNEY FOUNDATION IS REVOLUTIONIZING THE FIGHT TO SAVE
	LIVES BY ELIMINATING PREVENTABLE KIDNEY DISEASE, ACCELERATING
	INNOVATION FOR THE DIGNITY OF THE PATIENT EXPERIENCE, AND DISMANTLING
	STRUCTURAL INEQUITIES IN KIDNEY CARE, DIALYSIS, AND TRANSPLANTATION.
,	Did the organization undertake any significant program services during the year which were not listed on the
2	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?
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 \$17,088,426. including grants of \$) (Revenue \$15,027,622)
	PROFESSIONAL EDUCATION (SEE SCHEDULE O)
4b	(Code:) (Expenses \$ 10,030,955. including grants of \$ NONE) (Revenue \$ 1,691,209.) COMMUNITY SERVICES AND ASSISTANCE TO AFFILIATES (SEE SCHEDULE O)
10	(Code:) (Expenses \$ 5,980,643. including grants of \$ 432,441.) (Revenue \$ 2,717,727.)
10	PATIENT SERVICES (SEE SCHEDULE O)
A - 7	Other must warm comises (Describe on Schodule O.)
4d	Other program services (Describe on Schedule O.) (Expenses \$ 9,737,430. including grants of \$ 676,489.) (Revenue \$ 1,529,039.)
4 -	Total program conice expenses 42, 937, 454

Form 990 (2023)

Checklist of Required Schedules

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)			
4	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
_	election in effect during the tax year? If Tes, complete schedule o, faith			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	5		Х
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	3		
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			7.7
	"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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
a	complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
b	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
_	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	1		
C	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
.1	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		
a	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
		110	21	
Ť	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f	Х	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		Λ	-
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	v	
	Schedule D, Parts XI and XII	124	X	_
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	406		v
	"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
	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	ایرا		
	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
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
	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	Х	

Part	IV Checklist of Required Schedules (continued)		Voc	No
		_	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	
24 a	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		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			7.7
	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%			3.5
	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			3.5
	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).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		v
	"Yes," complete Schedule L, Part IV	28a 28b	-	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		Х
	"Yes," complete Schedule L, Part IV	28c 29	Х	
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	30		X
	conservation contributions? If "Yes," complete Schedule M	31	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		- 25
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		х
	complete Schedule N, Part II	32		- 21
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
0.4	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	-00		
34	O P	34		X
05-	or IV, and Part V, line 1	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
26	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
36	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
01	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	Х	
Part				
- Constitution	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 280			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b NONE			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

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	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
2a				
	Statements, filed for the calendar year ending with or within the year sovered by the rotani	2b	х	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	3a	X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4a		Х
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
D	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
		5a		Х
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
D	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
ьа	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
L	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
D	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a	х	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
D	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		X
ч	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
a	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	X	
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.			
а	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:			
а	Initiation fees and capital contributions included on Part VIII, line 12	2		
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: Gross income from members or shareholders			
	CIOSS INCOME NOME MAINTENANCE OF CHARGING CO. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			
b	Gross income from other sources. (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	12a		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	120		
	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. Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.			
h	Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
_	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
. Ta	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · · ·	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?	15		_X_
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		_X
	If "Yes," complete Form 4720, Schedule O.			
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?	17		

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI 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

Sect	ion A. Governing Body and Management			
	W N		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included on line 1a, above, who are independent			
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		Χ
6	Did the organization have members or stockholders?	6		X
_	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
7a	one or more members of the governing body?	7a		X
L-	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
b	stockholders, or persons other than the governing body?	7b		X
_	Did the organization contemporaneously document the meetings held or written actions undertaken during			
8				
	the year by the following:	8a	X	
а	The governing body?	8b	X	
b	Each committee with authority to act on behalf of the governing body?	0.0	21	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9	1	Х
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		1	
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Coue	Yes	No
		10a	Х	_
10a	Did the organization have local chapters, branches, or affiliates?	Iva		_
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	405	3.5	
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .	11a	Х	
b				
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	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	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
a b	Other officers or key employees of the organization	15b	Х	
D	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
ıba	with a taxable entity during the year?	16a		X
L	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
D	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		
Soct	ion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O			
17	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	[(SAC	tion 5	01(0)
18	(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	t inter	est p	olicy,
	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 record	S.		

Form **990** (2023)

212-889-2210

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

- 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	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation	
	(list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations	
	25.00										
(1) KEVIN LONGINO	35.00	•		X				484,793.	NONE	37,845.	
CHIEF EXECUTIVE OFFICE	35.00	X		Α	H			404,793.	NONE	377043.	
(2) KERRY K. WILLIS CHIEF SCIENTIFIC OFFICER	NONE				x			399,310.	NONE	38,373.	
(3) PETROS A. GREGORIOU	35.00				21			3337310.	110111		
CHIEF FINANCIAL OFFICER	NONE			X				287,823.	NONE	45,995.	
(4) ANTHONY S. GUCCIARDO	35.00							20,7027			
SVP, STRATEGIC PARTNERSHIPS	NONE				X			275,298.	NONE	13,915.	
(5) DOLORES MACHUCA-RUIZ	35.00										
SENIOR VP, MARKETING	NONE					X		249,667.	NONE	38,573.	
(6) JOSEPH VASSALOTTI	35.00										
CHIEF MEDICAL OFFICER	NONE					Х		232,052.	NONE	42,901.	
(7) SHARON PEARCE	35.00										
SVP, GOVT. RELATIONS	NONE					X		230,368.	NONE	38,357.	
(8) JESSICA JOSEPH	35.00										
VP, SCIENTIFIC ACTIVITIES	NONE				X			224,900.	NONE	22,422.	
(9) ELIZABETH TALBOT-MONTGOMERY	35.00										
VP, LEARNING STRATEGIES	NONE					X		201,600.	NONE	18,544.	
(10) RASITHA HERATH	35.00										
VP OF DIGITAL CUSTOMER EXP.	NONE					X		212,365.	NONE	4,155.	
(11) MICHELLE TOY	35.00										
REGIONAL VICE PRESIDENT	NONE				X			184,181.	NONE	29,609.	
(12) BRENITA BROOKS	35.00								1200		
REGIONAL VP - MID-ATLANTIC	NONE			_	X			200,095.	NONE	12,608.	
(13) SUSAN KETRON (THRU 12/23)	35.00	-							~		
VP, ORGANIZATIONAL	NONE			-	X		_	186,500.	NONE	20,300.	
(14) SYLVIA ROSAS, MD	2.00									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
PRESIDENT	NONE	X		X				NONE	NONE	NONE 990 (2023)	

Form 990 (2023)

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	plo	ye	es,	and I	lig	hest Compensat	ed Employee	s (co	ontinued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	Position do not check more than one ox, unless person is both an fifteer and a director/trustee) Reportable compensation compens from relation relations the organic		(E) Reportable compensation from related organizations (W-2/1099-MISC)		Estin amor otl compe from organ and r					
	0.00					ed						
15) KIRK CAMPBELL, MD	2.00 NONE	X		X				NONE	N	ONE		NONE
PRESIDENT ELECT	2.00			Λ				HOME	144	OIVI		110111
16) PAUL PALEVSKY, MD	NONE	x		X				NONE	N	ONE		NONI
IMMEDIATE PAST PRESIDENT	2.00	A		21	-			110112		01,1		
17) TRACY MCKIBBEN BOARD CHAIR	NONE	x		Х				NONE	N	ONE		NON
	2.00	Α.		71				110111	244	UL.L		
18) ANNE BARR	NONE	X		X				NONE	N	ONE		NONE
CHAIR ELECT 19) ANTHONY TUGGLE	2.00	Α.		Λ	1			IVOIVE	144	OIVE		2,02,12
IMMEDIATE PAST BOARD CHAIR	NONE	X		Х				NONE	N	ONE		NONI
	2.00	_ ^		A				IVOIVE	244	0111		
20) SAMUEL MARCHIO		x		X				NONE	N/	ONE		NON
SECRETARY	NONE	Α.		Λ	-			1101112	144	OIVII		110111
21) MANISH AGARWAL	1.00 NONE	x						NONE	N	ONE		NON
BOARD MEMBER	1.00				\vdash			140141	144	0112		1.0212
22) HUBERT ALLEN	NONE	x						NONE	N	ONE		NON
BOARD MEMBER	1.00	_ A						110111	244	0112		
23) JAIME HERRERA BEUTLER	NONE	x						NONE	N	ONE		NON
BOARD MEMBER (AS OF 10/23)	1.00				1			110111	144	OIVE		110111
24) DAVID COOK, MD	NONE	x						NONE	N.	ONE		NONI
BOARD MEMBER	1.00	_ A		-	1	-		140141	144	OIVI		2,0211
25) MATTHEW COOPER, MD	NONE	x						NONE	N.	ONE		NON
BOARD MEMBER (THRU 9/23)		-	-	_	-	-	•	3,368,952.		ONE	36	53,597.
1b Sub-total	Costion A	nel .		. (*)	• •			NONE		ONE		NON
d Total (add lines 1b and 1c)										ONE	36	53,597.
2 Total number of individuals (including but no										011-4		
reportable compensation from the organizati	n 🕨	11036				90	0 10	CONCO MIGIO MIGIN	φ 100,000 01			
Toportable compensation from the original							_				1	es No
3 Did the organization list any former of	iaar diraat			10±0		lcov.	mn	Javon or highes	t compensate	d		
3 Did the organization list any tormer off employee on line 1a? If "Yes," complete Sche	dula I for su	ch inc	uu Iivid	มธเษ เมลไ	ю,	кеу е	amp	hoyee, or riighes	Compensate		3	
4 For any individual listed on line 1a, is the organization and related organizations of	sum of rep	portat	ole (com	per	isatioi ' "Voi	n a	na otner compens	sation from th	ie rh		
individual											4	
5 Did any person listed on line 1a receive of for services rendered to the organization? If '	Yes " comple	te Sci	hedi	ıle .	I foi	such	per	son			5	
Section B. Independent Contractors	100, 00111010		1000		, , , ,	00.0	<i>p</i>					
Complete this table for your five highest co- compensation from the organization. Report year.	mpensated i compensati	ndepe	ende r the	ent e ca	con	tracto dar ye	ors t	that received more ending with or with	than \$100,00 nin the organiz	00 of zation	's tax	
								(B)			(C)	
(A) Name and business a	ddress							Description of se	ervices	Co	ompensa	tion
7							1					
							1					
							1					
2 Total number of independent contractors	including h	ut no	t lin	nita	d t	thos	ا م	isted above) who	received			

more than \$100,000 in compensation from the organization ▶

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y Em	ple	ye	es,	and l	Hig	hest Compensat	ed Employe	es (c	ontinuec	1)
(A) Name and title	(B) Average hours per week (list any hours for	box,	unle er an	Pos heck ss pe	erson	e than o is both tor/trust	an tee)	(D) Reportable compensation from the	(E) Reportable compensation related organizatior	from ns	Estii amo ot compe	(F) imated ount of ther ensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-M	ISC)	orgar and	m the nization related nizations
26) MONICA DAVY	1.00											37037
BOARD MEMBER (AS OF 10/23)	NONE	X		-	H		-	NONE	1	IONE		NON
27) VALERIE DIXON	1.00 NONE	X						NONE	7.	ONE		NON
BOARD MEMBER (AS OF 10/23)	1.00	Α		\vdash	\vdash			NONE		10112		210211
28) JOHN T. GERZEMA BOARD MEMBER	NONE	X						NONE	l N	ONE		NON
29) RENEE GOSLINE	1.00	- 22		\vdash	\vdash							
BOARD MEMBER	NONE	x						NONE	N	ONE		NON]
30) ORLANDO HAMPTON	1.00											
BOARD MEMBER (THRU 9/23)	NONE	Х						NONE	N	ONE		NON
31) DARRIUS JONES	1.00											
BOARD MEMBER (AS OF 10/23)	NONE	Х						NONE	N	ONE		NON
32) HOLLY MATTIX-KRAMER, MD	1.00											
BOARD MEMBER	NONE	X						NONE	I.	ONE		NON
33) ANNE MOTSENBOCKER	1.00											
BOARD MEMBER	NONE	X				_		NONE	I.	IONE		NON
34) LYNN PINA	1.00											
BOARD MEMBER	NONE	X				-		NONE	N	IONE		NON
35) ALISON STEIBER, PHD, RDN	1.00								_			37037
BOARD MEMBER	NONE	X	-		-	-		NONE	. 1	10NE		NON
36) MICHAEL J. STEVENSON, CPA	1.00	37						NONE		JONE		NON
BOARD MEMBER (THRU 9/23)	NONE	X						NOME	1	OIVE		11011
1b Sub-total	ootion A	98 · ·		* •								
d Total (add lines 1b and 1c)						(20)	•					
2 Total number of individuals (including but not	limited to t						o re	eceived more than	\$100,000 of			
reportable compensation from the organizatio	n 🕨			_	-		_				- 1,	Yes No
3 Did the organization list any former office	er, directo	or, or	trı	uste	e,	key (emp	oloyee, or highes	t compensate	ed		
employee on line 1a? If "Yes," complete Scheo	lule J for su	ch ina	livid	ual							3	
4 For any individual listed on line 1a, is the organization and related organizations gr	eater than	\$15	0,0	000?	? //	f "Yes	s,"	complete Schedu	ile J for su	ch	4	
individual												
for services rendered to the organization? If "Y	es," comple	te Scl	nedi	ule .	J foi	r such	per	rson			5	
Section B. Independent Contractors								that received more	than \$100 C	000 0	f	
Complete this table for your five highest com- compensation from the organization. Report of year.	npensated i compensati	naepe on foi	the	эпт э са	len	dar ye	ear e	ending with or with	nin the organi	izatio	n's tax	
(A)								(B)			(C)	
Name and business ad	dress				_		+	Description of se	ervices	C	compensa	ation
					_		+					
							+					
							+					
2 Total number of independent contractors (i	ncluding b	ut no	t lir	nite	d to	o tho	se I	listed above) who	received			

more than \$100,000 in compensation from the organization ▶

Veck (st aw) Doors for related to program its both and the organization of organization organization (W-2/1099-MISC)	A. Officers, Directors, Trustees, Key Employee	Highest Compensated Employees (continue	ed)
BOARD MEMBER NONE NON	e and title Average hours per week (list any hours for Average Hours per week (list any hours for	Reportable Reportable E on one compensation compensation from related ustee) the organizations com	(F) stimated mount of other npensation rom the
BOARD MEMBER 38) BRADLEY A. WARADY, MD 1.00 SOARD MEMBER NONE	organizations below dotted line)	mer (W-2/1099-MISC) org	ganization Id related anizations
38) BRADLEY A. WARADY, MD 1.00	VARAJAH, MD 1.00		
BOARD MEMBER NONE X NONE NONE NONE NONE NONE NONE NONE NON		NONE NONE	NON
33) JORN WIGNESWARAN, MD 1.00 BOARD MEMBER NONE NO		NONE NONE	NON
BOARD MEMBER NONE NONE		NOINE NOINE	11021
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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. 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 Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 compensation from the organization. Report compensation for the calendar year ending with or within the organization year.		NONE NONE	NON
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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. 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 Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 compensation from the organization. Report compensation for the calendar year ending with or within the organization year.			
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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 ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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 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 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 compensation from the organization. Report compensation for the calendar year ending with or within the organization year. (A)			
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c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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 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 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 compensation from the organization. Report compensation for the calendar year ending with or within the organization year. (A)			
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 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 ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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 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 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 compensation from the organization. Report compensation for the calendar year ending with or within the organization year. (A)			
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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 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 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 compensation from the organization. Report compensation for the calendar year ending with or within the organization year. (A)			
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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 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 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 compensation from the organization. Report compensation for the calendar year ending with or within the organization year. (A)			
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 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 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 Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 compensation from the organization. Report compensation for the calendar year ending with or within the organization year. (A)			
d Total (add lines 1b and 1c)	uation sheets to Part VII. Section A	. •	
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	b and 1c)		
employee on line 1a? If "Yes," complete Schedule J for such individual		tho received more than \$100,000 of	
employee on line 1a? If "Yes," complete Schedule J for such individual	tion list any former officer, director, or truster	employee, or highest compensated	Yes No
organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	a? If "Yes," complete Schedule J for such individual		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	related organizations greater than \$150,000?	es," complete Schedule J for such	
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 compensation from the organization. Report compensation for the calendar year ending with or within the organization year. (A) (B)	sted on line 1a receive or accrue compensation f	ny unrelated organization or individual	X
Complete this table for your five highest compensated independent contractors that received more than \$100,000 compensation from the organization. Report compensation for the calendar year ending with or within the organizati year. (A) (B)		ch person 5	X
(A) (B)	e for your five highest compensated independent of	tors that received more than \$100,000 of year ending with or within the organization's tax	
) Isation
2 Total number of independent contractors (including but not limited to those listed above) who received	independent contractors (including but not limited	lose listed above) who received	

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) (A) (B) Unrelated Revenue excluded Related or exempt Total revenue function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants, and Other Similar Amounts 384,733. 1b 8.555.431 1 c С 1d Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above . 1f 11,472,987 q Noncash contributions included in 1,390,203 lines 1a-1f 1g 20,413,151 **Business Code** Program Service Revenue 2a PROGRAM SERVICE SUPPORT 18,935,394 611600 18,935,394. 1,449,725. 1,449,725 GRANT AND CONTRACT REVENUE 611600 511120 576,470. 576,470 PROFESSIONAL MEMBERSHIP DUES d е All other program service revenue 20,961,589 Investment income (including dividends, interest, and 808,701. 808,701. other similar amounts)........ Income from investment of tax-exempt bond proceeds . . . 2,224,595. 5 2,224,595 (ii) Personal (i) Real 6a Gross rents 6a b Less: rental expenses 6b NONE Rental income or (loss) 6c NONE NONE Net rental income or (loss). (i) Securities (ii) Other Gross amount from 7a sales of assets 3,135,460. 1,334,612 other than inventory 7a b Less: cost or other basis Other Revenue 174.969 and sales expenses . . 3,001,971 7b 133,489. 1,159,643 c Gain or (loss) 7c 1,293,132 1,293,132. income from fundraising 8,555,431. events (not including \$ _ of contributions reported on line 1,194,415 8a 1c). See Part IV, line 18 1,194,415 b Less: direct expenses 8b NONE NONE c Net income or (loss) from fundraising events gaming Gross income from 9a NONE activities. See Part IV, line 19 NONE Less: direct expenses 9b NONE NONE c Net income or (loss) from gaming activities 10a Gross sales of inventory, less 31,370 returns and allowances 10a b Less: cost of goods sold 10b 4,008 Net income or (loss) from sales of inventory. 4.008 **Business Code** scellaneous 606,733. THRIFT STORE REVENUE 606.733 448000 Revenue 77,912 77,912. 532000 S CORPORATION INCOME (SCHEDULE K-1) h 296,032. 296,032 MISCELLANEOUS REVENUE 611710 All other revenue 980,677. 20,965,597 77,912. 5,229,193. 46,685,853. 12

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 resp				
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	674,329.	674,329.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	434,601	434,601.		
3 Grants and other assistance to foreign				
organizations, foreign governments, and				
foreign individuals. See Part IV, lines 15 and 16	NONE			
4 Benefits paid to or for members	NONE			
5 Compensation of current officers, directors,	0 461 013	1 000 070	241,997.	229,937
trustees, and key employees	2,461,913.	1,989,979.	241,337	229,331.
6 Compensation not included above to disqualified				
persons (as defined under section 4958(f)(1)) and	170175			
persons described in section 4958(c)(3)(B)	NONE	15 220 046	2 160 305	497,294
7 Other salaries and wages	19,999,545.	17,332,946.	2,169,305.	
8 Pension plan accruals and contributions (include	491,824.	396,192.	76,742	18,890.
section 401(k) and 403(b) employer contributions)				00.400
9 Other employee benefits	2,377,139.	2,247,560.	109,097	20,482.
10 Payroli taxes	1,723,182.	1,399,838.	249,654.	73,690.
11 Fees for services (nonemployees):				
a Management	NONE			
b Legal	322,929.	322,929.		
c Accounting	140,692.		140,692.	
d Lobbying	168,000.	168,000.		
e Professional fundraising services. See Part IV, line 17.	NONE			
f Investment management fees	NONE			
g Other. (If line 11g amount exceeds 10% of line 25, column	SEE SCHE O			
(A), amount, list line 11g expenses on Schedule O.)	6,112,640.	5,654,852.	69,135.	388,653.
12 Advertising and promotion	1,601,481.	1,520,196.	47,928.	33,357.
13 Office expenses	3,674,043.	3,221,418	57,874.	394,751.
14 Information technology	NONE			
15 Royalties	NONE			
16 Occupancy	2,106,582.	1,714,453.	302,762.	89,367.
17 Travel	557,407.	459,887.	23,940.	73,580.
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	NONE			
19 Conferences, conventions, and meetings	4,423,792.	3,220,529	39,678.	1,163,585.
20 Interest	NONE			
21 Payments to affiliates	NONE			
22 Depreciation, depletion, and amortization	159,118.	129,260.	23,053.	6,805
23 Insurance	229,246.	190,489.	29,924.	8,833
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 EQUIPMENT REPAIR/MAINTENANCE	1,263,111.	894,492.	158,719.	209,900.
b DUES AND SUBSCRIPTIONS	320,937.	283,001.	29,222.	8,714
c MISCELLANEOUS	805,261.	582,503.	88,716.	134,042.
d HISCELLIANEOUS				-
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	50,047,772.	42,837,454.	3,858,438.	3,351,880.
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	3070177721	22,001,000		
following SOP 98-2 (ASC 958-720)				Form 990 (2023)

Form 990 (2023)

Part X	Balance Sheet	
--------	---------------	--

Part		Check if Schedule O contains a response or note to any line in this Pa	art X		<u>,</u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	700.	1	700
	2	Savings and temporary cash investments	20,597,655.	2	9,912,516.
	3	Pledges and grants receivable, net	1,740,145.	3	2,449,325.
	4	Accounts receivable, net	896,739.	4	444,788
	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	NONE	5	NON
	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).	NONE	6	NON
in l	7	Notes and loans receivable, net	972,455.	7	1,056,395
O	8	Inventories for sale or use	114,092.	8	127,055
ASS	9	Prepaid expenses and deferred charges	2,212,233.	9	1,579,792
		Land, buildings, and equipment: cost or other			
	U a	basis. Complete Part VI of Schedule D			
		Less: accumulated depreciation	613,137.	10c	572,827
		Investments - publicly traded securities	18,303,826.	11	22,485,063.
1		· · ·	1,920,000.	12	2,000,000.
1:		Investments - other securities. See Part IV, line 11	NONE		300,000
1:		Investments - program-related. See Part IV, line 11	NONE	-	NON:
1.		Intangible assets	12,557,809.	15	11,545,294
1:		Other assets. See Part IV, line 11			
1	6	Total assets. Add lines 1 through 15 (must equal line 33)	59,928,791.	16	52,473,755
1	7	Accounts payable and accrued expenses	5,675,778.	17	4,502,234
1:	8	Grants payable	NONE		NON
11	9	Deferred revenue	11,197,946.	19	8,082,635
2		Tax-exempt bond liabilities	NONE		NON
2	1	Escrow or custodial account liability. Complete Part IV of Schedule D	NONE	21	NON
2	2	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	NONE		NON:
j 2	3	Secured mortgages and notes payable to unrelated third parties	NONE	23	NON:
2	4	Unsecured notes and loans payable to unrelated third parties	NONE	24	NON:
2	5	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	11,848,099.	25	10,469,080.
2	6	Total liabilities. Add lines 17 through 25	28,721,823.	26	23,053,949
25		Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33.			
E 2	7	Net assets without donor restrictions	21,429,920.	27	18,848,746
2 2	8	Net assets with donor restrictions	9,777,048.	28	10,571,060
Assets of ruin balances	_	Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
5 2	۵	Capital stock or trust principal, or current funds		29	
S 2		Paid-in or capital surplus, or land, building, or equipment fund		30	
3		Retained earnings, endowment, accumulated income, or other funds		31	
4 3		Total net assets or fund balances	31,206,968.	32	29,419,806
3		Total liabilities and net assets/fund balances	59,928,791.	33	52,473,755.
2 3	ა	Total liabilities and het assets/fully balances	JJ, J40, 191.	50	Form 990 (2023)

-01111 93	30 (2023)				
Part					
	Check if Schedule O contains a response or note to any line in this Part XI	6 .			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	46,6		
2	Total expenses (must equal Part IX, column (A), line 25)	2	50,0		
3	Revenue less expenses. Subtract line 2 from line 1	3	-3,3	61,	919
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	31,2	06,	968
5	Net unrealized gains (losses) on investments	5	1,5	74,	757
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		10	29,4	19,	806
Part					
	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 X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," exp	lain 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 comp				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
L	Were the organization's financial statements audited by an independent accountant?		2b	X	
D	If "Yes," check a box below to indicate whether the financial statements for the year were audited.				
	separate basis, consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
		eight of			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accountant	319111 OI	2c	Х	
				-11	
	If the organization changed either its oversight process or selection process during the tax year, exp	nain on			
	Schedule O.	h in +h-			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set fort	n m me	За		Х
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		Ja		- 21
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo such audits and the organization did not undergo such audits?	rgo me	3b		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	cm	30		(2023

SCHEDULE A (Form 990)

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

NA	TTON	AL KIDNEY FOUNDATI	ON, INC.				13-1	573104
Pa		Reason for Public Ch	arity Status. (All	organizations must	comple	ete this p	oart.) See instruction	S
The	orgai	nization is not a private fou						
1	ſĬ,	A church, convention of ch	urches, or associa	tion of churches desc	ribed in s	section 1	70(b)(1)(A)(i).	
2		A school described in sect i						
3		A hospital or a cooperative					(1)(A)(iii).	
4	\square	A medical research organi	zation operated in	conjunction with a hos	spital de	scribed in	section 170(b)(1)(A)	(iii). Enter the
-		hospital's name, city, and s						
5		An organization operated	for the benefit of	a college or universi	y owne	d or ope	rated by a governme	ntal unit described in
-		section 170(b)(1)(A)(iv). (0						
6		A federal, state, or local go	overnment or gove	rnmental unit describe	d in sec t	tion 170(b)(1)(A)(v).	
7	X	An organization that norm	ally receives a sub	ostantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b						
8		A community trust describe			Part II.)			
9		An agricultural research or					I in conjunction with a	land-grant college
•		or university or a non-land-						
		university:	· · · · · · · · · · · · · · · · · · ·	· ·				
10		An organization that norma	ally receives (1) mo	ore than 331/3 % of its	support	from cor	ntributions, membersh	ip fees, and gross
		rocainte from activities rela	stad to its evemnt t	functions, subject to c	ertain ex	xceptions	s: and (2) no more than	1 331/3 % OF ItS
		support from gross investra acquired by the organization	nent income and u on after June 30, 1	975. See section 509	able inco (a)(2). (0	Complete	Part III.)	Dusinesses
11		An organization organized	and operated excl	usively to test for publ	ic safety.	See sec	tion 509(a)(4).	
12		An organization organized	and operated exclu	sively for the benefit o	of, to per	form the	functions of, or to car	ry out the purposes of
		one or more publicly suppo	rted organizations	described in section !	509(a)(1) or secti	ion 509(a)(2). See sec	tion 509(a)(3). Check
	1	the box on lines 12a throug	gh 12d that describ	es the type of suppor	ting orga	anization	and complete lines 1	2e, 12f, and 12g.
а		Type I. A supporting org						
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	the directors or truste	es of the
		supporting organization.						
b		Type II. A supporting org	anization supervis	ed or controlled in co	nnection	n with its	supported organization	on(s), by having
		control or management	of the supporting of	organization vested in	the sam	ie person	s that control or man	age the supported
		organization(s). You mus	t complete Part IV	, Sections A and C.				
С		Type III functionally inte						ly integrated with,
		its supported organization	n(s) (see instructior	ns). You must comple	te Part I	V, Sectio	ons A, D, and E.	F
d		Type III non-functionally	integrated. A sup	porting organization of	perated	in conne	ection with its suppor	ted organization(s)
		that is not functionally int						an attentiveness
		requirement (see instruc						
е		Check this box if the orga						ı, Type III
		functionally integrated, o	r Type III non-func	tionally integrated sup	porting	organizat	ion.	
t		er the number of supported						
g		vide the following informati	(ii) EIN	(iii) Type of organization	(iv) to the	organization	(v) Amount of monetary	(vi) Amount of
	(I) Nai	me of supported organization	(II) EIN	(described on lines 1-10		our governing	support (see	other support (see
				above (see instructions))	Yes	Ment?	instructions)	instructions)
_					162	140		
(A)								
(D)								
(B)			-					
(C)								
(D)								
(E)								
Tot	al							

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

Schedule A (Form 990) 2023

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.)

Sec	tion A. Public Support	•					
$\overline{}$	ndar 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.")	21,982,428.	21,825,883.	28,004,970.	22,387,636.	20,413,151.	114,614,068.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						NONE
3	The value of services or facilities furnished by a governmental unit to the organization without charge						NONE
4 5	Total. Add lines 1 through 3	21,982,428.	21,825,883.	28,004,970.	22,387,636.	20,413,151.	114,614,068.
6	Public support. Subtract line 5 from line 4						114,614,068.
	tion B. Total Support		L				
$\overline{}$	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	21,982,428.	21,825,883	28,004,970.	22,387,636.	20,413,151.	114,614,068.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,656,590.	2,467,866	2,667,957.	2,902,139.	3,033,296.	13,727,848.
9	Net income from unrelated business activities, whether or not the business is regularly carried on	172,335.	68,969.	73,733.	1,110,220.	NONE	1,425,257.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)SEE.SURP.PAGE	243,799.	186,023.	833,435.	783,818.	902,765.	2,949,840.
11	Total support. Add lines 7 through 10						132,717,013.
12	Gross receipts from related activities, etc. (s	ee instructions) .			* E 8 1	12	85,035,026.
13	First 5 years. If the Form 990 is for organization, check this box and stop here.			third, fourth, o	or fifth tax yea	ar as a section	501(c)(3)
	tion C. Computation of Public Support Public Support percentage for 2023 (lin			11 column (f)		14	86.36 %
14	Public support percentage for 2023 (III Public support percentage from 2022)					15	87.20 %
15	331/3% support test - 2023. If the org	scriedule A, i a	of check the ho	on line 13. an			
IVa	box and stop here. The organization qu	janization ala n Jalifies as a pub	licly supported o	rganization			
h	331/3% support test - 2022. If the org	anization did n	ot check a box o	n line 13 or 16a	a, and line 15 i	s 331/3 % or mo	re, check
-	this box and stop here. The organization	n qualifies as a	publicly support	ed organization	١		
17a	10%-facts-and-circumstances test - 2	023. If the org	janization did no	t check a box	on line 13, 16	a, or 16b, and I	ine 14 is
	10% or more, and if the organization	meets the fa	cts-and-circumsta	ances test, che	ck this box ar	nd stop here. E	Explain in
	Part VI how the organization meets to organization						,
b	10%-facts-and-circumstances test - 2	022. If the org	ganization did no	t check a box	on line 13, 16	a, 16b, or 1 7a,	, and line
	15 is 10% or more, and if the organiz	ation meets th	e facts-and-circu	ımstances test,	check this box	x and stop here	e. Explain
	in Part VI how the organization meets	the facts-and	-circumstances te	est. The organiz	zation qualifies	as a publicly s	supported
	organization						
18	Private foundation. If the organizatio						
	instructions					. 3 X	<u> </u>

Page 3 Schedule A (Form 990) 2023

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

(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.)

Sec	tion A. Public Support						
Cale	endar 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						
	Amounts included on lines 1, 2, and 3						
ı a	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						
_	Add lines 7a and 7b						
8 8	Public support. (Subtract line 7c from						
٠	line 6.)						
Sec	tion B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6,						
9 10 a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar sources						
h	Unrelated business taxable income (less						
b	section 511 taxes) from businesses						
	acquired after June 30, 1975						
_	Add lines 10a and 10b						
	Net income from unrelated business						
11							
	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						
10	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	the ergonizati	on's first soon	d third fourth	or fifth tay ve	ear as a section	501(c)(3)
14	organization, check this box and stop here .						
C	tion C. Computation of Public Supp						
	Public support percentage for 2023 (line 8,			mp (f))		15	%
15						16	%
16	Public support percentage from 2022 Sched					10	/0
	tion D. Computation of Investment			13 column (f)\		17	%
17	Investment income percentage for 2023 (lin					18	%
18	Investment income percentage from 2022 S						
19 a	331/3% support tests - 2023. If the org						
	17 is not more than 331/3%, check this						
b	331/3% support tests - 2022. If the orga	nization did no	cneck a box or	mile 14 or line	isa, and ille 16	cupported areas	ization
_	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization d	та пос спеск	a bux on line	i -, i3a, 01 190	, oncor una bu	A GIR SOU HISH	

JSA 3E1221 1.000

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.)

	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Pa	art V.)	
Secti	ion A. All Supporting Organizations		124	
		_	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		
С	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.	3с		
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		
С	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? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 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		
9а	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		
С	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		
10 a	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
h	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.)

Schedul	le A (Form 990) 2023			age J
Part			Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		162	NO
h	11c below, the governing body of a supported organization? A family member of a person described on line 11a above?	11a		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
<u> </u>	provide detail in Part VI.	11c		
Section	on 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	on 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	on D. All Type III Supporting Organizations			
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	Yes	No
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	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see insection The organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see			
2	Activities Test. Answer lines 2a and 2b below.		163	110
а	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 a	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> 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? <i>If "Yes" or "No," provide details in Part VI.</i> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
1	- Dia teo organization evergice a concianual degree of direction over the bolicies, brodishis, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ	nizations n	nust complete Section	
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-functional	ally integra	ted Type III supportin	g organization
(coo instructions)	,	71 11	•

Part V

Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		1	
2	Amounts paid to perform activity that directly furthers exer		ed		
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	rovide 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 resp	onsive		
O	(provide details in Part VI). See instructions.	ino organization to trap		8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution 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				
	Applied to underdistributions of prior years				
g	Applied to 2023 distributable amount				
h :	Carryover from 2018 not applied (see instructions)				
<u>i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
	Distributions for 2023 from				
4					
-	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount			-	
С	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				
С	Excess from 2021				
d	Excess from 2022				
е	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 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

Employer identification number Name of the organization NATIONAL KIDNEY FOUNDATION, INC. 13-1673104 Organization type (check one): Section: Filers of: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filling 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 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

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

2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

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

Noncash

Name of o	organization NATIONAL KIDNEY FOUNDATION, INC	Employer identification number 13-1673104	
Part I	Contributors (see instructions). Use duplicate copi		s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$\$558,375	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll

			(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

\$ =

Name of organization

Employer identification number

NATIONAL KIDNEY FOUNDATION, INC.

13-1673104

Noncash Property (see instructions). Use duplicate copies	of Part II if additional space is ne	eaea.
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 	T
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	 \$	7
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	(b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.) (h) Description of noncash property given (b) Description of noncash property given (c) FMV (or estimate) (See instructions.) (c) FMV (or estimate) (See instructions.) (d) FMV (or estimate) (See instructions.) (e) FMV (or estimate) (See instructions.) (f) FMV (or estimate) (See instructions.)

29

Page 4 Schedule B (Form 990) (2023) Employer identification number Name of organization 13-1673104 NATIONAL KIDNEY FOUNDATION, INC. Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) \$____ Use duplicate copies of Part III if additional space is needed. (a) No. (d) Description of how gift is held (b) Purpose of gift (c) Use of gift from Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (d) Description of how gift is held (c) Use of gift (b) Purpose of gift from Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (d) Description of how gift is held (c) Use of gift (b) Purpose of gift fŕom (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (d) Description of how gift is held (c) Use of gift (b) Purpose of gift fŕom (e) Transfer of gift

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

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

· Section 527 organizations: Complete Part I-A only.

• Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

				Ista Dawt II A. Da not som	plote Bort II B
•	Section 501(c)(3) organizations	that have filed Form 5768 (election u	nder section 501(n)): Co	omplete Part II-A. Do not con	ipiete Part II-b.
•	Section 501(c)(3) organizations	that have NOT filed Form 5768 (elec on Form 990, Part IV, line 5 (Proxy	tion under section 501(h)); Complete Part II-B. Do no	it complete Part II-A. 7 Part V. line 35c (Provi
Tax)	e organization answered "Yes" (see separate instructions), ther Section 501(c)(4), (5), or (6) orga	1:	/ Tax) (see separate ii	istructions) of Form 990-1	LE, Part V, mie 550 (170x)
	e of organization	anizations. Complete Fart III.		Employer ide	ntification number
		TON THE			573104
-	TIONAL KIDNEY FOUNDAT	organization is exempt under	section 501(c) or		
	rt I-A Complete if the c	organization is exempt under	Section 50 I(c) or	sian satisfian in Dort	N/ Con instructions fo
1		he organization's direct and inc	iirect political camp	algn activities in Fait	tv. See manuchons to
	definition of "political campa	aign activities."		Φ.	
2	Political campaign activity e	xpenditures. See instructions			
3		campaign activities. See instruction			
Par	t I-B Complete if the c	organization is exempt under	section 501(c)(3).		
1		cise tax incurred by the organizati			
2		cise tax incurred by organization r			
3		a section 4955 tax, did it file Form			
4a	Was a correction made?				. Yes No
b	If "Yes," describe in Part IV.				
Pai		organization is exempt under).
1	Enter the amount directly e	xpended by the filing organizatio	n for section 527 ex	cempt function	
	activities			\$	
2	Enter the amount of the filin	ig organization's funds contribute	d to other organization	ons for section	
		es			
3	Total exempt function expe	enditures. Add lines 1 and 2. Er	nter here and on Fo	rm 1120-POL,	
	line 17b			\$	
4	Did the filing organization file	e Form 1120-POL for this year?			. Yes No
5	Enter the names, addresses	and employer identification num	ber (EIN) of all secti	on 527 political organiz	ations to which the filing
	organization made payment	s. For each organization listed, e	nter the amount par	d from the filing organizations	allon's lunus. Also ente
	the amount of political cont	tributions received that were pro- nd or a political action committee	mptiy and directly de (PAC) If additional si	nace is needed provide i	nformation in Part IV.
_					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	(e) Amount of political contributions received and
				funds. If none, enter -0	promptly and directly
				,	delivered to a separate
					political organization.
					If none, enter -0
(1)					
/					
(2)					
(-,					
(3)					
(5)					
(4)					
(4)					
(E)					
(5)					
(6)					
(6)			-		

Schedule C (Form 990) 2023

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

Sch		AL KIDNEY FOUNDATION,			1673104 Page	e 2
Pa	art II-A Complete if the organizati section 501(h)).	on is exempt under sectio	n 501(c)(3) and	filed Form 5768 (elec	tion under	
Α		longs to an affiliated group (an of excess lobbying expenditures		ach affiliated group memb	er's name, addre	ss,
В	Check if the filing organization ch	ecked box A and "limited contr	ol" provisions app	oly.		
	Limits on Lobb (The term "expenditures" m	oying Expenditures eans amounts paid or incurred	.)	(a) Filing organization's totals	(b) Affiliated group totals	
1a	Total lobbying expenditures to influence	public opinion (grassroots lobb	ying)	NONE		
t	Total lobbying expenditures to influence	a legislative body (direct lobby	ing) [168,000.		
c	Total lobbying expenditures (add lines 1	a and 1b)		168,000.		
c	Other exempt purpose expenditures			46,527,892		
e	Total exempt purpose expenditures (ad	d lines 1c and 1d)		46,695,892		
	Lobbying nontaxable amount. Enter th					
	columns.			1,000,000.		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount	is:			
	not over \$500,000,	20% of the amount on line 1e.				
	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess	over \$500,000.			
	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess	over \$1,000,000.			
	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess	over \$1,500,000.			
	over \$17,000,000,	\$1,000,000.				
ç	Grassroots nontaxable amount (enter 25	5% of line 1f)		250,000.		_
ŀ	Subtract line 1g from line 1a. If zero or le	ess, enter -0- 🐷				_
i	Subtract line 1f from line 1c. If zero or le					
j	If there is an amount other than zero	on either line 1h or line 1i,	did the organiza	tion file Form 4720		
	reporting section 4911 tax for this year?				Yes N	No
		4-Year Averaging Period Unde				
	(Some organizations that made a	section 501(h) election do no	of have to compl	ete all of the five columi	าร below.	

See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period									
	Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total				
2a	Lobbying nontaxable amount	1,000,000.	1,000,000	1,000,000.	1,000,000.	4,000,000.				
b	Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000.				
С	Total lobbying expenditures	151,000.	152,399.	214,800.	168,000.	686,199.				
d	Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.				
е	Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.				
f	Grassroots lobbying expenditures				NONE	NONE				

(election under section 501(h)).		(a)		(b)	
or each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed escription of the lobbying activity.	Yes	No		Amo	unt
During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
Volunteers?					
: Media advertisements?					
Mailings to members, legislators, or the public?	1.		-		
Publications, or published or broadcast statements?					
Grants to other organizations for lobbying purposes?					
The second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a second section in the second section in the second section is a section in the section in the section is a section in the section in the section is a section in the section in the section in the section is a section in the section in					
Other activities?					
Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?					
If "Yes," enter the amount of any tax incurred under section 4912					
If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
art III-A Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6).	I(c)(5)	, or s	sectio	n	
301(0)(0).					Yes
Were substantially all (90% or more) dues received nondeductible by members?				1	
Did the organization make only in-house lobbying expenditures of \$2,000 or less?				2	_
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), section 50 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"	om the	prior	year?	2 3 n	3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 50	om the	prior), or s o) Pa	year?	2 3 n	3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amounts)	om the	prior), or s o) Pa	year? sectio	2 3 n	3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from art III-B Complete if the organization is exempt under section 501(c)(4), section 50 to 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid).	om the	prior), or s o) Pa	year? sectio	2 3 n	3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amount political expenses for which the section 527(f) tax was paid). Current year	om the I(c)(5) OR (I	prior), or s o) Pa	year? sectio rt III-A	2 3 n	3, is
Did the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the organization is exempt under section 501(c)(4), section 50-501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" answered "Yes." Dues, assessments and similar amounts from members Section 162(e) nondeductible lobbying and political expenditures (do not include amo political expenses for which the section 527(f) tax was paid). Current year	OR (I	prior), or s o) Pa	year? sectio rt III-A	2 3 n	3, is
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SCHEDULE D (Form 990)

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.

Open to Public Attach to Form 990. Inspection

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

רבע	IONAL KIDNEY FOUNDATION, INC.	13-1673104
-	rt 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 fu	nds can be used
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for a	ny other purpose
	conferring impermissible private benefit?	
Pa	rt 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)	of a historically important land area
	Protection of natural habitat Preservation	of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	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 termi	nated by the organization during the
_	tax year	
4	Number of states where property subject to conservation easement is located	on handling of
5	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
0	Stall and volunteer flours devoted to monitoring, inspecting, narraining or violatione, and similaring	,
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing co	onservation easements during the year
•	, and an experience incurred in the intering, increasing, increasing in the incurred in the in	
8	Does each conservation easement reported on line 2d above satisfy the requirements of sec	tion 170(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	d expense statement and balance
	sheet, and include, if applicable, the text of the footnote to the organization's financial statem	nents that describes the
_	organization's accounting for conservation easements.	
Pa	Organizations Maintaining Collections of Art, Historical Treasures, or Other	r 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	e statement and balance sheet works or research in furtherance of public
	of art, historical treasures, or other similar assets held for public exhibition, education, service, provide in Part XIII the text of the footnote to its financial statements that describes the	nese items.
b	If the organization elected as permitted under FASB ASC 958, to report in its revenue s	tatement and balance sheet works of
	art, historical treasures, or other similar assets held for public exhibition, education, or rese	earch in furtherance of public service,
	provide the following amounts relating to these items:	\$
	(i) Revenue included on Form 990, Part VIII, line 1	φ
_	(ii) Assets included in Form 990, Part X	pecate for financial gain provide the
2	If the organization received or held works of art, historical treasures, or other similar a	assets for finalitial gaill, provide the
_	following amounts required to be reported under FASB ASC 958 relating to these items:	\$
a h	Revenue included on Form 990, Part VIII, line 1	\$

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

Sched	dule D (Form 990) 2023 NA'T	IONAL KIDNEY	OUNDATION	, INC.	Other Cimilar /	Scote (contin		age =
Pa	rt III Organizations Maintaini	ng Collections of	Art, Historica	ai ireasures, oi	Other Similar F	ASSELS (COITIII)	ueu)	£ 14.
3	Using the organization's acquisition		other records,	check any of the	e following that n	nake significan	t use c	าแร
	collection items (check all that app	y).						
а	Public exhibition		d l	_oan or exchange	e program			
b	Scholarly research		e (Other				
С	Preservation for future gener							
4	Provide a description of the organ	nization's collections	and explain	how they further	the organization	s exempt purp	ose in	Part
	XIII.							
5	During the year, did the organization	n solicit or receive o	lonations of ar	t, historical treası	ures, or other simil	ar		
	assets to be sold to raise funds rath	er than to be mainta	ained as part o	f the organization	n's collection?	Ye	s	No
Pa	rt IV Fscrow and Custodial A	rrangements						
	Complete if the organiza	tion answered "Ye	s" on Form 9	90, Part IV, line	9, or reported a	n amount on	Form	
	990, Part X, line 21.							
10	Is the organization an agent, trus	tee custodian or o	ther intermedi	iary for contribut	ions or other ass	ets not		
ıa	included on Form 990, Part X?					Ye	s	No
	If "Yes," explain the arrangement in							J
b	i res, explain the arrangement in	rr art Am and comp	DICTO THE IOHOW	ing table.		Amount		
	Destruites halance			10		711100111		
C	Beginning balance							
d	Additions during the year							
е	Distributions during the year							
f	Ending balance	* * * * * * * * * * * * * * * * * * * *			and a client and a constitution of the	Lillia O Va	-	No
2a	Did the organization include an am	ount on Form 990,	Part X, line 21	, for escrow or cl	ustodiai account lia	ability? Ye		No
	If "Yes," explain the arrangement in	n Part XIII. Check he	ere if the expla	nation has been p	rovided in Part XIII			_
Pa	rt V Endowment Funds			200 D 1 N/ II	10			
	Complete if the organiza	tion answered "Ye	es" on Form 9					
		(a) Current year	(b) Prior yea	ar (c) Two yea	rs back (d) Three y	rears back (e) Fo	our years	back
1a	Beginning of year balance	4,317,740.	5,080,6	5,078,	166. 3,75	58,154.	4,226,2	86.
b	Contributions							
c	Net investment earnings, gains,							
C	and losses	616,109.	-620,3	779. 136,	214. 1,44	43,209.	-239,3	55.
-	Grants or scholarships							
d								
е	Other expenditures for facilities	144,167.	142,1	133,	723. 12	23,197.	228,7	77.
	and programs							
f	Administrative expenses	4,789,682.	4,317,7	740. 5,080,	657. 5.0	78,166.	3,758,1	.54
g	End of year balance							
2	Provide the estimated percentage			ne rg, column (a),	neid as.			
a	Board designated or quasi-endowm		70					
р	Permanent endowment 82.97	00 %						
С	Term endowment 17.0300 %	LO I III mining	1000/					
	The percentages on lines 2a, 2b, a			. That are balabase	al a ducininta un al fau	ı tha		
3a	Are there endowment funds not in	the possession of tr	ne organizatioi	n that are held ar	ia administered for	uie	Yes	No
	organization by:					20/	_	
	(i) Unrelated organizations?							
	(ii) Related organizations?					3a(i		_X
b	If "Yes" on line 3a(ii), are the relate					3b		
4	Describe in Part XIII the intended u		tion's endowm	ent funds.				
Pa	rt VI Land, Buildings, and Equ	ipment "V	call on Form	000 Dort IV lin	o 11a Sao Earm	000 Part Y	lina 10	
	Complete if the organize		other basis (b	Ost or other basis	(c) Accumulated	(d) Book	value	
	Description of property		tment)	(other)	depreciation	(4, 200)		
1a	Land	(26) .						
b	Buildings							
6	Leasehold improvements			819,041.	506,760.		312,2	81.
d	Equipment			374,588.	374,588			ONE
e	Other			2,912,618.	2,652,072		260,5	46.
	II. Add lines 1a through 1e. (Column	(d) must equal For	n 990. Part X.				572,8	
. 010		()	,,					

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023 NATIONAL KIDNE	Y FOUNDATION,	INC. 1	3-1673104	Page
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 valuat Cost or end-of-year mark		
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form 990, Part X, 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 valuat Cost or end-of-year mark	tion:	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX Other Assets Complete if the organization answered	"Vos" on Form 990	Part IV line 11d See Form 990	Part X line	15
	scription), r art rv, into 11d. 000 1 01111 000	(b) Book va	
(1)OPERATING LEASE	Scription		(4) 2 3 3 1 1 1	
(2) RIGHT-OF-USE ASSET			8,589,	084.
(3)BENEFICIAL INTEREST IN A				
(4) PERPETUAL TRUST			2,671,	125.
(5)OTHER ASSETS			208,	470.
(6)SECURITY DEPOSITS			76,	615.
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 15, c	col. (B))		11,545,	294.
Part X Other Liabilities Complete if the organization answered	"Yes" on Form 990), Part IV, line 11e or 11f. See For	m 990, Part >	Κ,
line 25.			(h) Daalass	alue
	tion of liability		(b) Book va	alue
(1) Federal income taxes			10,469,	080
(2)OPERATING LEASE LIABILITIES			10,400,	000.
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				

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.

10,469,080.

Part :	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	
1	Total revenue, gains, and other support per audited financial statements	1	48,304,878.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	1,591,663.
3	Subtract line 2e from line 1	3	46,713,215.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		0.0
	Add lines 4a and 4b	4c	-27,362.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		46,685,853.
Part	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	50,092,040.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)	2e	44,268.
е	Add lines 2a through 2d	3	50,047,772.
3	Subtract line 2e from line 1		56,617,712
4	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
a b	Other (Describe in Part XIII.)		
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	50,047,772.
Part	XIII Supplemental Information		
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	mie 4, rait X, mie
SEE	SUPPLEMENTAL PAGE		
==-			

Part XIII Supplemental Information (continued)

SCHEDULE D, PART V, LINE 4:

THE ORGANIZATION'S PERMANENTLY RESTRICTED ENDOWMENT CONSISTS OF

PERMANENTLY RESTRICTED NET ASSETS HELD PRIMARILY FOR RESEARCH AND PATIENT

SUPPORT. THE REMAINING PORTION OF THE DONOR-RESTRICTED ENDOWMENT FUND

THAT IS NOT CLASSIFIED IN PERMANENTLY RESTRICTED NET ASSETS IS CLASSIFIED

AS TEMPORARILY RESTRICTED NET ASSETS UNTIL THOSE AMOUNTS ARE EXPENDED AND

RELEASED FROM RESTRICTIONS.

SCHEDULE D, PART X, LINE 2:

THE FOUNDATION HAS NOT TAKEN AN UNCERTAIN TAX POSITION THAT WOULD REQUIRE PROVISION OF A LIABILITY UNDER ASC 740, INCOME TAXES. UNDER ASC 740, AN ORGANIZATION MUST RECOGNIZE THE FINANCIAL STATEMENT EFFECTS OF A TAX POSITION TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY A TAXING AUTHORITY. THE FOUNDATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, IT WILL NOT RECOGNIZE THE FINANCIAL STATEMENT EFFECTS FOR UNRECOGNIZED TAX POSITIONS FOR THE YEAR ENDED MARCH 31, 2024. THE FOUNDATION HAS FILED FOR, AND RECEIVED, INCOME TAX EXEMPTIONS IN THE JURISDICTIONS WHERE IT IS REQUIRED TO DO SO. ADDITIONALLY, THE FOUNDATION HAS FILED INTERNAL REVENUE SERVICE (IRS) FORM 990, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHEN IT IS REQUIRED.

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XI, LINE 4B:

COST OF GOODS SOLD \$ (27,362)

SCHEDULE D, PART XII, LINE 2D:

COST OF GOODS SOLD\$27,362

SCHEDULE G (Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number

Name	of the organization					Employer identification	on number
NAT	IONAL KIDNEY FOUNDATION, IN	IC.				13-167310	
Par	Fundraising Activities. Compl Form 990-EZ filers are not rec	lete if the organ	nization ar ete this pa	nswered " art.	Yes" on Form 99	90, Part IV, line 1	7.
1	Indicate whether the organization rais				activities. Check a	all that apply.	
а	Mail solicitations	e			non-government g		
b		f			government grant		
c	Phone solicitations	g			ising events		
d	In-person solicitations	•			J		
	Did the organization have a written or	oral agreement s	with any in	dividual (in	cluding officers of	lirectors, trustees.	
	or key employees listed in Form 990, If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the o	Part VII) or entity iduals or entities	/ in connec	ction with p	rofessional fundra	ising services?	Yes No fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
-			Yes	No			
1							
2							
3							
_							
4							
5							
6							
7							
8							
9							
10							
Total	·						L
3	List all states in which the organization or licensing.	ion is registered	or license	d to solicit	contributions or	has been notified	it is exempt from

4362BD 702V 01/06/2025 16:03:39

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.

		3 , ,				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			GNY WALK	NCA AUTHORS	(total number)	(add col. (a) through col. (c))
a)			(event type)	(event type)	(total number)	(-),
nu.	4	Cross receipts	504 005	407 112	0 750 440	9,749,846.
Revenue	1	Gross receipts	584,285.	407,113	8,758,448.	3,743,040.
Œ	2	Less: Contributions	542,110.	299,097.	7,714,224.	8,555,431.
		Gross income (line 1	512,220.			
		minus line 2)	42,175.	108,016.	1,044,224.	1,194,415.
	4	Cash prizes				
	_	Ntowards with a		F 22F	27 752	40 005
	5	Noncash prizes	7,798.	5,335.	27,752.	40,885.
ses	6	Rent/facility costs	27,302.	57,828.	262,327.	347,457.
Direct Expenses	·	Tiental admity dodie	27,502.	3770201		
Ϋ́	7	Food and beverages	6,643.	26,300.	673,968.	706,911.
t E		0 1111111				
)ire	8	Entertainment				
						00.160
	9	Other direct expenses	432.	18,553.	80,177.	99,162.
	10	Direct expense summary. Add lin	nes 4 through 9 in col	umn (d)		1.194.415.
	11	Net income summary. Subtract I	ine 10 from line 3, col	lumn (d)	*	, -2 - 1,
Pa						reported more than
		\$15,000 on Form 990-EZ, lin	ie 6a.			
ē			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue			`	bingo/progressive bingo		con (a) through con (a))
Ze	4	Gross revenue				
	_	Cioss revenue				
ရှ	2	Cash prizes				
nS(
xpe	3	Noncash prizes				
Direct Expenses						
irec	4	Rent/facility costs				
	_	Other direct expenses				
_	3	Other direct expenses	Yes %	Yes %	Yes %	
	6	Volunteer labor	No	No	No	
			h			
	7	Direct expense summary. Add li	nes 2 through 5 in col	umn (d)	* * * * * * * * * * * * * *	
	_		and the state of the same than	- 4 I / alV		
_	8	Net gaming income summary. S	Subtract line / from line	e i, column (u)		
9		Enter the state(s) in which the org	anization conducts da	ming activities:		
а	i	ls the organization licensed to con	duct gaming activities	in each of these state	es?	Yes No
k		of HNI - II I - i				
	2					
						1
10a		Were any of the organization's gamin	_			Yes No
k) [f "Yes," explain:				

Sched	dule G (Form 990 or 990-EZ) 2023 NATIONAL KIDNEY FOUNDATION, INC.	13-1673104	4 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	s 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	s No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	1	%
b)	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books at	id	
	records:		
	Name ▶		
	Address ►	. 	
15 a	Does the organization have a contract with a third party from whom the organization receives gam	ing ve	s No
	revenue?	the	140
D	amount of gaming revenue retained by the third party ▶ \$		
С			
Ū	The state of the s		
	Name ►		
	Address ►	· 	
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ►\$		
	Description of services provided ▶	-	
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming process	ds to	
	retain the state gaming license?	Yes	s No
b		ations	
	or spent in the organization's own exempt activities during the tax year > \$	and (a) and	
Par	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional (see instructions).	information	1
	(See mendenone).		

Schedule G (Form 990 or 990-EZ) 2023

SCHEDULE (Form 990)

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

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

Attach to Form 990.

2023	Open to Public	Inenertion

Employer identification number

OMB No. 1545-0047

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

Name of the organization

Department of the Treasury Internal Revenue Service

2

9.	13-1673104	
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?	r assistance, and X	<u>8</u>

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. Part II

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

1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TUFTS MEDICAL CENTER, INC.							
800 WASHINGTON STREET #817 BOSTON, MA 02111	04-3400617	501(C)(3)	264,567,				CKD FELLOW
(2) CARIDAD CENTER, INC.							
8645 W. BLVD, BOYNTON BEACH, FL 33472	65-0149423	501(C)(3)	75,000.				RESEARCH FELLOW
(3) VIRGINIA COMMONWEALTH UNIVERSITY							
800 E LEIGH ST, STE 3100 RICHMOND, VA 23284	54-6001758	501(C)(3)	75,000.				RESEARCH FELLOW
(4) PRAIT MEDICAL GROUP							
800 WASHINGTON STREET BOSTON, MA 02111	04-2743894	501(C)(3)	37,500.				CKD FELLOW
(5) CONNECTICUT CHILDREN'S FOUNDATION, INC.							
282 WASHINGTON STREET HARTFORD, CT 06106	22-2619869	501(C)(3)	35,000.				RESEARCH FELLOW
(6) JOHNS HOPKINS UNIVERSITY CENTRAL LOCKBOX							
100 S CHARLES STREET BALTIMORE, MD 21201	52-0595110	501(C)(3)	35,000.				RESEARCH FELLOW
(7) THE CLEVELAND CLINIC FOUNDATION							
9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)(3)	35,000.				RESEARCH FELLOW
(8) THE GEORGE WASHINGTON UNIVERSITY							
726 ROSS HALL WASHINGTON, DC 20037	53-0196584	501(C)(3)	25,000.				RESEARCH FELLOW
(9) NYU SCHOOL OF MEDICINE							
P.O. BOX 415026 BOSTON, MA 02241	13-5562309	501(C)(3)	24,000				CKD FELLOW
(10) JOHNS HOPKINS UNIVERSITY SCHOOL OF MEDICINE							
3910 KESWICK RD. N BLD BALTIMORE, MD 21211	52-0595110	501(C)(3)	19,575.				RESEARCH FELLOW
(11) ALBERT EINSTEIN COLLEGE OF MEDICINE							
1300 MORRIS PARK AVENUE BRONX, NY 10461	83-0621846	501(C)(3)	14,840.				RESEARCH FELLOW
(12) WAKE FOREST UNIVERSITY HEALTH SCIENCES							
P.O. BOX 604110 CHARLOTTE, NC 28260-4110	22-3849199	501(C)(3)	9,250.				RESEARCH FELLOW

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

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

3E1288 1.000

Schedule I (Form 990) 2023

Schedule I (Form 990) (2023)

Part III

13-1673104

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 PATIENT ASSISTANCE	543	432,441.			
2 CKD FELLOW	1	2,160.			
4					
5					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional	information re	quired in Part I,	line 2, Part III, o	column (b); and any o	ther additional

SCHEDULE I, PART I, LINE **Supplemental** information.

THE ORGANIZATION AWARDS SIGNIFICANT GRANTS TO ADVANCE KIDNEY DISEASE

RESEARCH, INCLUDING CLINICAL SCIENTIST GRANTS, YOUNG INVESTIGATOR GRANTS,

HEALTH EQUITY COMMUNITY ENGAGEMENT AWARDS, AND PROFESSIONAL COUNCIL

GRANTS. A DEDICATED RESEARCH AWARD COMMITTEE ANNUALLY REVIEWS

APPLICATIONS AND SELECTS RECIPIENTS. THE ORGANIZATION ENSURES STRICT

OVERSIGHT OF GRANT FUNDS, WITH CONTINUED FUNDING DEPENDENT ON AN APPROVED

THE ANNUAL PROGRESS REVIEW AND FUND AVAILABILITY. ADDITIONALLY, ORGANIZATION OFFERS GRANTS, SCHOLARSHIPS, AND PATIENT ASSISTANCE PROGRAMS

Schedule I (Form 990) (2023)

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. NATIONAL KIDNEY FOUNDATION, INC.

Schedule I (Form 990) (2023)

Part III

(f) Description of non-cash assistance **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b); and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part IV ဖ N က 4 ഗ

TO SUPPORT INDIVIDUALS LIVING WITH KIDNEY DISEASE.

Schedule I (Form 990) (2023)

45

SCHEDULE J (Form 990)

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.

Open to Public

Employer identification number

13-1673104

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. Inspection

OMB No. 1545-0047

NATIONAL KIDNEY FOUNDATION, INC. **Questions Regarding Compensation** Part I No Yes 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. Housing allowance or residence for personal use First-class or charter travel Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax indemnification and gross-up payments Personal services (such as maid, chauffeur, chef) Discretionary spending account 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 1b 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 2 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. Written employment contract Compensation committee Compensation survey or study X Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations 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: Receive a severance payment or change-of-control payment?.... 4a Χ 4b X Χ 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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: Χ 5a Χ 5b If "Yes" on line 5a or 5b, describe in Part III. 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: Χ 6a Χ If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 7 Χ 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 8 Χ If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2023

13-1673104

Schedule J (Form 990) 2023

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.

		(B) Breakdown of W-2 a	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	099-NEC compensation		The Manager of the	Total of order	ĺ
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(E) Total of Columns (B)(I)-(D)	(r) Compensation in column (B) reported as deferred on prior Form 990
KEVIN LONGINO	€	422,493.	62,300.	NONE	16,900.	20,945.	522,638.	NONE
1 CHIEF EXECUTIVE OFFICE	€			NONE	NONE	NONE	NONE	
KERRY K. WILLIS	€	380,310.	19,000.	NONE	17,428.	20,945.	437,683.	NONE
2 CHIEF SCIENTIFIC OFFICER	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
PETROS A. GREGORIOU	€	270,223.	17,600.	NONE	16,213.	29,782.	333,818.	NONE
3 CHIEF FINANCIAL OFFICER	(1)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ANTHONY S. GUCCIARDO	ε	259,698.	15,600.	NONE	12,985.	930.	289,213.	NONE
4 SVP, STRATEGIC PARTNERSHIPS	(NONE	NONE	NONE	NONE	NONE	NONE	NONE
DOLORES MACHUCA-RUIZ	€	234,767.	14,900.	NONE	8,831.	29,742.	288,240.	NONE
5 SENIOR VP, MARKETING	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JOSEPH VASSALOTTI	Θ	219,752.	12,300.	NONE	13,185.	29,716.	274,953.	NONE
6 CHIEF MEDICAL OFFICER	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SHARON PEARCE	(1)	219,068.	11,300.	NONE	8,763.	29,594.	268,725.	NONE
7 SVP, GOVT. RELATIONS	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
JESSICA JOSEPH	€	212,500.	12,400.	NONE	12,750.	9,672.	247,322.	NONE
8 VP, SCIENTIFIC ACTIVITIES	<u>(ii)</u>	NONE	NONE	NONE	NONE	NONE	NONE	NONE
ELIZABETH TALBOT-MONTG	()	193,000.	8,600.	NONE	7,720.	10,824.	220,144.	NONE
9 VP, LEARNING STRATEGIES	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
RASITHA HERATH	ε	203,365.	.000,6	NONE	3,503.	652.	216,520.	NONE
10 VP OF DIGITAL CUSTOMER EXP.	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
MICHELLE TOY	Ξ	177,881.	6,300.	NONE	NONE	29,609.	213,790.	NONE
11 REGIONAL VICE PRESIDENT	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
BRENITA BROOKS	9	189,295.	10,800.	NONE	1,893.	10,715.	212,703.	NONE
12 REGIONAL VP - MID-ATLANTIC	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SUSAN KETRON (THRU 12/	€	178,400.	8,100.	NONE	6,845.	13,455.	206,800.	NONE
13 VP, ORGANIZATIONAL	€	NONE	NONE	NONE	NONE	NONE	NONE	NONE
	Ξ							
14	€							
	€							
15	€							
	Ξ							
16	€							

Schedule J (Form 990) 2023

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13-1673104

Part III Supplemental Information

Schedule J (Form 990) 2023

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.

SCHEDULE J, PART I, LINE 4B:

THE ORGANIZATION HAS A SECTION 457(F) SENIOR STAFF FLEXIBLE BENEFIT PLAN OPTIONS, INCLUDING A CAPITAL ACCUMULATION ACCOUNT. THERE WERE NO ACCRUED BY THE ORGANIZATION, WHICH CAN BE USED FOR VARIOUS BENEFIT SENIOR MANAGEMENT EMPLOYEES WITH A BENEFIT ALLOWANCE BENEFITS TO THE 457(F) PLAN DURING CALENDAR YEAR 2023 THAT PROVIDES CONTRIBUTED

SCHEDULE J, PART I, LINE 7:

PART II, COLUMN (B)(II) REPORTS DISCRETIONARY INCENTIVE AMOUNTS THAT WERE APPROVED BY THE COMPENSATION COMMITTEE BASED UPON INDIVIDUAL AND ORGANIZATIONAL PERFORMANCE. SCHEDULE J,

SCHEDULE M (Form 990)

Noncash Contributions

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

Open to Public

OMB No. 1545-0047

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

13-1673104

	IONAL KIDNEY FOUNDATION,	INC.			13-1673104			
Par	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	Method of noncash cont			
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		1,349	1,334,612.	SALES PRO	CEED	S	
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		9	55,591.	MARKET QU	TATO	ION	
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 ()							
26	Other ()							
27	Other ()							
28	Other (-		_	
29	Number of Forms 8283 received							0
	which the organization completed I	Form 8283,	Part V, Donee Acknowledge	ement	29		Yes	8 No
				and the Book I for	a d. Alemannah		162	NO
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	es i through			
	28, that it must hold for at least 3					30a		Х
	used for exempt purposes for the e		period?			Jua		
	If "Yes," describe the arrangement i		, E	a the waview of com-	nonotordard			
31	Does the organization have a					31	х	
	contributions?				acll papeage	31		
32a	Does the organization hire or use					32a	х	
	contributions?					0Za	- 1	
	If "Yes," describe in Part II.		column (a) for a time of and	norty for which column (c	a) is checked			
33	If the organization didn't report an describe in Part II.	amount in c	coluinn (c) for a type of pro	perty for which column (a	ı) iə cilecked,			

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), LINE 9:

THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.

SCHEDULE M, PART I, LINE 32B:

THE ORGANIZATION CONTRACTS WITH CHARITABLE ADULT RIDES AND SERVICES FOR ADMINISTERING THE FOUNDATION'S VEHICLE DONATION PROGRAM. THE ORGANIZATION IS REPORTING THE NUMBER OF ITEMS CONTRIBUTED FOR CARS AND VEHICLES.

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

NATIONAL KIDNEY FOUNDATION, INC.

13-1673104

FORM 990, PART III, LINE 4A:

PROFESSIONAL EDUCATION - THE ORGANIZATION PROVIDES ACCREDITED MEDICAL EDUCATION PROGRAMS, QUALITY IMPROVEMENT INITIATIVES, AND CLINICAL TOOLS AND RESOURCES FOR THE INTERPROFESSIONAL HEALTHCARE TEAM. EDUCATIONAL OPPORTUNITIES INCLUDE NATIONAL MEETINGS COVERING A BROAD RANGE OF TOPICS AND SPECIALIZED LOCAL OR REGIONAL SEMINARS.

THE NKF SPRING CLINICAL MEETINGS ARE NKF'S PREMIER INTERPROFESSIONAL CONTINUING EDUCATION (CE) ACTIVITY, RECOGNIZED AS THE LEADING LEARNING EXPERIENCE FOR THE NEPHROLOGY COMMUNITY. DRAWING OVER 3,400 ATTENDEES ANNUALLY, THE EVENT FEATURES MORE THAN 500 RESEARCH POSTERS AND 140 EDUCATIONAL SESSIONS, FOSTERING COLLABORATION AND ADVANCING KIDNEY CARE.

SINCE 1981, THE ORGANIZATION HAS PUBLISHED PEER-REVIEWED MEDICAL JOURNALS DELIVERING TIMELY INSIGHTS AND CUTTING-EDGE RESEARCH ON KIDNEY DISEASE TO THE GLOBAL NEPHROLOGY COMMUNITY. FOUR OF THESE ESTEEMED JOURNALS ARE AVAILABLE ON SCIENCEDIRECT, A LEADING PLATFORM FOR PROFESSIONAL-LEVEL SCIENTIFIC AND MEDICAL INFORMATION, SERVING OVER 11 MILLION USERS WORLDWIDE.

THE ORGANIZATION'S KIDNEY LEARNING SOLUTIONS (KLS) OFFERS COMPREHENSIVE EDUCATION AND QUALITY IMPROVEMENT ACTIVITIES IN VARIOUS FORMATS,

INCLUDING PRINT AND DIGITAL RESOURCES. THESE PROGRAMS ARE DESIGNED TO SUPPORT THE MANAGEMENT AND TREATMENT OF CHRONIC KIDNEY DISEASE (CKD) AND ITS ASSOCIATED COMORBIDITIES.

Supplemental Information to Form 990 or 990-EZ

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Employer identification number 13-1673104

NATIONAL KIDNEY FOUNDATION, INC.

THE FOUNDATION'S KIDNEY DISEASE OUTCOMES QUALITY INITIATIVE (KDOQI)

DEVELOPS AND PUBLISHES EVIDENCE-BASED CLINICAL PRACTICE GUIDELINES AND

COMMENTARIES, REGULARLY UPDATED TO REFLECT THE LATEST ADVANCEMENTS IN

KIDNEY PATIENT CARE. BEYOND GUIDELINE DEVELOPMENT, KDOQI CONTRIBUTES TO

BROADER POLICIES AND EDUCATIONAL RESOURCES TO FACILITATE THE

IMPLEMENTATION OF THESE RECOMMENDATIONS. ALL KDOQI GUIDELINES AND

COMMENTARIES ARE PUBLISHED IN THE AMERICAN JOURNAL OF KIDNEY DISEASES

(AJKD), NKF'S FLAGSHIP JOURNAL.

FORM 990, PART III, LINE 4B:

COMMUNITY SERVICES AND ASSISTANCE TO AFFILIATES (DEFINED BELOW) - THE ORGANIZATION'S SCREENING PROGRAMS TARGET INDIVIDUALS MOST AT RISK OF POTENTIAL MEDICAL CONDITIONS THAT MAY LEAD TO FUTURE KIDNEY DISEASE. THE NATIONAL KIDNEY FOUNDATION CONDUCTS A SERIES OF PROGRAMS DESIGNED TO RAISE AWARENESS AMONG THE GENERAL PUBLIC ABOUT KIDNEYS, RISK FACTORS FOR KIDNEY DISEASE, AND HOW TO PROTECT THE KIDNEYS.

ASSISTANCE IS PROVIDED BY THE ORGANIZATION TO ITS AFFILIATES (DEFINED BELOW). THE ORGANIZATION PROVIDES CONSULTATION, GUIDANCE, TRAINING AND ADVOCACY. SPECIFIC GUIDANCE IS PROVIDED THROUGH EDUCATIONAL PROGRAMS FOR HEALTH CARE PRACTITIONERS AND KIDNEY DISEASE PATIENTS. AFFILIATES ARE KEPT UP TO DATE WITH CURRENT PUBLICATIONS FROM THE ORGANIZATION, BOTH CLINICAL AND NON-CLINICAL.

"AFFILIATES" - NATIONAL KIDNEY FOUNDATION ("NKF") HAS A CHARTERED NETWORK

Supplemental Information to Form 990 or 990-EZ

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Name of the organization

NATIONAL KIDNEY FOUNDATION, INC.

Employer identification number 13-1673104

OF 9 AFFILIATED ORGANIZATIONS ACROSS THE COUNTRY. THE AFFILIATES ARE SEPARATE LEGAL ENTITIES WHICH IN TANDEM WITH THE FOUNDATION HELP IMPLEMENT THE ORGANIZATIONAL MISSION AND PRIOIRITIES. NKF AND ITS AFFILIATES HAVE AGREEMENTS UNDER WHICH A PORTION OF THE REVENUE RECEIVED BY AFFILIATES IS SHARED WITH NKF FOR THE EXPRESS PURPOSE OF FULFILLING ITS MISSION.

FORM 990, PART III, LINE 4C:

PATIENT SERVICES - NKF OFFERS A WIDE RANGE OF PATIENT SERVICES DESIGNED TO SUPPORT, EDUCATE, AND EMPOWER INDIVIDUALS LIVING WITH KIDNEY DISEASE.

PROGRAMS INCLUDE ADVOCACY TRAINING, TRANSPORTATION ASSISTANCE, SUPPORT GROUPS, AND WORKSHOPS TAILORED TO THE NEEDS OF KIDNEY PATIENTS.

THROUGH THE NKF CARES HELPLINE, OVER 20,000 INDIVIDUALS RECEIVED

PERSONALIZED GUIDANCE AND SUPPORT, WHILE THE NKF PEERS PROGRAM CONNECTED

NEW PATIENTS WITH EXPERIENCED VOLUNTEERS TO PROVIDE MENTORSHIP AND

ENCOURAGEMENT. ADDITIONALLY, TENS OF THOUSANDS OF EDUCATIONAL BROCHURES

WERE DISTRIBUTED, OFFERING CONDITION-SPECIFIC INFORMATION TO HELP

PATIENTS NAVIGATE THEIR KIDNEY HEALTH JOURNEY.

FORM 990, PART III, LINE 4D:

1) PUBLIC & POPULATION HEALTH - THE ORGANIZATION'S WEBSITE,
WWW.KIDNEY.ORG, SERVES AS A VITAL RESOURCE FOR KIDNEY DISEASE EDUCATION,
ATTRACTING MILLIONS OF VISITORS ANNUALLY. PATIENTS RELY ON THE KIDNEY
TOPICS PAGES FOR COMPREHENSIVE INFORMATION ON VARIOUS KIDNEY CONDITIONS,
INCLUDING NUTRITION AND TREATMENT OPTIONS. THE ORGANIZATION REMAINS
COMMITTED TO EDUCATING AND SUPPORTING HIGH-RISK GROUPS BY PROVIDING

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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NATIONAL KIDNEY FOUNDATION, INC.

Employer identification number 13-1673104

TAILORED INFORMATION AND INTERVENTIONS, PARTICULARLY IN UNDERSERVED COMMUNITIES.

CKDINTERCEPT IS THE FOUNDATION'S GROUNDBREAKING INITIATIVES FOCUSED ON IMPROVING CHRONIC KIDNEY DISEASE TESTING, RECOGNITION, AND MANAGEMENT IN PRIMARY CARE.

EXPENSES: \$5,309,314. GRANTS: \$0. REVENUE: \$1,349,470.

2) RESEARCH - THE ORGANIZATION ANNUALLY AWARDS 5-6 YOUNG INVESTIGATOR

GRANTS AND 2 HEALTH EQUITY COMMUNITY ENGAGEMENT AWARDS. YOUNG

INVESTIGATOR GRANTS FUND PATIENT-ORIENTED CLINICAL RESEARCH STUDIES THAT

ADDRESS CRITICAL ISSUES AFFECTING INDIVIDUALS WITH KIDNEY DISEASE. HEALTH

EQUITY COMMUNITY ENGAGEMENT AWARDS SUPPORT COMMUNITY-FOCUSED PROJECTS

AIMED AT PREVENTING, REDUCING, OR ELIMINATING KIDNEY HEALTH DISPARITIES,

FOSTERING MEASURABLE IMPACT AT THE LOCAL LEVEL.

EXPENSES: \$4,428,116. GRANTS: \$676,489. REVENUE: \$179,569.

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

THE ORGANIZATION'S BOARD OF DIRECTORS ASSIGNS THE FINANCE COMMITTEE THE OVERSIGHT RESPONSIBILITY OF THE IRS FORM 990 AND ITS SUPPLEMENTAL SCHEDULES. FORM 990 IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, AND FINANCE COMMITTEE PRIOR TO FILING. THE FINAL AND SIGNED FORM 990 IS MADE AVAILABLE TO THE BOARD OF DIRECTORS PRIOR TO FILING.

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2023

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Name of the organization

NATIONAL KIDNEY FOUNDATION, INC.

Employer identification number 13-1673104

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

TO IDENTIFY CONFLICTS OF INTEREST, OFFICERS, DIRECTORS (GOVERNING BOARD MEMBERS) AND SENIOR STAFF MUST ANNUALLY DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST. THE ORGANIZATION'S AUDIT COMMITTEE AND THE COMPLIANCE OFFICER MANAGES THE DISCLOSURE AND MONITORING PROCESSES RELATED TO POTENTIAL CONFLICTS OF INTEREST. EACH PERSON ALSO HAS THE RESPONSIBILITY TO REPORT HIS OR HER OWN CONFLICTS OF INTEREST, WHETHER ACTUAL OR PERCEIVED, WHEN SUCH CONFLICTS ARISE DURING A MEETING. AFTER DISCLOSURE OF THE MATERIAL FACTS, THE INDIVIDUAL SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE POTENTIAL CONFLICT OF INTEREST IS DISCUSSED AND DETERMINED. THE DISCLOSURE, DECISIONS MADE, AND ACTIONS TAKEN ARE DOCUMENTED IN THE MINUTES OF THE MEETING.

FORM 990, PART VI, SECTION B, LINES 15A AND 15B:

THE COMPENSATION COMMITTE (COMPRISED OF INDEPENDENT BOARD MEMBERS) IS
RESPONSIBLE FOR ESTABLISHING GUIDELINES AND APPROVING COMPENSATION FOR
SENIOR MANAGEMENT POSITIONS (CEO, OTHER OFFICERS AND KEY EMPLOYEES) ON AN
ANNUAL BASIS. THE COMPENSATION COMMITTEE USES AN INDEPENDENT CONSULTANT
AND/OR COMPENSATION BENCHMARK STUDIES TO DETERMINE COMPENSATION FOR
SENIOR MANAGEMENT.

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

THE ORGANIZATION MAKES CERTAIN GOVERNING DOCUMENTS AVAILABLE TO THE

PUBLIC THROUGH ITS WEBSITE, WWW.KIDNEY.ORG. SUCH DOCUMENTS INCLUDE THE

AUDITED FINANCIAL STATEMENTS, ANNUAL REPORTS, CONFLICT OF INTEREST

POLICY, IRS DETERMINATION LETTER AND THE MOST RECENT FORM 990. OTHER

GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST TO THE COMPLIANCE OFFICER.

Supplemental Information to Form 990 or 990-EZ

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Attach to Form 990 or 990-EZ.

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gov/form990. Inspection

Employer identification number

Name of the organization

NATIONAL KIDNEY FOUNDATION, INC.

13-1673104

FORM 990, PART VIII, LINE 10:

THE REPORTING ORGANIZATION'S INVENTORY IS PRIMARILY MADE UP FROM EDUCATIONAL MATERIALS SUCH AS PROFESSIONAL EDUCATION BROCHURES FOR THE RENAL PROFESSIONALS AS WELL AS PATIENT EDUCATION BROCHURES FOR THE PATIENTS.

Name of the organization

NATIONAL KIDNEY FOUNDATION, INC.

Employer identification number

13-1673104

FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Name of the organization

NATIONAL KIDNEY FOUNDATION, INC.

Employer identification number

13-1673104

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
THE AXIS AGENCY		
1146 N. CENTRAL AVENUE		0.55 5.05
GLENDALE, CA 91202	MARKETING/PROMOTION	357,597.
SLALOM, LLC.		
P.O. BOX 101416		
PASADENA, CA 91189	DATA STRATEGY CONSUL	243,226.
REINGOLD, INC.		
1321 DUKE STREET		
ALEXANDRIA, VA 22314	ADVERTISING	179,959.
CORNERSTONE GOVERNMENT		
800 MAINE AVENUE SW, 7TH FLOOR		
WASHINGTON, DC 20024	ADVOCACY CONSULTING	168,000.
ALLEGIANCE FUNDRAISING, LLC		
P.O. BOX 1932		
FARGO, NC 58106	DONOR STEWARDSHIP	158,246.

388,653.

TOTALS

		Employer identification	number
ION, INC.		13-1673104	
(A)	(B)	(C)	(D)
TOTAL	PROGRAM	MANAGEMENT	FUNDRAISING
FEES	SERVICE EXP.	AND GENERAL	EXPENSES
2,648,633.	2,648,633	NONE	NONE
922,004.	922,004.	NONE	NON
650,267.	527,067.	5,784.	117,416.
475,425.	475,425	NONE	NON
1,416,311.	1,081,723	63,351.	271,237.
	(A) TOTAL FEES 2,648,633. 922,004. 650,267. 475,425.	(A) (B) TOTAL PROGRAM FEES SERVICE EXP 2,648,633. 2,648,633. 922,004. 922,004. 650,267. 527,067. 475,425. 475,425.	(A) (B) (C) TOTAL PROGRAM MANAGEMENT FEES SERVICE EXP. AND GENERAL 2,648,633. 2,648,633. NONE 922,004. 922,004. NONE 650,267. 527,067. 5,784. 475,425. 475,425. NONE

5,654,852.

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6,112,640.