

## PUBLIC DISCLOSURE COPY

Form **990**

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

2024

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.Open to Public  
Inspection

<b>A For the 2024 calendar year, or tax year beginning</b>		04/01	, 2024, and ending	03/31	, 20 25
<b>B Check if applicable:</b>		<b>C Name of organization</b> NATIONAL KIDNEY FOUNDATION, INC.		<b>D Employer identification number</b> 13-1673104	
<input type="checkbox"/> Address change		Doing business as		<b>E Telephone number</b> (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	
<input type="checkbox"/> Initial return		30 EAST 33RD STREET			
<input type="checkbox"/> Final return/terminated		City or town, state or province, country, and ZIP or foreign postal code			
<input type="checkbox"/> Amended return		NEW YORK, NY 10016		<b>G Gross receipts \$</b> 56,263,692	
<input type="checkbox"/> Application pending		<b>F Name and address of principal officer:</b> KEVIN LONGINO SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>J Website:</b> WWW.KIDNEY.ORG				If "No," attach a list. See instructions.	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L Year of formation:</b> 1950		<b>M State of legal domicile:</b> NY	

<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: PREVENT KIDNEY DISEASES, IMPROVE THE HEALTH AND WELL-BEING OF INDIVIDUALS AND FAMILIES AFFECTED BY THESE DISEASES, AND INCREASE THE AVAILABILITY OF ALL ORGANS FOR TRANSPLANTATION.		
	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	23
	4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	22
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a) . . . . .	5	279
	6 Total number of volunteers (estimate if necessary) . . . . .	6	20,000
	7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	73,083
b Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . .	7b	0	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g) . . . . .	20,413,151	24,396,508
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	20,961,589	19,877,948
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	2,101,833	2,204,221
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	3,209,280	3,649,548
<b>Expenses</b>	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	46,685,853	50,128,225
	14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	1,108,930	1,071,600
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	27,053,603	28,362,980
	b Total fundraising expenses (Part IX, column (D), line 25) . . . . .	0	0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	3,730,591	21,885,239
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	50,047,772	21,080,667
19 Revenue less expenses. Subtract line 18 from line 12 . . . . .	(3,361,919)	50,515,247	
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26) . . . . .	52,473,755	51,507,992
	22 Net assets or fund balances. Subtract line 21 from line 20 . . . . .	23,053,949	22,093,557
		29,419,806	29,414,435

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

<b>Sign Here</b>			January 6, 2026
	Signature of officer	Date	
Kevin Longino, Chief Executive Officer			
Type or print name and title			

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	PAUL HAMMERSCHMIDT	PAUL HAMMERSCHMIDT	01/06/2026		P01384178
	Firm's name	BDO USA	Firm's EIN	13-5381590	
Firm's address	200 PARK AVE 38TH FLOOR, NEW YORK, NY 10166	Phone no.	(212) 885-8000		

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

## **Part III Statement of Program Service Accomplishments**

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

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules (continued)**

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

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	299	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	✓	

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	279
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<b>2b</b>	✓
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . .	<b>3b</b>	✓
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	✓
<b>b</b>	If "Yes," enter the name of the foreign country . . . . . See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>	✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	✓
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	✓
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>	✓
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	<b>9a</b>	
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9b</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>13a</b>	
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.	<b>15</b>	✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>	✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.	<b>17</b>	

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

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year. . . . . **1a** 23

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.

1b Enter the number of voting members included on line 1a, above, who are independent . . . . . **1b** 22

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . . **2** ✓

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . . **3** ✓

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . **4** ✓

5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . **5** ✓

6 Did the organization have members or stockholders? . . . . . **6** ✓

7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . . **7a** ✓

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . **7b** ✓

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: . . . . . **8a** ✓

a The governing body? . . . . . **8b** ✓

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O . . . . . **9** ✓

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

10a Did the organization have local chapters, branches, or affiliates? . . . . . **10a** ✓

b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . . **10b** ✓

11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . . **11a** ✓

b Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . . **12a** ✓

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . **12b** ✓

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . **12c** ✓

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. . . . . **13** ✓

13 Did the organization have a written whistleblower policy? . . . . . **14** ✓

14 Did the organization have a written document retention and destruction policy? . . . . . **15** ✓

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? . . . . . **15a** ✓

a The organization's CEO, Executive Director, or top management official . . . . . **15b** ✓

b Other officers or key employees of the organization . . . . . **16a** ✓

If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. . . . . **16b**

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . **16b** ✓

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .

### Section C. Disclosure

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

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

Own website  Another's website  Upon request  Other (explain on Schedule O)

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

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

**PETROS GREGORIOU, 30 EAST 33RD STREET, NEW YORK, NY 10016, (212) 889-2210**

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

 Check if Schedule O contains a response or note to any line in this Part VII . . . . . 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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			
(1) KEVIN LONGINO	35.0								
CHIEF EXECUTIVE OFFICER	0.0	✓	✓				429,759	0	37,166
(2) PETROS A. GREGORIOU	35.0			✓					
CHIEF FINANCIAL OFFICER	0.0		✓				301,000	0	47,179
(3) KERRY K. WILLIS	35.0				✓				
CHIEF SCIENTIFIC OFFICER	0.0				✓		304,470	0	37,414
(4) DOLORES MACHUCA-RUIZ	35.0					✓			
SENIOR VP, MARKETING	0.0					✓	261,500	0	39,100
(5) JERRY TILLERY	35.0					✓			
SVP, FIELD DEVELOPMENT & COMMUNITY IMPACT	0.0					✓	283,558	0	16,757
(6) JOANNE RENCHER	35.0					✓			
CHIEF PEOPLE OFFICER	0.0			✓			266,442	0	29,451
(7) JOSEPH VASSALOTTI	35.0					✓			
CHIEF MEDICAL OFFICER	0.0					✓	244,930	0	42,815
(8) ANTHONY S. GUCCIARDO	35.0					✓			
SVP, STRATEGIC PARTNERSHIPS	0.0			✓			272,164	0	14,188
(9) JESSICA JOSEPH	35.0				✓				
VP, SCIENTIFIC ACTIVITIES	0.0				✓		240,035	0	24,382
(10) MICHELLE TOY	35.0					✓			
REGIONAL VICE PRESIDENT	0.0					✓	208,481	0	29,241
(11) ELIZABETH TALBOT-MONTGOMERY	35.0					✓			
VP, LEARNING STRATEGIES/PRIMARY CARE PROGRAMS	0.0					✓	209,950	0	18,213
(12) ANNE BARR	2.0								
BOARD CHAIR	0.0	✓	✓				0	0	0
(13) KIRK CAMPBELL, MD	2.0								
PRESIDENT	0.0	✓	✓				0	0	0
(14) MICHELLE MAE ESTRELLA, MD	2.0								
PRESIDENT ELECT (AS OF 10/24)	0.0	✓	✓				0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) MONICA DAVY	2.0								
SECRETARY (AS OF 10/24)	0.0	✓		✓			0	0	0
(16) SAMUEL MARCHIO	1.0								
BOARD MEMBER (THRU 9/24)/SECRETARY (THRU 9/24)	0.0	✓		✓			0	0	0
(17) SYLVIA ROSAS, MD, MSCE	2.0								
IMMEDIATE PAST PRESIDENT	0.0	✓		✓			0	0	0
(18) TRACY MCKIBBEN	2.0								
IMMEDIATE PAST BOARD CHAIR	0.0	✓		✓			0	0	0
(19) ALISON STEIBER, PHD, RDN	1.0								
BOARD MEMBER	0.0	✓					0	0	0
(20) ANNE MOTSENBOCKER	1.0								
BOARD MEMBER	0.0	✓					0	0	0
(21) ANTHONY TUGGLE	1.0								
BOARD MEMBER (AS OF 10/24)	0.0	✓					0	0	0
(22) BRADLEY A. WARADY, MD	1.0								
BOARD MEMBER	0.0	✓					0	0	0
(23) DARRIUS JONES	1.0								
BOARD MEMBER	0.0	✓					0	0	0
(24) DAVID COOK, MD	1.0								
BOARD MEMBER (THRU 3/24)	0.0	✓					0	0	0
(25) (SEE PART VII CONTINUATION SHEET)									
<b>1b Subtotal</b>							<b>3,022,289</b>	<b>0</b>	<b>335,906</b>
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>0</b>	<b>0</b>	<b>0</b>
<b>d Total (add lines 1b and 1c)</b>							<b>3,022,289</b>	<b>0</b>	<b>335,906</b>
<b>2</b> Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization							<b>72</b>		

	Yes	No
3		✓
4	✓	
5		✓

**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
BDO USA, 200 PARK AVENUE, 38TH FLOOR, NEW YORK, NY 10166	AUDIT/ACCOUNTING	173,979
EQUALS 11, INC., 2810 CHURCH STREET, WILMINGTON, DE 19802	INFORMATION TECHNOLOGY	157,756
MEDSCAPE LLC, PO BOX 27025, RICHMOND, VA 23261	MEDICAL EDUCATION	157,000
CORNERSTONE GOVERNMENT, 800 MAINE AVENUE, SW, 7TH FLOOR, WASHINGTON, DC 20024	ADVOCACY CONSULTING	156,000
FREEWILL CO, PO BOX 5322, KINGWOOD, TX 77325	PLATFORM FEES	142,647
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	<b>8</b>	

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII 

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>						
1a	Federated campaigns . . . . .	1a	372,652			
b	Membership dues . . . . .	1b				
c	Fundraising events . . . . .	1c	8,342,313			
d	Related organizations . . . . .	1d	1,440,169			
e	Government grants (contributions)	1e				
f	All other contributions, gifts, grants, and similar amounts not included above	1f	14,241,374			
g	Noncash contributions included in lines 1a-1f . . . . .	1g	\$ 2,681,056			
h	<b>Total.</b> Add lines 1a-1f . . . . .		24,396,508			
<b>Program Service Revenue</b>		Business Code				
2a	PROGRAM SERVICE SUPPORT	611600	18,183,188	18,183,188	0	0
b	GRANT AND CONTRACT REVENUE	611600	1,014,200	1,014,200	0	0
c	PROFESSIONAL MEMBERSHIP DUES	511120	680,560	680,560	0	0
d						
e						
f	All other program service revenue . .		0	0	0	0
g	<b>Total.</b> Add lines 2a-2f . . . . .		19,877,948			
<b>Other Revenue</b>						
3	Investment income (including dividends, interest, and other similar amounts) . . . . .		851,422	0	0	851,422
4	Income from investment of tax-exempt bond proceeds					
5	Royalties . . . . .		2,324,416	0	0	2,324,416
6a	Gross rents . .	(i) Real				
b	Less: rental expenses	6a				
c	Rental income or (loss) . . . . .	6b				
d	Net rental income or (loss) . . . . .	6c	0	0		
7a	Gross amount from sales of assets other than inventory	(i) Securities				
b	Less: cost or other basis and sales expenses . .	7a	4,980,299	1,402,649		
c	Gain or (loss) . . . . .	7b	4,743,575	286,574		
d	Net gain or (loss) . . . . .	7c	236,724	1,116,075		
8a	Gross income from fundraising events (not including \$ 8,342,313 of contributions reported on line 1c). See Part IV, line 18 . . . . .		1,352,799	0	0	1,352,799
b	Less: direct expenses . . . . .	8a	1,083,893			
c	Net income or (loss) from fundraising events . . . . .	8b	1,083,893			
9a	Gross income from gaming activities. See Part IV, line 19 . . . . .					
b	Less: direct expenses . . . . .	9a				
c	Net income or (loss) from gaming activities . . . . .	9b				
10a	Gross sales of inventory, less returns and allowances . . . . .					
b	Less: cost of goods sold . . . . .	10a	23,178			
c	Net income or (loss) from sales of inventory . . . . .	10b	21,425			
<b>Miscellaneous Revenue</b>		Business Code				
11a	THRIFT STORE REVENUE	448000	644,375	0	0	644,375
b	MISCELLANEOUS REVENUE	611710	605,921	0	0	605,921
c	S CORPORATION INCOME (SCHEDULE K-1)	532000	73,083	0	73,083	0
d	All other revenue . . . . .		0	0	0	0
e	<b>Total.</b> Add lines 11a-11d . . . . .		1,323,379			
12	<b>Total revenue.</b> See instructions . . . . .		50,128,225	19,879,701	73,083	5,778,933

**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 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	698,197	698,197		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	373,403	373,403		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	2,037,293	1,599,607	290,917	146,769
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	20,985,449	18,124,871	2,188,484	672,094
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	508,124	410,601	73,856	23,667
<b>9</b> Other employee benefits . . . . .	3,042,946	2,789,172	191,316	62,458
<b>10</b> Payroll taxes . . . . .	1,789,168	1,445,209	258,667	85,292
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	529,153	529,153	0	0
<b>c</b> Accounting . . . . .	139,979	0	139,979	0
<b>d</b> Lobbying . . . . .	317,695	317,695	0	0
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O) . . . . .	6,628,718	5,837,018	59,949	731,751
<b>12</b> Advertising and promotion . . . . .	1,502,600	1,418,609	45,562	38,429
<b>13</b> Office expenses . . . . .	2,385,843	1,992,849	48,560	344,434
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	2,094,999	1,695,265	300,611	99,123
<b>17</b> Travel . . . . .	591,780	508,650	22,136	60,994
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	4,227,231	3,099,864	37,472	1,089,895
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	150,195	121,321	21,714	7,160
<b>23</b> Insurance . . . . .	243,192	201,365	31,455	10,372
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) . . . . .				
<b>a</b> EQUIPMENT REPAIR/MAINTENANCE . . . . .	1,457,010	1,041,974	185,403	229,633
<b>b</b> DUES AND SUBSCRIPTIONS . . . . .	274,281	242,161	24,115	8,005
<b>c</b> MISCELLANEOUS . . . . .	537,991	362,379	55,097	120,515
<b>d</b> . . . . .				
<b>e</b> All other expenses . . . . .	0	0	0	0
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	50,515,247	42,809,363	3,975,293	3,730,591
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing	700	1	700
	2 Savings and temporary cash investments	9,912,516	2	9,640,005
	3 Pledges and grants receivable, net	2,449,325	3	1,644,022
	4 Accounts receivable, net	444,788	4	397,152
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			
		0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			
		0	6	0
	7 Notes and loans receivable, net	1,056,395	7	744,211
	8 Inventories for sale or use	127,055	8	104,414
	9 Prepaid expenses and deferred charges	1,579,792	9	2,261,193
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 4,171,664		
	b Less: accumulated depreciation	10b 3,682,564	10c	489,100
	11 Investments—publicly traded securities	22,485,063	11	22,654,015
	12 Investments—other securities. See Part IV, line 11	2,000,000	12	2,080,000
	13 Investments—program-related. See Part IV, line 11	300,000	13	1,100,000
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	11,545,294	15	10,393,180
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	52,473,755	16	51,507,992
<b>Liabilities</b>	17 Accounts payable and accrued expenses	4,502,234	17	4,617,062
	18 Grants payable		18	
	19 Deferred revenue	8,082,635	19	8,365,769
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0 22	0
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	10,469,080	25	9,110,726
	<b>26 Total liabilities.</b> Add lines 17 through 25	23,053,949	26	22,093,557
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	27 Net assets without donor restrictions	18,848,746	27	19,140,385
	28 Net assets with donor restrictions	10,571,060	28	10,274,050
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	29,419,806	32	29,414,435
	<b>33 Total liabilities and net assets/fund balances</b>	52,473,755	33	51,507,992

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	50,128,225
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	50,515,247
3	Revenue less expenses. Subtract line 2 from line 1 . . . . .	3	(387,022)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	4	29,419,806
5	Net unrealized gains (losses) on investments . . . . .	5	381,651
6	Donated services and use of facilities . . . . .	6	
7	Investment expenses . . . . .	7	
8	Prior period adjustments . . . . .	8	
9	Other changes in net assets or fund balances (explain on Schedule O) . . . . .	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	10	29,414,435

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII 

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee Highest compensated employee			
(25) GISELLE GUERRA, MD	1.0	<input checked="" type="checkbox"/>				0	0	0
BOARD MEMBER (AS OF 3/25)	0.0							
(26) HOLLY MATTIX-KRAMER, MD	1.0	<input checked="" type="checkbox"/>				0	0	0
BOARD MEMBER	0.0							
(27) HUBERT ALLEN	1.0	<input checked="" type="checkbox"/>				0	0	0
BOARD MEMBER	0.0							
(28) JAIME HERRERA BEUTLER	1.0	<input checked="" type="checkbox"/>				0	0	0
BOARD MEMBER	0.0							
(29) JOHN T. GERZEMA	1.0	<input checked="" type="checkbox"/>				0	0	0
BOARD MEMBER (THRU 9/24)	0.0							
(30) JOHN WIGNESWARAN, MD	1.0	<input checked="" type="checkbox"/>				0	0	0
BOARD MEMBER	0.0							
(31) LYNN PINA	1.0	<input checked="" type="checkbox"/>				0	0	0
BOARD MEMBER	0.0							
(32) MANISH AGARWAL	1.0	<input checked="" type="checkbox"/>				0	0	0
BOARD MEMBER	0.0							
(33) PAUL PALEVSKY, MD	1.0	<input checked="" type="checkbox"/>				0	0	0
BOARD MEMBER (AS OF 10/24)	0.0							
(34) RENEE GOSLINE	1.0	<input checked="" type="checkbox"/>				0	0	0
BOARD MEMBER	0.0							
(35) SUMESKA THAVARAJAH, MD	1.0	<input checked="" type="checkbox"/>				0	0	0
BOARD MEMBER	0.0							
(36) VALERIE DIXON	1.0	<input checked="" type="checkbox"/>				0	0	0
BOARD MEMBER	0.0							

**SCHEDULE A**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024****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)						
<b>Total</b>						

**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	21,825,883	28,004,970	22,387,636	20,413,151	24,396,508	117,028,148
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	21,825,883	28,004,970	22,387,636	20,413,151	24,396,508	117,028,148
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) . . . . .						0
<b>6 Public support.</b> Subtract line 5 from line 4						117,028,148

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4 . . . . .	21,825,883	28,004,970	22,387,636	20,413,151	24,396,508	117,028,148
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	2,467,866	2,667,957	2,902,139	3,033,296	3,175,838	14,247,096
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	68,969	73,733	1,110,220	0	0	1,252,922
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). . . . .	186,023	833,435	783,818	902,766	1,250,296	3,956,338
<b>11 Total support.</b> Add lines 7 through 10						136,484,504
12 Gross receipts from related activities, etc. (see instructions) . . . . .					12	88,768,663
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . . .	14	85.74 %
15 Public support percentage from 2023 Schedule A, Part II, line 14 . . . . .	15	86.36 %
<b>16a 33<sup>1/3</sup> support test—2024.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1/3</sup> or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33<sup>1/3</sup> support test—2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1/3</sup> or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2024.</b> 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 <b>stop here</b> . 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>b 10%-facts-and-circumstances test—2023.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support****Calendar year (or fiscal year beginning in)**

1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .

2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .

3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .

4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .

5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .

6 **Total.** Add lines 1 through 5 . . . . .

7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .

b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .

c Add lines 7a and 7b . . . . .

8 **Public support.** (Subtract line 7c from line 6.) . . . . .

	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1						
2						
3						
4						
5						
6						
7a						
b						
c						
8						

**Section B. Total Support****Calendar year (or fiscal year beginning in)**

9 Amounts from line 6 . . . . .

10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .

b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .

c Add lines 10a and 10b . . . . .

11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .

12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .

13 **Total support.** (Add lines 9, 10c, 11, and 12.) . . . . .

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

	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9						
10a						
b						
c						
11						
12						
13						
14						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) . . . . . **15** %

16 Public support percentage from 2023 Schedule A, Part III, line 15 . . . . . **16** %

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for **2024** (line 10c, column (f), divided by line 13, column (f)) . . . . . **17** %

18 Investment income percentage from **2023** Schedule A, Part III, line 17 . . . . . **18** %

19a **33 1/3% support tests—2024.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

b **33 1/3% support tests—2023.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

**Part IV Supporting Organizations (continued)**

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**.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

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.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

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).

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

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.

	Yes	No
1		
2		
3		

**Section E. Type III Functionally Integrated Supporting Organizations**

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

a  The organization satisfied the Activities Test. Complete **line 2** below.

b  The organization is the parent of each of its supported organizations. Complete **line 3** below.

c  The organization supported a governmental entity. Describe in **Part VI** how you supported a governmental entity (see instructions).

2 Activities Test. **Answer lines 2a and 2b below.**

a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI** identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.

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.

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**.

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.

	Yes	No
2a		
2b		
3a		
3b		

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

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.

<b>Section A—Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B—Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C—Distributable Amount</b>			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	<b>Distributable Amount.</b> 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).		

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

<b>Section D—Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>
<b>Section E—Distribution Allocations</b> (see instructions)		<b>(iii) Distributable Amount for 2024</b>
		<b>(i) Excess Distributions</b>
		<b>(ii) Underdistributions Pre-2024</b>
<b>1</b>	Distributable amount for 2024 from Section C, line 6	
<b>2</b>	Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.	
<b>3</b>	Excess distributions carryover, if any, to 2024	
<b>a</b>	From 2019 . . . . .	
<b>b</b>	From 2020 . . . . .	
<b>c</b>	From 2021 . . . . .	
<b>d</b>	From 2022 . . . . .	
<b>e</b>	From 2023 . . . . .	
<b>f</b>	<b>Total</b> of lines 3a through 3e	
<b>g</b>	Applied to underdistributions of prior years	
<b>h</b>	Applied to 2024 distributable amount	
<b>i</b>	Carryover from 2019 not applied (see instructions)	
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	
<b>4</b>	Distributions for 2024 from Section D, line 7: \$	
<b>a</b>	Applied to underdistributions of prior years	
<b>b</b>	Applied to 2024 distributable amount	
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.	
<b>5</b>	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.	
<b>6</b>	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.	
<b>7</b>	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.	
<b>8</b>	Breakdown of line 7:	
<b>a</b>	Excess from 2020 . . .	
<b>b</b>	Excess from 2021 . . .	
<b>c</b>	Excess from 2022 . . .	
<b>d</b>	Excess from 2023 . . .	
<b>e</b>	Excess from 2024 . . .	

## Part VI

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

**Part VI**

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

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	(1) MISCELLANEOUS INCOME	186,023	170,343	130,609	296,033	605,921	1,388,929
	(2) THRIFT STORE REVENUE	0	663,092	653,209	606,733	644,375	2,567,409
	Total	186,023	833,435	783,818	902,766	1,250,296	3,956,338

**Schedule B  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

**NATIONAL KIDNEY FOUNDATION, INC.**

Employer identification number

**13-1673104****Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)(**3**) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization

**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
<b>1</b>		\$ <b>1,377,000</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<b>2</b>		\$ <b>1,294,216</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<b>3</b>		\$ <b>1,180,757</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<b>4</b>		\$ <b>926,500</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<b>5</b>		\$ <b>855,202</b>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<b>6</b>		\$ <b>636,200</b>	Person <input checked="" 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
		\$ _____	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	-----

Name of organization

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

**SCHEDULE C  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Political Campaign and Lobbying Activities****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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024****Open to Public  
Inspection****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 I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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 <b>NATIONAL KIDNEY FOUNDATION, INC.</b>	Employer identification number (EIN) <b>13-1673104</b>
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**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 EINs 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-.  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)				

**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.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	0	0
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	317,695	0
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .	317,695	0
<b>d</b>	Other exempt purpose expenditures . . . . .	46,466,961	0
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	46,784,656	0
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	0
<b>IF the amount on line 1e, column (a) or (b) is:</b> <b>THEN the lobbying nontaxable amount is:</b>			
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.	
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	250,000	0
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .	0	0
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .	0	0
<b>j</b>	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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a) 2021</b>	<b>(b) 2022</b>	<b>(c) 2023</b>	<b>(d) 2024</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
<b>c</b> Total lobbying expenditures	152,399	214,800	168,000	317,695	852,894
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	0	0	0	0	0

**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)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers? . . . . .			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? . . . . .			
c Media advertisements? . . . . .			
d Mailings to members, legislators, or the public? . . . . .			
e Publications, or published or broadcast statements? . . . . .			
f Grants to other organizations for lobbying purposes? . . . . .			
g Direct contact with legislators, their staffs, government officials, or a legislative body? . . . . .			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . . . . .			
i Other activities? . . . . .			
j Total. Add lines 1c through 1i . . . . .			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? . . . . .			
b If "Yes," enter the amount of any tax incurred under section 4912 . . . . .			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . . . . .			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . . .			

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

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

**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."**

1 Dues, assessments and similar amounts from members . . . . .	1	
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).		
a Current year . . . . .	2a	
b Carryover from last year . . . . .	2b	
c Total . . . . .	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . . . . .	3	
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 . . . . .	4	
	5	

**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.

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**SCHEDULE D  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
Attach to Form 990.Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

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.

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

**Part II Conservation Easements**

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

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

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

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

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

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

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

a  Public exhibition      d  Loan or exchange program  
 b  Scholarly research      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
1c	
1d	
1e	
1f	

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

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

**Part V Endowment Funds**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance . . . . .	4,789,682	4,317,740	5,080,657	5,078,166	3,758,154
b Contributions . . . . .					
c Net investment earnings, gains, and losses . . . . .	218,603	616,109	(620,779)	136,214	1,443,209
d Grants or scholarships . . . . .					
e Other expenditures for facilities and programs . . . . .	148,219	144,167	142,138	133,723	123,197
f Administrative expenses . . . . .					
g End of year balance . . . . .	4,860,066	4,789,682	4,317,740	5,080,657	5,078,166

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

a Board designated or quasi-endowment 0.00 %

b Permanent endowment 81.77 %

c Term endowment 18.23 %

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
3a(i)	✓	
3a(ii)		✓
3b		

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

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 . . . . .			813,728	550,991	262,737
d Equipment . . . . .			374,588	374,588	0
e Other . . . . .			2,983,348	2,756,985	226,363

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) . . . . . 489,100

**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) . . . . .		
<b>Total.</b> (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) . . . . .		
<b>Total.</b> (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 RIGHT-OF-USE ASSET	7,422,159
(2) BENEFICIAL INTEREST IN A PERPETUAL TRUST	2,633,852
(3) OTHER ASSETS	233,656
(4) SECURITY DEPOSITS	103,513
(5) . . . . .	
(6) . . . . .	
(7) . . . . .	
(8) . . . . .	
(9) . . . . .	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B)) . . . . .	10,393,180

**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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITIES	9,110,726
(3) . . . . .	
(4) . . . . .	
(5) . . . . .	
(6) . . . . .	
(7) . . . . .	
(8) . . . . .	
(9) . . . . .	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .	9,110,726

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	50,559,664
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments . . . . .	2a	381,651
b	Donated services and use of facilities . . . . .	2b	28,363
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII.) . . . . .	2d	0
e	Add lines 2a through 2d . . . . .	2e	410,014
3	Subtract line 2e from line 1 . . . . .	3	50,149,650
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	(21,425)
c	Add lines 4a and 4b . . . . .	4c	(21,425)
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .	5	50,128,225

**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	50,565,035
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities . . . . .	2a	28,363
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIII.) . . . . .	2d	21,425
e	Add lines 2a through 2d . . . . .	2e	49,788
3	Subtract line 2e from line 1 . . . . .	3	50,515,247
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	0
c	Add lines 4a and 4b . . . . .	4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . .	5	50,515,247

**Part XIII Supplemental Information**

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

SEE STATEMENT

**Part XIII**

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

Return Reference - Identifier	Explanation	
	(a) Description	(b) Amount
<b>SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE</b>	<b>COST OF GOODS SOLD</b>	<b>- 21,425</b>
	<b>TOTAL</b>	<b>- 21,425</b>
<b>SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990</b>	<b>(a) Description</b>	<b>(b) Amount</b>
	<b>COST OF GOODS SOLD</b>	<b>21,425</b>
	<b>TOTAL</b>	<b>21,425</b>

## Part XIII

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

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	THE 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 - FIN 48 (ASC 740) FOOTNOTE	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, 2025. 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.

**SCHEDULE G  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No. 1545-0047

Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**Open to Public  
Inspection**

Name of the organization

NATIONAL KIDNEY FOUNDATION, INC.

Employer identification number

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.

<b>a</b>	<input type="checkbox"/> Mail solicitations	<b>e</b>	<input type="checkbox"/> Solicitation of nongovernment grants
<b>b</b>	<input type="checkbox"/> Internet and email solicitations	<b>f</b>	<input type="checkbox"/> Solicitation of government grants
<b>c</b>	<input type="checkbox"/> Phone solicitations	<b>g</b>	<input type="checkbox"/> Special fundraising events
<b>d</b>	<input type="checkbox"/> In-person solicitations		

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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.

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**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 GNY WALK (event type)	(b) Event #2 GNY GALA (event type)	(c) Other events 80 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	553,176	428,290	8,444,740	9,426,206
	<b>2</b> Less: Contributions . . . . .	435,349	280,079	7,626,885	8,342,313
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	117,827	148,211	817,855	1,083,893
Direct Expenses	<b>4</b> Cash prizes . . . . .				0
	<b>5</b> Noncash prizes . . . . .	5,501	1,353	17,869	24,723
	<b>6</b> Rent/facility costs . . . . .	22,457	17,765	332,497	372,719
	<b>7</b> Food and beverages . . . . .	1,971	112,200	367,109	481,280
	<b>8</b> Entertainment . . . . .				0
	<b>9</b> Other direct expenses . . . . .	87,898	16,893	100,380	205,171
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				1,083,893
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .				0

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

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

<b>a</b> The organization's facility . . . . .	<b>13a</b>	%
<b>b</b> An outside facility . . . . .	<b>13b</b>	%

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

Name \_\_\_\_\_

Address \_\_\_\_\_

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .  Yes  No

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

**c** If "Yes," enter name and address 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 explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SCHEDULE I**  
**(Form 990)**

(Rev. December 2024)

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b) EIN</b>	<b>(c) IRC section (if applicable)</b>	<b>(d) Amount of cash grant</b>	<b>(e) Amount of noncash assistance</b>	<b>(f) Method of valuation (book, FMV, appraisal, other)</b>	<b>(g) Description of noncash assistance</b>	<b>(h) Purpose of grant or assistance</b>
(1) NYU SCHOOL OF MEDICINE PO BOX 415026, BOSTON, MA 02241	13-5562308	501(C)(3)	239,976				CKD FELLOW
(2) JOHNS HOPKINS UNIV. SCHOOL OF MEDICINE 3910 KESWICK RD. NBLD, BALTIMORE, MD 21211	52-0595110	501(C)(3)	246,150				CKD AND RESEARCH FELLOW
(3) BAYLOR COLLEGE OF MEDICINE 1102 BATES AVENUE, HOUSTON, TX 77030	74-1613878	501(C)(3)	56,250				RESEARCH FELLOW
(4) ANN & ROBERT H. LURIE CHILDREN'S HOSPITAL 225 E CHICAGO AVE, CHICAGO, IL 60611	36-2170833	501(C)(3)	35,000				RESEARCH FELLOW
(5) BRIGHAM & WOMEN'S HOSPITAL PO BOX 3149, BOSTON, MA 02241	04-2312909	501(C)(3)	26,250				RESEARCH FELLOW
(6) REGENTS OF THE UNIVERSITY OF CALIFORNIA 500 PARNASSUS AVE, SAN FRANCISCO, CA 94143	94-6036493	501(C)(3)	26,250				RESEARCH FELLOW
(7) REGENTS OF THE UNIVERSITY OF MICHIGAN 1540 EAST HOSPITAL DR., ANN ARBOR, MI 48109	38-6006309	501(C)(3)	26,250				RESEARCH FELLOW
(8) NIH/NIDDK 31 CENTER DRIVE, BETHESDA, MD 20892	52-0858115	GOVERNMENT	12,500				RESEARCH FELLOW
(9) UNIVERSITY OF UTAH 201 S PRESIDENTS CIR., SALT LAKE CITY, UT 84112	87-6000525	501(C)(3)	9,250				RESEARCH FELLOW
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 9  
3 Enter total number of other organizations listed in the line 1 table . . . . . 0

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 PATIENT ASSISTANCE	506	371,403			
2 SCHOLARSHIPS AND OTHER GRANTS	3	2,000			
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.

(SEE STATEMENT)

**Part IV**

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	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 TO SUPPORT INDIVIDUALS LIVING WITH KIDNEY DISEASE.

**SCHEDULE J**  
**(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service**Compensation Information**  
For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**NATIONAL KIDNEY FOUNDATION, INC.**

Employer identification number

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**

<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		✓
<b>4b</b>	✓	
<b>4c</b>		✓
<b>5a</b>		✓
<b>5b</b>		✓
<b>6a</b>		✓
<b>6b</b>		✓
<b>7</b>	✓	
<b>8</b>		✓
<b>9</b>		

**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) 429,759	0	0	0	17,111	20,055	466,925	0
		(ii) 0	0	0	0	0	0	0	0
2	PETROS A. GREGORIOU CHIEF FINANCIAL OFFICER	(i) 292,500	8,500	0	0	17,728	29,451	348,179	0
		(ii) 0	0	0	0	0	0	0	0
3	KERRY K. WILLIS CHIEF SCIENTIFIC OFFICER	(i) 295,470	9,000	0	0	17,428	19,986	341,884	0
		(ii) 0	0	0	0	0	0	0	0
4	DOLORES MACHUCA-RUIZ SENIOR VP, MARKETING	(i) 254,000	7,500	0	0	9,649	29,451	300,600	0
		(ii) 0	0	0	0	0	0	0	0
5	JERRY TILLERY SVP, FIELD DEVELOPMENT & COMMUNITY IMPACT	(i) 248,558	35,000	0	0	0	16,757	300,315	0
		(ii) 0	0	0	0	0	0	0	0
6	JOANNE RENCHER CHIEF PEOPLE OFFICER	(i) 266,442	0	0	0	0	29,451	295,893	0
		(ii) 0	0	0	0	0	0	0	0
7	JOSEPH VASSALOTTI CHIEF MEDICAL OFFICER	(i) 238,930	6,000	0	0	13,412	29,403	287,745	0
		(ii) 0	0	0	0	0	0	0	0
8	ANTHONY S. GUCCIARDO SVP, STRATEGIC PARTNERSHIPS	(i) 264,164	8,000	0	0	13,208	980	286,352	0
		(ii) 0	0	0	0	0	0	0	0
9	JESSICA JOSEPH VP, SCIENTIFIC ACTIVITIES	(i) 232,535	7,500	0	0	13,298	11,084	264,417	0
		(ii) 0	0	0	0	0	0	0	0
10	MICHELLE TOY REGIONAL VICE PRESIDENT	(i) 200,481	8,000	0	0	0	29,241	237,722	0
		(ii) 0	0	0	0	0	0	0	0
11	ELIZABETH TALBOT-MONTGOMERY VP, LEARNING STRATEGIES/PRIMARY CARE PROGRAMS	(i) 202,950	7,000	0	0	7,920	10,293	228,163	0
		(ii) 0	0	0	0	0	0	0	0
12		(i)							
13		(i)							
14		(i)							
15		(i)							
16		(i)							

**Part III**

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

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 4B - SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	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 2024.
SCHEDULE J, PART I, LINE 7 - NON-FIXED PAYMENTS	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**

OMB No. 1545-0047

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2024**

**Open to Public  
Inspection**

Name of the organization

**NATIONAL KIDNEY FOUNDATION, INC.**

Employer identification number

**13-1673104**

**Part I Types of Property**

	<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> 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 . . . . .	✓	1,371	1,402,649	SALES PROCEEDS
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	✓	9	1,278,407	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	0

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .

Yes	No
-----	----

30a ✓

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .

31 ✓

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a ✓

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

**Part II**

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

Return Reference - Identifier	Explanation
SCHEDULE M, PART I, LINE 9	THE ORGANIZATION IS REPORTING THE NUMBER OF CONTRIBUTIONS.
SCHEDULE M, PART I, LINE 32B - THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS	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)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

National Kidney Foundation, Inc.

Employer identification number

13-1673104

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4A -	<p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>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.</p>
FORM 990, PART III, LINE 4B -	<p>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.</p> <p>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.</p> <p>"AFFILIATES" - NATIONAL KIDNEY FOUNDATION ("NKF") HAS A CHARTERED NETWORK 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.</p>
FORM 990, PART III, LINE 4C -	<p>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.</p> <p>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.</p>
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$4,453,659 INCLUDING GRANTS OF \$0)(REVENUE \$679,540)</p> <p>PUBLIC &amp; POPULATION HEALTH - THE ORGANIZATION'S WEBSITE, <a href="http://WWW.KIDNEY.ORG">WWW.KIDNEY.ORG</a>, 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 TAILORED INFORMATION AND INTERVENTIONS, PARTICULARLY IN UNDERSERVED COMMUNITIES.</p> <p>CKDINTERCEPT IS THE FOUNDATION'S GROUNDBREAKING INITIATIVES FOCUSED ON IMPROVING CHRONIC KIDNEY DISEASE TESTING, RECOGNITION, AND MANAGEMENT IN PRIMARY CARE.</p>

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
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OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

National Kidney Foundation, Inc.

Employer identification number

13-1673104

Return Reference - Identifier	Explanation																														
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$3,746,190 INCLUDING GRANTS OF \$700,197)(REVENUE \$597,336) 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.																														
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	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.																														
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	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, LINE 15 - PROCESS TO ESTABLISH COMPENSATION	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, LINE 17 - STATES WITH WHICH A COPY OF THIS FORM 990 IS REQUIRED TO BE FILED	CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY																														
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	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.																														
FORM 990, PART VIII, LINE 10A -	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.																														
FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES	<table border="1"> <thead> <tr> <th data-bbox="460 1402 736 1474">(a) Description</th><th data-bbox="736 1402 915 1474">(b) Total Expenses</th><th data-bbox="915 1402 1095 1474">(c) Program Service Expenses</th><th data-bbox="1095 1402 1274 1474">(d) Management and General Expenses</th><th data-bbox="1274 1402 1522 1474">(e) Fundraising Expenses</th></tr> </thead> <tbody> <tr> <td data-bbox="460 1474 736 1507">CONSULTING</td><td data-bbox="736 1474 915 1507">3,138,529</td><td data-bbox="915 1474 1095 1507">2,705,804</td><td data-bbox="1095 1474 1274 1507">2,800</td><td data-bbox="1274 1474 1522 1507">429,925</td></tr> <tr> <td data-bbox="460 1507 736 1539">HONORARIA</td><td data-bbox="736 1507 915 1539">989,220</td><td data-bbox="915 1507 1095 1539">989,220</td><td data-bbox="1095 1507 1274 1539">0</td><td data-bbox="1274 1507 1522 1539">0</td></tr> <tr> <td data-bbox="460 1539 736 1571">AUDIO VISUAL</td><td data-bbox="736 1539 915 1571">729,086</td><td data-bbox="915 1539 1095 1571">726,360</td><td data-bbox="1095 1539 1274 1571">0</td><td data-bbox="1274 1539 1522 1571">2,726</td></tr> <tr> <td data-bbox="460 1571 736 1624">OTHER PROFESSIONAL FEES</td><td data-bbox="736 1571 915 1624">1,771,883</td><td data-bbox="915 1571 1095 1624">1,415,634</td><td data-bbox="1095 1571 1274 1624">57,149</td><td data-bbox="1274 1571 1522 1624">299,100</td></tr> <tr> <td data-bbox="460 1624 736 1655"><b>Total</b></td><td data-bbox="736 1624 915 1655"><b>6,628,718</b></td><td data-bbox="915 1624 1095 1655"><b>5,837,018</b></td><td data-bbox="1095 1624 1274 1655"><b>59,949</b></td><td data-bbox="1274 1624 1522 1655"><b>731,751</b></td></tr> </tbody> </table>	(a) Description	(b) Total Expenses	(c) Program Service Expenses	(d) Management and General Expenses	(e) Fundraising Expenses	CONSULTING	3,138,529	2,705,804	2,800	429,925	HONORARIA	989,220	989,220	0	0	AUDIO VISUAL	729,086	726,360	0	2,726	OTHER PROFESSIONAL FEES	1,771,883	1,415,634	57,149	299,100	<b>Total</b>	<b>6,628,718</b>	<b>5,837,018</b>	<b>59,949</b>	<b>731,751</b>
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