

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2023

Open to Public
Inspection

Form **990**

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

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

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

Department of the Treasury
Internal Revenue Service

A For the 2023 calendar year, or tax year beginning 04/01/2023 **and ending** 03/31/2024

| | | |
|--|--|--|
| B Check if applicable: | C Name of organization NATIONAL KIDNEY FOUNDATION, INC. | D Employer identification number 13-1673104 |
| <input type="checkbox"/> Address change | Doing Business As | E Telephone number (212) 889-2210 |
| <input type="checkbox"/> Name change | Number and street (or P.O. box if mail is not delivered to street address) Room/suite 30 EAST 33RD STREET | |
| <input type="checkbox"/> Initial return | City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10016 | G Gross receipts \$ 51,084,570. |
| <input type="checkbox"/> Terminated | F Name and address of principal officer: KEVIN LONGINO 30 EAST 33RD STREET, NEW YORK, NY 10016 | |
| <input type="checkbox"/> Amended return | | H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Application pending | | H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | |
| J Website: ▶ WWW.KIDNEY.ORG | | H(c) Group exemption number ▶ 2041 |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1950 M State of legal domicile: NY |

Part I Summary

| | | |
|--|--|-------------------------|
| 1 | Briefly describe the organization's mission or most significant activities: <u>PREVENT KIDNEY DISEASES, IMPROVE THE HEALTH & WELL-BEING OF INDIV. & FAMILIES AFFECTED BY THESE DISEASES & INCREASE THE AVAILABILITY OF ALL ORGANS FOR TRANSPLANTATION.</u> | |
| 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | |
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 24 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 23 |
| 5 | Total number of individuals employed in calendar year 2023 (Part V, line 2a) | 5 271 |
| 6 | Total number of volunteers (estimate if necessary) | 6 20,000 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a NONE |
| 7b | Net unrelated business taxable income from Form 990-T, line 34 | 7b NONE |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 22,387,636. 20,413,151. |
| | 9 Program service revenue (Part VIII, line 2g) | 16,965,887. 20,961,589. |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,867,211. 2,101,833. |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 4,544,583. 3,209,280. |
| | 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 45,765,317. 46,685,853. |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,142,712. 1,108,930. |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | NONE NONE |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 24,698,436. 27,053,603. |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | NONE NONE |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,351,880. | |
| | 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 20,719,309. 21,885,239. |
| | 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 46,560,457. 50,047,772. |
| 19 Revenue less expenses. Subtract line 18 from line 12 | -795,140. -3,361,919. | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | 59,928,791. 52,473,755. |
| | 21 Total liabilities (Part X, line 26) | 28,721,823. 23,053,949. |
| | 22 Net assets or fund balances. Subtract line 21 from line 20. | 31,206,968. 29,419,806. |

Part II Signature Block

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

| | | |
|------------------|---|-------------------------|
| Sign Here | Signature of officer | Date January 9, 2025 |
| | Type or print name and title KEVIN LONGINO CEO | |

| | | | | | |
|-------------------------------|--|--|------------------------|---|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name PAUL HAMMERSCHMIDT | Preparer's signature PAUL HAMMERSCHMIDT | Date 01/07/2025 | Check <input type="checkbox"/> if self-employed | PTIN P01384178 |
| | Firm's name ▶ BDO USA | Firm's EIN ▶ 13-5381590 | Phone no. 212-885-8000 | | |
| | Firm's address ▶ 200 PARK AVENUE 38TH FLOOR NEW YORK, NY 10166 | | | | |

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

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Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

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.

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

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

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

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

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

4a (Code:) (Expenses \$ 17,088,426. including grants of \$ NONE) (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)

4c (Code:) (Expenses \$ 5,980,643. including grants of \$ 432,441.) (Revenue \$ 2,717,727.) PATIENT SERVICES (SEE SCHEDULE O)

4d Other program services (Describe on Schedule O.) (Expenses \$ 9,737,430. including grants of \$ 676,489.) (Revenue \$ 1,529,039.)

4e Total program service expenses 42,837,454.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 14. 'X' marks indicate 'Yes' responses.

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Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various IRS schedule requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax filings, and organizational activities.

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (24), 1b (23), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b (X), 11a (X), 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b (X).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.
PETROS GREGORIOU, 30 EAST 33RD STREET, NEW YORK, NY 10016

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

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

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

Table with 7 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include individuals like Kirk Campbell, Paul Palevsky, Tracy Mckibben, etc.

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 90

Table with 3 columns: Question, Yes, No. Questions 3, 4, and 5 regarding compensation reporting and related organizations.

Section B. Independent Contractors

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Rows for independent contractors.

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | | | |
| (26) MONICA DAVY BOARD MEMBER (AS OF 10/23) | 1.00 NONE | X | | | | | NONE | NONE | NONE |
| (27) VALERIE DIXON BOARD MEMBER (AS OF 10/23) | 1.00 NONE | X | | | | | NONE | NONE | NONE |
| (28) JOHN T. GERZEMA BOARD MEMBER | 1.00 NONE | X | | | | | NONE | NONE | NONE |
| (29) RENEE GOSLINE BOARD MEMBER | 1.00 NONE | X | | | | | NONE | NONE | NONE |
| (30) ORLANDO HAMPTON BOARD MEMBER (THRU 9/23) | 1.00 NONE | X | | | | | NONE | NONE | NONE |
| (31) DARRIUS JONES BOARD MEMBER (AS OF 10/23) | 1.00 NONE | X | | | | | NONE | NONE | NONE |
| (32) HOLLY MATTIX-KRAMER, MD BOARD MEMBER | 1.00 NONE | X | | | | | NONE | NONE | NONE |
| (33) ANNE MOTSENBOCKER BOARD MEMBER | 1.00 NONE | X | | | | | NONE | NONE | NONE |
| (34) LYNN PINA BOARD MEMBER | 1.00 NONE | X | | | | | NONE | NONE | NONE |
| (35) ALISON STEIBER, PHD, RDN BOARD MEMBER | 1.00 NONE | X | | | | | NONE | NONE | NONE |
| (36) MICHAEL J. STEVENSON, CPA BOARD MEMBER (THRU 9/23) | 1.00 NONE | X | | | | | NONE | NONE | NONE |
| 1b Sub-total | | | | | | | | | |
| 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 ▶

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

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| | | |
| | | |
| | | |
| | | |

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

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (37) SUMESKA THAVARAJAH, MD BOARD MEMBER | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (38) BRADLEY A. WARADY, MD BOARD MEMBER | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
| (39) JOHN WIGNESWARAN, MD BOARD MEMBER | 1.00 NONE | X | | | | | NONE | NONE | NONE | |
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| | | | | | | | | | | |
| 1b Sub-total | | | | | | | | | | |
| 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

| | Yes | No |
|--|-----|----|
| 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 | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | 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 | | X |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|----------------------------------|--------------------------------|---------------------|
| SEE SCHEDULE O | | |
| | | |
| | | |
| | | |
| | | |

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

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Part VIII Statement of Revenue

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

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 | |
|--|---|---------------|----------------|----------------------|--|--------------------------------------|---|--|
| Contributions, Gifts, Grants, and Other Similar Amounts | 1a Federated campaigns | 1a | 384,733. | | | | | |
| | b Membership dues | 1b | | | | | | |
| | c Fundraising events | 1c | 8,555,431. | | | | | |
| | d Related organizations | 1d | | | | | | |
| | e Government grants (contributions) | 1e | | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 11,472,987. | | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 1,390,203. | | | | | |
| | h Total. Add lines 1a-1f | | | 20,413,151. | | | | |
| Program Service Revenue | 2a PROGRAM SERVICE SUPPORT | Business Code | | | | | | |
| | | 611600 | | 18,935,394. | 18,935,394. | | | |
| | b GRANT AND CONTRACT REVENUE | 611600 | | 1,449,725. | 1,449,725. | | | |
| | c PROFESSIONAL MEMBERSHIP DUES | 511120 | | 576,470. | 576,470. | | | |
| | d _____ | | | | | | | |
| | e _____ | | | | | | | |
| | f All other program service revenue | | | | | | | |
| g Total. Add lines 2a-2f | | | 20,961,589. | | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | | 808,701. | | | 808,701. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | NONE | | | | |
| | 5 Royalties | | | 2,224,595. | | | 2,224,595. | |
| | 6a Gross rents | 6a | (i) Real | (ii) Personal | | | | |
| | | | | | | | | |
| | b Less: rental expenses | 6b | | | | | | |
| | c Rental income or (loss) | 6c | NONE | NONE | | | | |
| | d Net rental income or (loss) | | | NONE | | | NONE | |
| | 7a Gross amount from sales of assets other than inventory | 7a | (i) Securities | (ii) Other | | | | |
| | | | 3,135,460. | 1,334,612. | | | | |
| | b Less: cost or other basis and sales expenses | 7b | 3,001,971. | 174,969. | | | | |
| | c Gain or (loss) | 7c | 133,489. | 1,159,643. | | | | |
| | d Net gain or (loss) | | | 1,293,132. | | | 1,293,132. | |
| | 8a Gross income from fundraising events (not including \$ 8,555,431. of contributions reported on line 1c). See Part IV, line 18 | 8a | | | | | | |
| | | | 1,194,415. | | | | | |
| 1,194,415. | | | | | | | | |
| b Less: direct expenses | 8b | | | | | | | |
| c Net income or (loss) from fundraising events | | | NONE | | | NONE | | |
| 9a Gross income from gaming activities. See Part IV, line 19 | 9a | | NONE | | | | | |
| | | | NONE | | | | | |
| b Less: direct expenses | 9b | | | | | | | |
| c Net income or (loss) from gaming activities | | | NONE | | | NONE | | |
| 10a Gross sales of inventory, less returns and allowances | 10a | | 31,370. | | | | | |
| | | | 27,362. | | | | | |
| b Less: cost of goods sold | 10b | | | | | | | |
| c Net income or (loss) from sales of inventory | | | 4,008. | 4,008. | | | | |
| Miscellaneous Revenue | 11a THRIFT STORE REVENUE | Business Code | | | | | | |
| | | 448000 | | 606,733. | | | 606,733. | |
| | b S CORPORATION INCOME (SCHEDULE K-1) | 532000 | | 77,912. | | 77,912. | | |
| | c MISCELLANEOUS REVENUE | 611710 | | 296,032. | | | 296,032. | |
| | d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | 980,677. | | | | | |
| 12 Total revenue. See instructions | | | 46,685,853. | 20,965,597. | 77,912. | 5,229,193. | | |

Part IX Statement of Functional Expenses

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

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Compensation, Salaries, Pension, Payroll, Advertising, etc.

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Part X Balance Sheet

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

Table with columns (A) Beginning of year, (B) End of year, and rows for Assets (1-16), Liabilities (17-26), and Net Assets or Fund Balances (27-33). Includes sub-rows 10a, 10b, 10c and 29-31.

Form 990 (2023)

Form 990 (2023)

Part XI Reconciliation of Net Assets

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

Table with 10 rows for reconciliation of net assets. Line 1: Total revenue 46,685,853. Line 2: Total expenses 50,047,772. Line 3: Revenue less expenses -3,361,919. Line 4: Net assets at beginning 31,206,968. Line 5: Net unrealized gains 1,574,757. Line 10: Net assets at end 29,419,806.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: [X] Accrual
2a Were the organization's financial statements compiled or reviewed by an independent accountant? [X]
2b Were the organization's financial statements audited by an independent accountant? [X]
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? [X]
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? [X]
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Table with 3 columns: Question, Yes, No. Contains 'X' marks in the Yes/No columns for questions 2a, 2b, 2c, and 3a.

Form 990 (2023)

**SCHEDULE A
(Form 990)**

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

| | |
|---|---|
| Name of the organization NATIONAL KIDNEY FOUNDATION, INC. | Employer identification number 13-1673104 |
|---|---|

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

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

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|--------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 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 Total. Add lines 1 through 3. | 21,982,428. | 21,825,883. | 28,004,970. | 22,387,636. | 20,413,151. | 114,614,068. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). | | | | | | NONE |
| 6 Public support. Subtract line 5 from line 4 | | | | | | 114,614,068. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
|---|-------------|-------------|-------------|-------------|-------------|--------------------------|
| 7 Amounts from line 4 | 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.) | 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. (see instructions) | | | | | 12 | 85,035,026. |
| 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|-------------------------------------|---------|
| 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) | 14 | 86.36 % |
| 15 Public support percentage from 2022 Schedule A, Part II, line 14 | 15 | 87.20 % |
| 16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization. | <input checked="" type="checkbox"/> | |
| b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization | <input type="checkbox"/> | |
| 17a 10%-facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. | <input type="checkbox"/> | |
| b 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization. | <input type="checkbox"/> | |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | <input type="checkbox"/> | |

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows: 15 Public support percentage for 2023; 16 Public support percentage from 2022 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Rows: 17 Investment income percentage for 2023; 18 Investment income percentage from 2022 Schedule A, Part III, line 17.

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

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

| | | Yes | No |
|----------|--|-----|----|
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | | |
| 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). | | |
| 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. | | |

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Schedule A (Form 990) 2023

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

Table with 2 columns: Description and Current Year. Rows include Section D - Distributions with items 1 through 10.

Table with 4 columns: Description, (i) Excess Distributions, (ii) Underdistributions Pre-2023, and (iii) Distributable Amount for 2023. Rows include Section E - Distribution Allocations with items 1 through 8.

Schedule A (Form 990) 2023

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

SCHEDULE A, PART II - OTHER INCOME

| DESCRIPTION | 2019 | 2020 | 2021 | 2022 | 2023 | TOTAL |
|----------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-------------------|
| THRIFT STORE REVENUE | NONE | NONE | 663,092. | 653,209. | 606,733. | 1,923,034. |
| MISCELLANEOUS INCOME | 243,799. | 186,023. | 170,343. | 130,609. | 296,032. | 1,026,806. |
| TOTALS | 243,799. | 186,023. | 833,435. | 783,818. | 902,765. | 2,949,840. |

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

NATIONAL KIDNEY FOUNDATION, INC.

13-1673104

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 501(c)(3) (enter number) organization

[] 4947(a)(1) nonexempt charitable trust not treated as a private foundation

[] 527 political organization

Form 990-PF

[] 501(c)(3) exempt private foundation

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

[] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

| | |
|---|---|
| Name of organization NATIONAL KIDNEY FOUNDATION, INC. | Employer identification number 13-1673104 |
|---|---|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|---|
| 1 | N/A _____ _____ _____ | \$ 558,375. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | N/A _____ _____ _____ | \$ 446,311. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| | _____ _____ _____ | \$ _____ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |

Name of organization

NATIONAL KIDNEY FOUNDATION, INC.

Employer identification number

13-1673104

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

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

| | |
|---|---|
| Name of organization NATIONAL KIDNEY FOUNDATION, INC. | Employer identification number 13-1673104 |
|---|---|

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

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-------------------|-------------------------------------|
| _____ | <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-------------------|-------------------------------------|
| _____ | <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-------------------|-------------------------------------|
| _____ | <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> |

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------|---------------------|-------------------|-------------------------------------|
| _____ | <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> |

| (e) Transfer of gift | |
|---|--|
| Transferee's name, address, and ZIP + 4 | Relationship of transferor to transferee |
| <hr/> <hr/> <hr/> | <hr/> <hr/> <hr/> |

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2023

Open to Public Inspection

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

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.

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 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

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

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| | |
|---|---|
| Name of organization NATIONAL KIDNEY FOUNDATION, INC. | Employer identification number 13-1673104 |
|---|---|

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions \$ _____
- 3 Volunteer hours for political campaign activities. See instructions _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955. \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0-. | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-. |
|----------|-------------|---------|---|--|
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |

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

Schedule C (Form 990) 2023

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals |
|---|---|----------------------------------|--|
| 1a | Total lobbying expenditures to influence public opinion (grassroots lobbying) | NONE | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | 168,000. | |
| c | Total lobbying expenditures (add lines 1a and 1b) | 168,000. | |
| d | Other exempt purpose expenditures | 46,527,892. | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | 46,695,892. | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | 1,000,000. | |
| If the amount on line 1e, column (a) or (b) 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. | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | 250,000. | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns 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. |
| c 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. |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | 1,500,000. |
| f Grassroots lobbying expenditures | | | | NONE | NONE |

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation... 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 3 columns: Question, Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues. 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? 5 Taxable amount of lobbying and political expenditures. See instructions.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for supplemental information.

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.

Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

NATIONAL KIDNEY FOUNDATION, INC.

Employer identification number

13-1673104

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions, grants, and end of year, and questions about donor advisement.

Part II Conservation Easements

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

Table for Conservation Easements with rows for Purpose(s), Total number of easements, Acreage, Modified easements, States, Policy, Hours, Expenses, and Section 170(h)(4)(B) requirements.

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

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

Table for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets with rows for reporting requirements and amounts.

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

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

Part IV Escrow and Custodial Arrangements

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | Amount |
|---|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes No

Part V Endowment Funds

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

| | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | 4,317,740. | 5,080,657. | 5,078,166. | 3,758,154. | 4,226,286. |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | 616,109. | -620,779. | 136,214. | 1,443,209. | -239,355. |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | 144,167. | 142,138. | 133,723. | 123,197. | 228,777. |
| f Administrative expenses | | | | | |
| g End of year balance | 4,789,682. | 4,317,740. | 5,080,657. | 5,078,166. | 3,758,154. |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment NONE %
 - b Permanent endowment 82.9700 %
 - c Term endowment 17.0300 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations? | X | |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 3b Yes No
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | 819,041. | 506,760. | 312,281. |
| d Equipment | | 374,588. | 374,588. | NONE |
| e Other | | 2,912,618. | 2,652,072. | 260,546. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) | | | | 572,827. |

Part VII Investments - Other Securities

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

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

Part VIII Investments - Program Related

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

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

Part IX Other Assets

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

| (a) Description | (b) Book value |
|--|----------------|
| (1) OPERATING LEASE | |
| (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, 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 Form 990, Part X, line 25.

| 1. (a) Description of liability | (b) Book value |
|--|----------------|
| (1) Federal income taxes | |
| (2) OPERATING LEASE LIABILITIES | 10,469,080. |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)). | 10,469,080. |

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|----------|--|----------------------|-----------|-------------|
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 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 | 2a 1,574,757. | | |
| b | Donated services and use of facilities | 2b 16,906. | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | 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: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b -27,362. | | |
| c | 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.) | | 5 | 46,685,853. |

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
 Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

| | | | | |
|----------|---|-------------------|-----------|-------------|
| 1 | Total expenses and losses per audited financial statements | | 1 | 50,092,040. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a 16,906. | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d 27,362. | | |
| e | Add lines 2a through 2d | | 2e | 44,268. |
| 3 | Subtract line 2e from line 1 | | 3 | 50,047,772. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | 50,047,772. |

Part XIII Supplemental Information

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

SEE 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

OMB No. 1545-0047

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.

2023

Open to Public Inspection

Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

NATIONAL KIDNEY FOUNDATION, INC.

13-1673104

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

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

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

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

| | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser have custody or control of contributions? | | (iv) Gross receipts from activity | (v) Amount paid to (or retained by) fundraiser listed in col. (i) | (vi) Amount paid to (or retained by) organization |
|--------------|---|---------------|--|----|-----------------------------------|---|---|
| | | | Yes | No | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |
| Total | | | | | | | |

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

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

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
|--|---|--------------------------|-----------------------------|----------------------|---------------------------------|
| | | GNY WALK (event type) | NCA AUTHORS (event type) | 81 (total number) | (add col. (a) through col. (c)) |
| Revenue | 1 Gross receipts | 584,285. | 407,113. | 8,758,448. | 9,749,846. |
| | 2 Less: Contributions | 542,110. | 299,097. | 7,714,224. | 8,555,431. |
| | 3 Gross income (line 1 minus line 2) | 42,175. | 108,016. | 1,044,224. | 1,194,415. |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | 7,798. | 5,335. | 27,752. | 40,885. |
| | 6 Rent/facility costs | 27,302. | 57,828. | 262,327. | 347,457. |
| | 7 Food and beverages | 6,643. | 26,300. | 673,968. | 706,911. |
| | 8 Entertainment | | | | |
| | 9 Other direct expenses | 432. | 18,553. | 80,177. | 99,162. |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) | | | | 1,194,415. |
| 11 Net income summary. Subtract line 10 from line 3, column (d) | | | | | |

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

| | | |
|------------|--|---|
| 13a | | % |
| 13b | | % |

 - a The organization's facility
 - b An outside facility
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization

NATIONAL KIDNEY FOUNDATION, INC.

Employer identification number

13-1673104

Part I General Information on Grants and Assistance

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

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

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash 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) PRATT 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 | |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table | | | | | | | | 12 |
| 3 Enter total number of other organizations listed in the line 1 table | | | | | | | | NONE |

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

Schedule I (Form 990) 2023

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 PATIENT ASSISTANCE | 543 | 432,441. | | | |
| 2 CKD FELLOW | 1 | 2,160. | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |

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

SCHEDULE I, PART I, LINE 2:

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

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

| | (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |

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

TO SUPPORT INDIVIDUALS LIVING WITH KIDNEY DISEASE.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

NATIONAL KIDNEY FOUNDATION, INC.

13-1673104

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

| | Yes | No |
|-----------|-----|----|
| 1b | | |
| 2 | | |
| 4a | | X |
| 4b | X | |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | X | |
| 8 | | X |
| 9 | | |

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

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.

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

Part III Supplemental Information

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

SCHEDULE J, PART I, LINE 4B:

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

SCHEDULE J, PART I, LINE 7:

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

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

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

OMB No. 1545-0047

2023

**Open to Public
Inspection**

| | |
|---|---|
| Name of the organization NATIONAL KIDNEY FOUNDATION, INC. | Employer identification number 13-1673104 |
|---|---|

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--|----------------------------|---|--|---|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | X | 1,349 | 1,334,612. | SALES PROCEEDS |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 9 | 55,591. | MARKET QUOTATION |
| 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 by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement | 29 | 8 |
|--|----|---|

| | Yes | No |
|---|-----|----|
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? | | X |
| b If "Yes," describe the arrangement in Part II. | | |
| 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? | X | |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? | X | |
| b If "Yes," describe in Part II. | | |
| 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | | |

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.

**SCHEDULE O
(Form 990 or 990-EZ)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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Name of the organization

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.

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

NATIONAL KIDNEY FOUNDATION, INC.

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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

**SCHEDULE O
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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 PRIORITIES. 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

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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.

**SCHEDULE O
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NATIONAL KIDNEY FOUNDATION, INC.

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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 COMMITTEE (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.

**SCHEDULE O
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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

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FORM 990, PART VI, LINE 17 - STATES

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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

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FORM 990, PART VII-COMPENSATION OF THE 5 HIGHEST PAID IND. CONTRACTORS

| NAME AND ADDRESS | DESCRIPTION OF SERVICES | COMPENSATION |
|--|-------------------------|--------------|
| THE AXIS AGENCY 1146 N. CENTRAL AVENUE 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. |

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FORM 990, PART IX - OTHER FEES

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| DESCRIPTION | (A) TOTAL FEES | (B) PROGRAM SERVICE EXP. | (C) MANAGEMENT AND GENERAL | (D) FUNDRAISING EXPENSES |
|---------------------------|------------------------------|--------------------------------|----------------------------------|--------------------------------|
| ----- | ----- | ----- | ----- | ----- |
| CONSULTING | 2,648,633. | 2,648,633. | NONE | NONE |
| HONORARIA | 922,004. | 922,004. | NONE | NONE |
| AUDIO VISUAL | 650,267. | 527,067. | 5,784. | 117,416. |
| JOURNAL PROFESSIONAL FEES | 475,425. | 475,425. | NONE | NONE |
| OTHER PROFESSIONAL FEES | 1,416,311. | 1,081,723. | 63,351. | 271,237. |
| TOTALS | ----- 6,112,640. ===== | ----- 5,654,852. ===== | ----- 69,135. ===== | ----- 388,653. ===== |