Earm 8879-EO	IRS e-file Signature Authorization for an Exempt Organization	Ļ	OMB No. 1545-0047
	For calendar year 2020, or fiscal year beginning APR 1 , 2020, and ending MAR 31 ,	₂₀ 21	0000
	► Do not send to the IRS. Keep for your records.	20 21 1	2020
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest information.		
Name of exempt organization		Taxpayer ide	ntification number
NATIONAL KIDN	EY FOUNDATION OF ILLINOIS	36-600)9226
Name and title of officer or pe			
	RGESS-BISHOP FACHE		
CEO Part I Type of I	Return and Return Information (Whole Dollars Only)		
Check the box for the retu check the box on line 1a , 2 blank, then leave line 1b , 2	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, from 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you enter applicable line below. Do not complete more than one line in Part I.	this form was	
			0 1 4 2 0 0 6
1a Form 990 check here			
2a Form 990-EZ check h	······································		
3a Form 1120-POL chec			
4a Form 990-PF check h			
5a Form 8868 check here 6a Form 990-T check here			
7a Form 4720 check here			
	ion and Signature Authorization of Officer or Person Subject to Tax	70	
	I declare that X I am an officer of the above organization or I am a person subj		h respect to
	, (EIN)		
software for payment of th a payment, I must contact (settlement) date. I also au confidential information ne identification number (PIN) PIN: check one box only	hic funds withdrawal (direct debit) entry to the financial institution account indicated in the e federal taxes owed on this return, and the financial institution to debit the entry to this a the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior t thorize the financial institutions involved in the processing of the electronic payment of ta cessary to answer inquiries and resolve issues related to the payment. I have selected a p as my signature for the electronic return and, if applicable, the consent to electronic function as my signature for the electronic return and the payment.	ccount. To re o the paymer xes to receive personal	evoke ht
X I authorize WI	PFLI LLP	to enter my F	9IN 54403
	ERO firm name		Enter five numbers, but do not enter all zeros
a state agency(ie PIN on the return As an officer or p electronically file	on the tax year 2020 electronically filed return. If I have indicated within this return that a ss) regulating charities as part of the IRS Fed/State program, I also authorize the aforemer n's disclosure consent screen. Derson subject to tax with respect to the organization, I will enter my PIN as my signature d return. If I have indicated within this return that a copy of the return is being filed with a les as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure cor	ntioned ERO on the tax ye state agency	eturn is being filed with to enter my ar 2020 (ies)
Signature of officer or person subject	t to tax	Date	
	tion and Authentication		
-	ur six-digit electronic filing identification your five-digit self-selected PIN. 36531654403 Do not enter all zeros		
-	neric entry is my PIN, which is my signature on the 2020 electronically filed return indicate turn in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Informa		
ERO's signature 🕨 JAME	S O GIESE Date \rightarrow 11/	12/21	
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do S	30	
LHA For Paperwork Rec	uction Act Notice, see instructions.		Form 8879-EO (2020)
023051 11-03-20			

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a	senarate	application	for	each	return

► Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.*

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instru	uctions		Taxpavo	idontificati	on number (TIN)
print	Name of exempt organization of other filer, see instru	ictions.		тахрауе	luentincati	
print	NATIONAL KIDNEY FOUNDATION	OF IL	LINOIS		36-60	09226
File by the due date for	Number, street, and room or suite no. If a P.O. box, s					
filing your	215 WEST ILLINOIS STREET, N					
return. See instructions.	City, town or post office, state, and ZIP code. For a for CHICAGO, IL 60654					
Enter the	Return Code for the return that this application is for (file	e a separat	e application for each return)			
Applicati	on	Return	Application			Return
Is For		Code	Is For			Code
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A			08
Form 472	0 (individual)	03	Form 4720 (other than individual)			09
Form 990	-PF	04	Form 5227			10
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above) SHEILLA NTAMBO	06	Form 8870			12
 If the c If this is box ▶ [1 I reaction the the the the the the the the the the	ne tax year entered in line 1 is for less than 12 months, c Change in accounting period	Group Exe and atta FEBRI anization's , an heck reasc	mption Number (GEN) I ch a list with the names and TINs of JARY 15, 2022 , to file return for: d ending MAR 31, 2021 on: Initial return	f this is fo all memb	r the whole ers the extension opt organiza	group, check this
3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.			3a	\$	0.	
	is application is for Forms 990-PF, 990-T, 4720, or 6069 mated tax payments made. Include any prior year overp			3b	\$	0.
	ance due. Subtract line 3b from line 3a. Include your pa				–	
	ng EFTPS (Electronic Federal Tax Payment System). See	•		3c	\$	0.
Caution: instructio	If you are going to make an electronic funds withdrawal	(direct deb	bit) with this Form 8868, see Form 84		d Form 887	79-EO for payment 8868 (Rev. 1-2020)

023841 04-01-20

	-		Return of Organization Exempt Fro	om In	come Tax	OMB No. 1545-0047		
For	n Y	90	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Cod			s) 2020		
	-		Do not enter social security numbers on this form as it			Open to Public		
		of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and the	e latest i	nformation.	Inspection		
AF	or th	e 2020 calenda	ar year, or tax year beginning $ { m APR} 1, 2020 $ and endi	ding M2	AR 31, 2021			
	heck if		organization		D Employer identific	cation number		
	pplicat							
	Addr chan Nam	ge NATI	ONAL KIDNEY FOUNDATION OF ILLINOIS					
	_chan	ge Doing bi	usiness as		36-600922			
	returi	n Number			E Telephone number			
	Final returi termi		WEST ILLINOIS STREET 1C		312-321-3			
	ated Amer	City or to	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	2,552,520.		
return CHICAGO, IL 60054 H(a) is this a group								
	_ tiòn pend	ina	AS C ABOVE		for subordinates			
		empt status:		527	H(b) Are all subordinates in	cluded? Yes No list. See instructions		
			NKFI.ORG		H(c) Group exemption			
		of organization:				State of legal domicile: IL		
	art I							
	1	Briefly describ	e the organization's mission or most significant activities: <u>TO</u> PRO	VIDE	PUBLIC EDUC	CATION,		
Governance			IONAL EDUCATION, PATIENT SERVICES, A					
'nar	2	Check this bo	x if the organization discontinued its operations or disposed of	of more t	han 25% of its net ass	ets.		
ovel	3	Number of vot	ing members of the governing body (Part VI, line 1a)			28		
	4	Number of ind	ependent voting members of the governing body (Part VI, line 1b)			28		
es &	5	Total number	of individuals employed in calendar year 2020 (Part V, line 2a)			18		
Activities &	6	Total number	of volunteers (estimate if necessary)		6	40		
Acti			d business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated	business taxable income from Form 990-T, Part I, line 11	<u></u>	7b	0.		
					Prior Year	Current Year		
e	8		and grants (Part VIII, line 1h)		1,964,737.	1,480,942.		
Revenue	9	•	ce revenue (Part VIII, line 2g)		768,409.	593,645.		
Re	10		come (Part VIII, column (A), lines 3, 4, and 7d)		<u>3,308</u> . -103,413.	<u>184,093.</u> -115,674.		
	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,633,041.	2,143,006.		
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		164,000.	201,000.		
	13 14		nilar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14		c or for members (Part IX, column (A), line 4)		1,276,722.	1,451,632.		
ses			undraising fees (Part IX, column (A), line 11e)		0.	0.		
Expense	b		ng expenses (Part IX, column (D), line 25) 292,944.	•				
Ă	17		es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,080,181.	646,314.		
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,520,903.	2,298,946.		
	19		expenses. Subtract line 18 from line 12		112,138.	-155,940.		
OL				Beg	inning of Current Year	End of Year		
Net Assets or Fund Balances	20	Total assets (F	Part X, line 16)		7,086,758.	8,319,796.		
t As	21		(Part X, line 26)		505,642.	729,803.		
			fund balances. Subtract line 21 from line 20		6,581,116.	7,589,993.		
	art II	•						
			declare that I have examined this return, including accompanying schedules and			knowledge and belief, it is		
true	corre	ct, and complete.	Declaration of preparer (other than officer) is based on all information of which p	preparer h	as any knowledge.			

Sign	Signature of officer		Date		
Here	JACQUELINE BURGESS-BIS	HOP, FACHE, CEO			
	Type or print name and title				
	Print/Type preparer's name	Preparer's signature	Date Check PTIN		
Paid	JAMES O GIESE	JAMES O GIESE	11/12/21 self-employed P00040837		
Preparer	Firm's name 🕒 WIPFLI LLP		Firm's EIN ▶ 39-0758449		
Use Only	Firm's address 🕨 100 TRI-STATE IN	TERNATIONAL STE 300			
	LINCOLNSHIRE, IL	60069	Phone no.847.941.0100		
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions	X Yes No		
032001 12-23-20LHAFor Paperwork Reduction Act Notice, see the separate instructions.Form 990 (2020)					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	990 (2020) NATIONAL KIDNEY FOUNDATION OF ILLINOIS 36-6009226 Page 2 t III Statement of Program Service Accomplishments
I UI	
1	Briefly describe the organization's mission:
	THE NATIONAL KIDNEY FOUNDATION OF ILLINOIS IMPROVES THE HEALTH AND
	WELL-BEING OF PEOPLE AT RISK FOR OR AFFECTED BY KIDNEY DISEASE THROUGH
	PREVENTION, EDUCATION, AND EMPOWERMENT.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$ 788,111. including grants of \$) (Revenue \$ 261,244.)
	COMMUNITY SERVICES AND PUBLIC EDUCATION - THE NATIONAL KIDNEY
	FOUNDATION OF ILLINOIS (NKFI) PROVIDES PREVENTION SCREENINGS FOR
	DIABETES, HIGH BLOOD PRESSURE AND KIDNEY DISEASE AS WELL AS EDUCATION, HEALTHCARE REFERRAL AND FOLLOW UP TO MEDICALLY UNDERSERVED COMMUNITIES
	ACROSS THE STATE OF ILLINOIS THROUGH ITS KIDNEYMOBILE PROGRAM. THE NKFI
	ALSO PARTNERS WITH ORGANIZATIONS ACROSS THE STATE TO PROMOTE AND BRING
	A GREATER AWARENESS TO ORGAN DONATION. THE NKFI ALSO OFFERS A VARIETY
	OF EDUCATIONAL MATERIALS AND RESOURCES, BOTH IN PRINT AND ON THEIR
	WEBSITE. THE NKFI CONDUCTS VARIOUS ACTIVITIES THROUGHOUT THE COMMUNITY
	TO EDUCATE PEOPLE ABOUT AND HELP PREVENT KIDNEY DISEASE. EDUCATIONAL
	MATERIALS REGARDING CKD, DIABETES AND HIGH BLOOD PRESSURE WERE
	DISTRIBUTED TO APPROXIMATELY 5,500 PEOPLE.
4b	(Code:) (Expenses \$ 542,295. including grants of \$) (Revenue \$ 179,761.)
	PATIENT SERVICES - THE NATIONAL KIDNEY FOUNDATION OF ILLINOIS (NKFI)
	OFFERS EDUCATIONAL SEMINARS AND WORKSHOPS FOR INDIVIDUALS AND THEIR
	FAMILIES THROUGHOUT THE YEAR ON TOPICS RELATED TO THE MANAGEMENT AND
	TREATMENT OF KIDNEY DISEASE AND ITS CO-MORBIDITIES. THE NKFI ALSO
	OFFERS ONE-ON-ONE PHONE CONSULTATION AND EDUCATIONAL MATERIAL TO ANYONE
	LIVING IN ILLINOIS INTERESTED IN RECEIVING MORE INFORMATION ABOUT
	KIDNEY DISEASE AND ITS TWO LEADING CAUSES, DIABETES AND HIGH BLOOD
	PRESSURE. DURING THE YEAR, 108 PARTICIPANTS WERE SCREENED.
4c	(Code:) (Expenses \$ 227,706. including grants of \$) (Revenue \$ 75,480.)
	PROFESSIONAL EDUCATION-THE NKFI PROVIDES CONTINUING EDUCATION FOR
	PRIMARY CARE PHYSICIANS, NEPHROLOGISTS, TRANSPANT SURGEONS, NURSES,
	DIETITIANS, AND SOCIAL WORKERS.
4d	Other program services (Describe on Schedule O.)
τu	(Expenses \$ 232,775 · including grants of \$ 201,000 ·) (Revenue \$ 77,160 ·)
4e	Total program service expenses 1,790,887.
	Form 990 (2020)
032002	12-23-20

13261112 147695 492629

Form 990 (2				FOUNDATION	OF	ILLINOIS
Part IV	Checklist of R	equired Scheo	dules			

or in quasi endowments? If "Yes," complete Schedule D, Part V 10 X 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, VII, VII, VII, VII, VII				Yes	No
2 Is the organization engage in direct or indirect partial compaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 X 3 Did the organization engage in direct or indirect partial campaign activities, or have a section 501(h) election in effect or indirect partial campaign activities, or have a section 501(h) election in effect or indirect particular in section 501(h) election in effect or indirect particular in section 501(h) election in effect or indirect particular indices accounts of the organization assetting in the organization activities of the organization indirect particular indices accounts of the wind or any child indirect particular indices accounts of the wind or any child indirect particular? (Mex., "complete Schedule C, Part II 6 X 6 Did the organization matchin or investment of amounts in such funds or accounts? (Mex., "accomplete Schedule C, Part II 7 X 7 Did the organization matchin or investment of amounts in such funds or accounts? (Mex., "accomplete Schedule D, Part II 7 X 8 Did the organization matchin or accounts in the indice account liability, save as a custodian for amounts not belowing questions is Yes," then complete Schedule D, Part IV 8 X 10 Did the organization matchin or mount for inductions is New, The account liability, since any of the tolowing questions is Yes," then complete Schedule D, Part X 10 X 11 If the organization matchi meany of the tolowing questions i	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
 3 Did the organization engage in direct or indirect patitical campaign activities on behalf of or in opposition to candidates for public offical" if "Yes," complete Schedule C, Part II 4 Social S01(Q) organizations. Did the organization engage in toobying activities, or have a section S01(h) dection in effect of the section section S01(h) dection S01		If "Yes," complete Schedule A			<u> </u>
public efficient if "Yes," complete Schedule Q, Part I 3 X 4 Section 501(c)(3) organization. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 4 X 5 is the organization a section 501(c)(4), 501(c)(5) or 501(c)(4) particulation that receives membership dues, assessments, or similar anounce in cells that or anounts in such funds or accounts II when donors have the englitic to provide advice on the distribution or investment of anounce in socie funds or accounts II when donors have the englit. 5 X 6 Did the organization endex or house is structures II west, "complete Schedule D, Part II 5 X 7 Did the organization endex or house is structures II west, "complete Schedule D, Part II 7 X 8 Did the organization memory in Part X, line 21, for escrew or custodial account liability, seve as a custodian for anounts in berl through a related organization, house in an account for the following quaetions is "Yes," then complete Schedule D, Part IV. 8 X 9 Did the organization memory and the following quaetions is "Yes," then complete Schedule D, Part VU. 10 X 11 The organization report an amount for investments - other socurities and the acto Y in Yes, 'complete Schedule D, Part VU. 11 X 12 Did the organization report an amount for investments - other socurities in Part X, line 12, this 15 % or more of its total account is about the organization anount for investments - other socuritis of the following quaetio	2		2	X	
4 Section 50 (1c)(3) organizations. Dot the organization inspace in lobbying activities, or have a section 50 (1c)(4) election in effect during the tax year? (1* Yes, * complete Schedule C, Part II 4 X 5 Is the organization a section 50 (1c)(1), 50 (1c)(1), 0 = 50 (1c)(1	3				
during the tax year? If Yes,* complete Schedule C, Part II 4 X 5 Is the organization a section S(10(4), 501(6)(3) for 501(6)(3) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 38:13? If "Yes,* complete Schedule C, Part II 6 X 6 Did the organization maritam any domor advised funds or any similar funds or accounts for which domors have the right to provide advised on the distribution or investment at manutin is sub-tailed. D, Part II 6 X 7 Did the organization maritam collections of works of art, historical treasures, or other similar assets? If "Yes,* complete Schedule D, Part II 7 X 8 Did the organization is amount in Part X, line 21, for sercow or custodial account liability, serve as a custodian for amounts not listed in Part X; or polyde credit counseling, debt management, credit repart, or debt negotiation services? 9 X 9 Did the organization (incidy or through a related organization, hold assets in donor-restricted endowments 10 X 11 If the organization report an amount for the dolowing questions is "Yes," then complete Schedule D, Part VI 10 X 12 If the organization report an amount for timestyments- program related in Part X, line 10? If "Yes,* complete Schedule D, Part VI 11 X 13 X 11 X 11			3		<u> </u>
5 Is the organization a sectors 501(c)(4), 501(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 99.197 if Yes, "complete Schedule C, Part II 5 X Did the organization marken any domor advised funds or any similar funds or accounts for which domors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which domors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which domors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which domors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for the second or preserve open space, the environment, historic land areas, or historic attreasures, or other similar assets? If "Yes," complete Schedule D, Part II 6 X 9 Did the organization, microty to through a nellated organization, hold assets in donor-restricted endowments or in quasi endowment? If "Yes," complete Schedule D, Part V 7 X 9 Did the organization report an amount for land, buildings, and equipment in Part X, line 12, that is 5% or more of its total assets report in Part X, line 10," If "Yes," complete Schedule D, Part VI 10 X 11 Did the organization report an amount for threassets in Part X, line 12, that is 5% or more of its total assets report in Part X, line 16," If "Yes," complete Schedule D, Part VI 11 X 11 Did the organization report an amount for investments	4				37
emina amounts as defined in Revenue Procedure 99-199 # Yes," complete Schedule C, Pert II 5 X Of the organization maintain any domer advised funds or any similar funds or accounts? If Ytes," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical freesures, or other similar assets? If 'Yes," complete Schedule D, Part II 6 X 8 Did the organization report an amount in Part X, line 21, for sercew or custodial account fiability, serve as a custodian for amounts in Istorical freesures, or other similar assets? If 'Yes," complete Schedule D, Part II 8 X 9 Did the organization, directly or through a nelletid organization, hold assets in donor-restricted endowments or in quale indowments? If 'Yes," complete Schedule D, Part V 10 X 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes," complete Schedule D, Part V 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes," complete Schedule D, Part V 11a X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes," complete Schedule D, Part V 11a X 13 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes," complete Schedule D, Part V 11a X			4		<u> </u>
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 II 0 7 X X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II 7 X 9 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part II 7 X 9 Did the organization receive of the did science of used of account liability, serves as a custodian for the science of the organization receive of a mount in Part X, line 21, for serve or custodial account liability, serves as custodian for the use as applicable. 9 X 9 Did the organization receive of an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI 10 X 11 If the organization report an amount for investments - lorder sasets in Part X, line 10? If 'Yes,' complete Schedule D, Part X 11a X 11 If the organization report an amount for investments - lorder sasets in Part X, line 10? If 'Yes,' complete Schedule D, Part X 11a X 11 If the organization report an amount for investments - lorder assets I' Part X, line 10? If 'Yes,' complete Schedule D, Part X 11a	5				77
provide advice on the distribution or investment of amounts in such funds or account?? If "Yes," complete Schedule D, Part I 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? III "Yes," complete Schedule D, Part II 7 X 8 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? 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? 9 X 10 Did the organization identity or through a related organization, hold assets in donor-restricted andowments 10 X 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? III "Yes," complete Schedule D, Part VII 10 X 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? III'Yes," complete Schedule D, Part XIII 11 X 13 asster reported in Part X, line 16? III'Yes," complete Schedule D, Part X 11	_		5		
7 Did the organization resolve or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. 7 X 8 Did the organization maintain collections of works of art, historical treasures, or other similar asset? If "Yes," complete Schedule D, Part II. 8 X 9 Did the organization neutrin Part X, ine 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? 9 X 10 Did the organization neutrin Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, ine 21, for escrow or custodial account liability, serve as a custodian for amounts on the organization answer to any of the following questions is "Yes," then complete Schedule D, Part V 10 X 10 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a X 11 Did the organization report an amount for investments - program related 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 VI 11b X 11 Did the organization report an amount for investments - program related 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 X 11e <t< td=""><td>6</td><td></td><td></td><td></td><td>v</td></t<>	6				v
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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII. b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule discribed in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 12a X 12b X 13 Is the organization askwerd "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization askwerd "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 14 Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization neport an Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign 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 II and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 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 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 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 G, Part I 17 Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line 3, more than \$5,000 of expenses for professional fundraising services on Part IX, column (A), line 30, part III and IV 18 X 19 Did the organization report more than \$15,000 of grass income and contributions on Part VIII, lines a X 19 X 20a X<td></td><td></td><td></td><td></td><td></td>					
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b Was the organization included in consolidated, independent audited financial statements for the tax year? Image: the organization asswered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a X b Did the organization nave aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States? 14a X b 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 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 II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule G, Part II 16 X 17 Did the organization report at 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 II 18 X 19 Did the organization report more than \$15,000 of gross income from gaming activities on	12a				
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complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X			18	X	
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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II 21 X					
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domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			206		
	21			v	
					(2000)

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 Form 990 (2020)
 NATIONAL KIDNEY FOUNDATION OF ILLINOIS
 36-6009226
 Page 4

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

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			v
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
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	07		x
00	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
•	instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
a		28a		x
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		
U	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
De	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 20 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
b				
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.	Х	
00000	(gambling) winnings to prize winners?	1c		(2020)
032002	· 12-23-20	FOUL		(2020)

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020)			FOUNDATION		
Statements	Regarding Othe	er IRS Filin	gs and Tax Comp	oliano	ce (continued)

2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 2 1.8 1 It a least one is reported on line 2a, did the organization if leal required feature employment tax returns? 2a X 3a Did the organization have unrelated business gross income of \$1,000 or moe during the year? 3a 3a 4 At any time during the calendary year, did the organization have interest in, or a signature or other authority over, a financial account; each francial account; each francis acount; each francis acount; each francial account; ea						Yes	No
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e_file (see instructions) 3a 3a D of the organization have unreaded business gross income of 3100 or more during the year? 3a 3a D if the organization have unreaded business gross income of 3100 or more during the year? 3a A lary time during the calendary year, dit the organization have matherest in, or a signature or other authorty over, a financial account; excittles account, or other financial account; (FBAR). 3a See instructions for filing requirements for FINCEN Form 114, Paport of Forsign Bank and Financial Accounts (FBAR). 5a D d any taxing aparts on the arguing atom it the organization that are true as or is a party to a prohibited tax sheler transaction? 5a D d any taxing aparts on the arguing atom tax so is a party to a prohibited tax sheler transaction? 5a D d any taxing aparts on the arguing atom it tax so is a party to a prohibited tax sheler transaction? 5a D d vis 'to the grossization include with very solicitation an express statement that such contributions or gifts were not tax deductible? 5a D if the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7a X	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note: If the sum of lines 1a and 2a is greater 1ma 250, you may be required to a-nie (see instructions) as 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a bit "Yes," hast the a Form 990-T for this year? If "No" to line 8b, provide an explanation on Schedule 0 3b. 4a At any time during the calendar year, dd the organization have an interest in, or a signature or other financial accounts (EBAR). 5b. 5a Mit "Yes," inster the name of the foreign country (such as a bank account, securities account, or other financial accounts (EBAR). 5b. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5a Did any taxable party notify the organization include with every solicitation are express statement that such contributions or gifts were not tax deductibles a charhable contributions? 5b. 6a Did the organization notify the donor of the value of the goods or services provided? 7c. 7b. Tys," (dd the organization include with every solicitation are express statement that such contributions or gifts were not tax deductibles or therwise diapose of tangible personal property for which it was required to the form 2002 more 200		filed for the calendar year ending with or within the year covered by this return	2a	18			
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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make excess business holdings at any time during the year? 8 9 Sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make any taxable distributions under section 4966? 9a 10 Section 501(c)(7) organizations. Enter: 10a 10a a Initiation fees and capital contributions included on Part VIII, line 12 10a 10b 11 Section 501(c)(12) organizations. Enter: 10a 10b 10b a Gross income from members or shareholders 11a 10b 11b 12a Section 501(c)(12) organizations. Enter: 11b 11b 12a a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 501(c)(29) qualified nonprofit health insurance issuers. 12b 12a 13 Section 501(c)(29) qualified nonprofit health plans in more than one state? 13a 13a <tr< th=""><th></th><th></th><th></th><th></th><th></th><th></th><th></th></tr<>							
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15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. 16							
excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N. 16					140		
If "Yes," see instructions and file Form 4720, Schedule N.	15				15		x
					15		- 23
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		inco	me?	16		x
If "Yes," complete Form 4720, Schedule O.							

Form **990** (2020)

032005 12-23-20

Form 990 (2020)

Part V

Form 990	(2020)
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NATIONAL KIDNEY FOUNDATION OF ILLINOIS

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

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

						Yes	N
1a	Enter the number of voting members of the governing body at the end of the tax year	1 a		28			
	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 0.			_			
b	Enter the number of voting members included on line 1a, above, who are independent	1b		28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision				
	of officers, directors, trustees, or key employees to a management company or other person?			L	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 was	filed?	L	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?		L	5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
	more members of the governing body?			L	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			Γ			
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea			···· F			
а	The governing body?	-	-	[8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read			····· F			
-	organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>				9		X
ec	tion B. Policies (This Section B requests information about policies not required by the Internal Re		Code)		•		1
		<u>venue</u> (Joue.)			Yes	N
l0a	Did the organization have local chapters, branches, or affiliates?			Г	10a	X	
	If "Yes," did the organization have written policies and procedures governing the activities of such ch			·····	104		
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	•			10b	х	
1	Has the organization provided a complete copy of this Form 990 to all members of its governing body				11a	X	
		Delore	ining the ion		па	<u></u>	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				10-	Х	
	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			·····	12b	<u> </u>	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "Y	,				v	
	in Schedule O how this was done			···· -	12c	X	
13	Did the organization have a written whistleblower policy?				13	X	
14	Did the organization have a written document retention and destruction policy?			····· -	14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	•	ependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
	The organization's CEO, Executive Director, or top management official			····· -	15a	X	
b	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
l6a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent wit	ha				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its pa	rticipation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization'	S				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright						
8	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-	Γ (Section 501	l (c)(3)s	only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain	on Sch	nedule O)				
9	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		,	y, and	inano	ial	
	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 boo	ks and	records 🕨				
	SHEILLA NTAMBO - 312-321-1500						
	215 WEST ILLINOIS STREET, NO. 1C, CHICAGO, IL 6065	4					
		-				990	

Form 990 (20	NATIONAL	KIDNEY H	FOUNDATION	OF	ILLINOIS	36-6009226	Page
Part VII	Compensation of Officers, D	Directors, Tru	ustees, Key Emp	oloye	ees, Highest Co	ompensated	
E	Employees, and Independer	nt Contractor	rs				
C	Check if Schedule O contains a resp	onse or note to a	any line in this Part V	I			
Section A.	Officers, Directors, Trustees, Key	Employees, and	d Highest Compens	ated	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 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 and/or Box 7 of Form 1099-MISC) 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 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.

Name and title Average hours per week fight any fight any hours for below Description and related organization Pepotable compension from below Repotable compension from the organization Estimated and compension from the organization (1) JACQUELINE BURGESS BISHOP 40.000 X 159,896. 2,275. (2) SHEILA NTAMEO 40.000 X 111,450. 5,736. (3) ARCHEL DEPACM 40.000 X 105,960. 4,480. (4) HEIDI MERRITE 40.000 X 105,960. 4,480. (4) HEIDI MERRITE 40.000 X 107,186. 0. 0. (5) STU EPCRON X 107,186. 0. 0. 0. (6) JIL SCHAP 3.000 X X 0. 0. 0. (7) BEIAN O'DEA 3.000 X X 0. 0. 0. (11) JARCHEL DEPACM X X 0. 0. 0. (2) JEINICA SCHAP 3.000 X X <th>(A)</th> <th>(B)</th> <th></th> <th colspan="3">(C)</th> <th></th> <th></th> <th>(D)</th> <th>(E)</th> <th>(F)</th>	(A)	(B)		(C)					(D)	(E)	(F)
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BOARD MEMBER X 0.			Х						0.	0.	0.
(16) RENEE FUNG2.000.0.BOARD MEMBERX0.0.0.(17) TARA GOFT KAMRADT2.00X0.0.BOARD MEMBERX0.0.0.	(15) KAREEN SIMPSON, MD	2.00									
BOARD MEMBERX0.0.0.(17) TARA GOFT KAMRADT2.00X0.0.0.BOARD MEMBERX0.0.0.0.			Х						0.	0.	0.
(17) TARA GOFT KAMRADT 2.00 X 0.		2.00									
BOARD MEMBER X 0. 0. 0.			X						0.	0.	0.
		2.00								<u> </u>	
			Х						0.	0.	

032007 12-23-20

Form 990 (2020)

13261112 147695 492629

2020.05000 NATIONAL KIDNEY FOUNDATIO 492629_1

8

Form 990 (2020) NATIONAL	KIDNEY	FC	UN	IDA	ΤI	ON	r C	OF ILLINOIS	36-60	092	226	Pa	age 8
Part VII Section A. Officers, Directors, Trust	tees, Key Em	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average	(10		Posi				Reportable	Reportable		Es	timate	d
	hours per	box	, unle	heck r ss per	rson i	is botł	n an	compensation	compensation	n	an	nount d	of
	week		cer ar	nd a di	irecto	or/trus	tee)	from	from related			other	
	(list any	director						the	organizations		com	pensat	tion
	hours for	or dir	e.			ated		organization	(W-2/1099-MIS	C)		om the	
	related	stee	truste			bense		(W-2/1099-MISC)			•	anizati	
	organizations below	ial tru	onal 1		loye	ee com						d relate	
	line)	In dividual trustee or	In stitutional trustee	Officer	ƙey employee	Highest compensated employee	rmer				orga	inizatio	ons
	,	Ē	Ë	Of	¥.	Ξē	Ē						
(18) GREGORY KENT	2.00									<u> </u>			^
BOARD MEMBER		Х				<u> </u>		0.		0.			0.
(19) SYDNEY LANE	2.00	.,											^
BOARD MEMBER		х				<u> </u>		0.		0.			0.
(20) KRISTIN MARTIN UKBEL, MBA, MM	2.00									_			-
BOARD MEMBER		Х						0.		0.			0.
(21) HOLLY MATTIX-KRAMER, MD	2.00												
BOARD MEMBER		Х						0.		0.			0.
(22) AMIT MEHTA	2.00												
BOARD MEMBER		Х						0.		0.			Ο.
(23) SHAUNA PHILLIPS	2.00												
BOARD MEMBER		х						0.		0.			Ο.
(24) PAMELA MCELVANE	2.00												
BOARD MEMBER		x						0.		0.			Ο.
(25) MIKE SCHRADER	2.00	23								<u>.</u>			••
BOARD MEMBER	2.00	x						0.		0.			0.
(26) MARK L SCHWARTZ	2.00	<u> </u>				-		0.		••			0.
	2.00	x						0		0.			Δ
BOARD MEMBER		Δ					<u> </u>	0.		0.	1 -	2 4 0	$\frac{0}{1}$
1b Subtotal								484,492.				2,49	-
c Total from continuation sheets to Part VI								0.		0.	- 1	- 40	0.
d Total (add lines 1b and 1c)								484,492.		0.	L.	2,49	<u>, 1 </u>
2 Total number of individuals (including but ne	ot limited to th	ose	liste	d ab	ove) wh	io re	eceived more than \$100	000 of reportable				
compensation from the organization													4
										,		Yes	No
3 Did the organization list any former officer,	director, trust	ee, ł	key e	empl	oye	e, or	' hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for su	uch individual										3		X
4 For any individual listed on line 1a, is the su	m of reportabl	le co	mpe	ensat	tion	and	l oth	ner compensation from t	he organization				
and related organizations greater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	for such individual		[4	X	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com											5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest cor	npensated inc	lepe	nde	nt co	ontra	acto	rs th	nat received more than §	6100,000 of comp	ensat	ion fro	m	
the organization. Report compensation for t	he calendar v	ear e	endir	na wi	ith c	or wi	thin	the organization's tax v	ear.				
(A)				0				(B)			(C	;)	
Name and business	address	N	ONE	3				Description of s	services	С		nsatior	า
											-		
							_						
										_			
2 Total number of independent contractors (ir	•	ot lir	nited	d to t			ted	above) who received m	ore than				
\$100,000 of compensation from the organiz					0	-							
SEE PART VII, SECTION	A CONT	'IN	UA	TI	ON	S	HE	ETS			Form	990 (2	2020)
032008 12-23-20													
				c	2								

	KIDNEY	FC	UN	ΙDΑ	TI	ON	0	F ILLINOIS	36-600	9226
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, a	nd H	ligh	est (Compensated Employe	ees (continued)	
(A) (B)								(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all ·	that	app	ly)	compensation	compensation	amount of
	per week					e e		from the	from related organizations	other
	(list any	tor				ploye		organization	(W-2/1099-MISC)	compensation from the
	hours for	r direc				ed em		(W-2/1099-MISC)	()	organization
	related	stee o	ustee			ensat				and related
	organizations	al trus	onal tr		oloyee	comp				organizations
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pen sated em ployee	Former			
(27) ANDRES SERRANO, MD	2.00	-	=	8	ž	Ŧ	Ĕ			
BOARD MEMBER	2.00	x						0.	0.	0.
(28) DINEE SIMPSON, MD	2.00									
BOARD MEMBER		x						0.	0.	0.
(29) SUSAN V SULLIVAN	2.00									
BOARD MEMBER		х						0.	0.	0.
(30) DEEPAK MITAL	2.00									
BOARD MEMBER		Х						0.	0.	0.
(31) ROBYN SEXTON	2.00									-
BOARD MEMBER	2 00	X			<u> </u>			0.	0.	0.
(32) AMANDA TILTON BOARD MEMBER	2.00	x						0.	0.	0.
BOARD MEMBER		^						0.	0.	0.
		1								
		1								
		1								
		-		-	-					
		{								
										<u> </u>
		1								
Total to Part VII, Section A, line 1c										
		_	_							

032201 04-01-20

				NEY FOUND	ATION OF II	LINOIS	36-6009	226 Page 9
Pa	rt VI	Statement of Rev	venue					_
		Check if Schedule O c	contains a response	or note to any lin		(B)	(C)	
					(A) Total revenue	(P) Related or exempt	Unrelated	(D) Revenue excluded
							business revenue	from tax under
								sections 512 - 514
, Gifts, Grants nilar Amounts	1 a	Federated campaigns	1a	9,400.				
irar oun	b	Membership dues	1b					
و کې	с	Fundraising events	1c	717,093.				
ar /	d	Related organizations	1d					
ي ان ص	е	• · · · · ·		470,289.				
ŝ	f	All other contributions, gifts,		-				
her		similar amounts not included		284,160.				
ĞĘ	a	Noncash contributions included in I		35,474.				
Contributions, Gift and Other Similar	9 h	Total. Add lines 1a-1f			1,480,942.			
				Business Code				
	2 a	PATIENT SERVI	CES	611710	593,645.	593,645.		
vice	2 a			011/10	353,0430	333,043.		
ner,	b							
n S /en	с							
ar Be	d							
Program Service Revenue	е							
٩.	f	1 5						
	g				593,645.			
	3	Investment income (includ			445 466			445 466
		other similar amounts) \dots			147,186.			147,186.
	4	Income from investment o						
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents	6a					
	b	Less: rental expenses	6b					
	с	Rental income or (loss)	6c					
	d	Net rental income or (loss))	►				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	7a 16,159.	26,550.				
	b	Less: cost or other basis						
ē		and sales expenses	7b 0.	5,802.				
evenue	c	Gain or (loss)	7c 16,159.	20,748.				
		Net gain or (loss)			36,907.			36,907.
Other R		Gross income from fundraisir						
Ę	0 4	including \$ 717						
0		contributions reported on						
				288,038.				
	L	Part IV, line 18		403,712.				
	b				-115,674.			-115,674.
	c 0 o		· · ·	P	113,074.			113,0740
	э а	Gross income from gaming						
		Part IV, line 19						
		Less: direct expenses						
		Net income or (loss) from		····· >				
	10 a	Gross sales of inventory, le						
		and allowances						
		Less: cost of goods sold						
	с	Net income or (loss) from s	sales of inventory .					
s				Business Code				
e sou	11 a							
ane	b							
ille: eve	с							
Miscellaneous Revenue	d	All other revenue						
2	е	Total. Add lines 11a-11d		►				
	12	Total revenue. See instructio	ons		2,143,006.	593,645.	0.	68,419.
03200	9 12-23	3-20						Form 990 (2020)

	1 990 (2020) NATIONAL KII rt IX Statement of Functional Expense		ON OF ILLINC	IS 36-60	09226 Page 10
Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	195,000.	195,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	6,000.	6,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	634,884.	471,577.	66,115.	97,192.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	619,494.	460,146.	64,512.	94,836.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	98,669.	73,289.	10,275.	15,105.
10	Payroll taxes	98,585.	73,227.	10,266.	<u>15,105.</u> 15,092.
11	Fees for services (nonemployees):		-		
а					
b	Legal				
c		22,606.	16,791.	2,354.	3,461.
	Lobbying	,			
e					
f	Investment management fees	15,840.		15,840.	
g					
9	column (A) amount, list line 11g expenses on Sch 0.)	36,000.	26,740.	3,749.	5,511.
12	Advertising and promotion		2077200	077201	
13	Office expenses	71,783.	53,319.	7,475.	10 989.
13		24,473.	18,178.	2,549.	<u>10,989.</u> 3,746.
	Information technology	24,475.	10,170.	2,515.	5,740.
15	Royalties	24,395.	18,120.	2,540.	3,735.
16 17	Occupancy	6,593.	4,897.	687.	1,009.
17 10	Travel Payments of travel or entertainment expenses	0,000	±,057•		±,00J•
18	, , , , , , , , , , , , , , , , , , , ,				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	172,115.	127,843.	17,924.	26,348.
21	Payments to affiliates	72,115.	53,581.	7,512.	11,043.
22	Depreciation, depletion, and amortization	8,984.	6,673.	936.	1,375.
23		0,904.	0,0/3.	930.	1,3/3.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) PROGRAMMING	168,520.	168,520.		
a	FUNDRAISING	22,869.	16,986.	2,381.	3 503
b	L OINDRATBING	44,009.	10,900.	4,301.	3,502.
с					
d					
	·	2 200 046	1 700 007	01E 11E	202 044
25	Total functional expenses. Add lines 1 through 24e	2,298,946.	1,790,887.	215,115.	292,944.
26	Joint costs . Complete this line only if the organization				

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Form 990 (2020)

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

13261112 147695 492629

8 Inventories for sale or use 8 147,504. 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 1,133,300. basis. Complete Part VI of Schedule D _____ 10a 843,066. 346,516. b Less: accumulated depreciation 10b 10c 5,267,370. Investments - publicly traded securities 11 11 92,499. Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 52,367. 14 14 Intangible assets 36,545. Other assets. See Part IV, line 11 15 15 7,086,758. 16 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 281,347. Accounts payable and accrued expenses 17 18 18 Grants payable 224,295. 19 19 Deferred revenue Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 505,642. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here \blacktriangleright \overline{X} and complete lines 27, 28, 32, and 33. 2,587,565. Net assets without donor restrictions 27 27 28

NATIONAL KIDNEY FOUNDATION OF ILLINOIS

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

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net 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 36-6009226 Page 11

1

2

3

4

5

(B) End of year

640,164.

518,850.

(A) Beginning of year

646,594.

497,363.

Loans and other receivables from other disqualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net 7 187,701. 290,234. 6,597,190. 49,112. 36,545. 8,319,796. 311,841. 190,514. 227,448. 729,803. 3,190,765. 3,993,551. 4,399,228. Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 6,581,116. 7,589,993. Total net assets or fund balances 32 7,086,758. 8,319,796. 33 Total liabilities and net assets/fund balances Form 990 (2020)

1

2

3

4

5

6

7

17

20

Liabilities

Net Assets or Fund Balances

29

30

31

32

33

Assets

Form	1 990 (2020) NATIONAL KIDNEY FOUNDATION OF ILLINOIS	36-60	09226	Pag	_{ge} 12
Pa	rt 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	2,143		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,298	3,9	<u>46.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-155		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	6,581		
5	Net unrealized gains (losses) on investments	5	1,164	.,8 :	17.
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	7,589),9	93.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b	Х	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	L

Form **990** (2020)

SCH	EDU	LE A
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Department of the Treasury

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047
2020
Open to Public Inspection

Intern	al Reve	nue Service	▶	► Go to www.irs.gov	/Form990 for instruction	ons and th	ne latest ir	nformation.		Insp	pection
Nam	e of	the organizati	ion						Employer	identifica	tion numbe
			NATI	ONAL KIDNE	Y FOUNDATION	OF II	LINO	IS	3	6-600	9226
Pa	rt I	Reason	for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructior	ıs.		
The	organ	nization is not a	a private found	ation because it is: (I	For lines 1 through 12, c	heck only	one box.)				
1		A church, co	nvention of chu	urches, or associatio	on of churches described	l in sectio	on 170(b)(1	I)(A)(i).			
2		A school des	cribed in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)				
3		A hospital or	a cooperative	hospital service orga	anization described in s	ection 170)(b)(1)(A)(ii	ii).			
4		•	•		njunction with a hospital)(iii). Enter	the hospita	al's name,
		city, and stat	e:								
5	\square	•	-	or the benefit of a col	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in	
-		0	•	Complete Part II.)	5		, ,				
6					nental unit described in	section 17	70(b)(1)(A)	(v)			
	X				ntial part of its support fi				he general r	ublic desc	cribed in
'		•		omplete Part II.)	Intial part of its support in	onna gove	annentai		ne general p		
8					(1)(A)(vi). (Complete Par	+ 11 \					
9	\square						od in ooniu	notion with a	land grant	ممالمم	
9					in section 170(b)(1)(A)(ulture (see instructions).						
		-	or a non-land-y	fram college of agric	ulture (see instructions).		name, city	, and state of	the college	01	
40		university:		II	then 00 1/00/ of its summ						
10					than 33 1/3% of its supp						
					t to certain exceptions;	. ,				•	
					(less section 511 tax) fro	om busines	sses acqui	red by the org	ganization a	fter June 3	30, 1975.
				mplete Part III.)							
11		-	-		vely to test for public sa	-					
12					vely for the benefit of, to						
				-	d in section 509(a)(1) d					beck the b	oox in
		lines 12a thro	ough 12d that o	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	d 12g.		
а		Type I. A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported org	anization(s), t	ypically by g	giving	
		the suppor	ted organizatic	on(s) the power to req	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	pporting	
	_	organizatio	n. You must c	complete Part IV, Se	ections A and B.						
b		Type II. A :	supporting org	anization supervised	or controlled in connect	tion with it	s supporte	ed organizatio	on(s), by hav	ing	
		control or r	management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	orted	
		organizatio	on(s). You mus	t complete Part IV,	Sections A and C.						
с		Type III fu	nctionally inte	grated. A supporting	g organization operated	in connect	tion with, a	and functiona	lly integrate	d with,	
		its support	ed organizatior	n(s) (see instructions)). You must complete l	Part IV, Se	ections A,	D, and E.			
d		🗌 Type III no	on-functionally	integrated. A supp	oorting organization oper	ated in co	nnection v	vith its suppo	rted organiz	ation(s)	
		that is not	functionally int	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	d an attentiv	eness	
		requiremer	nt (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	v .			
е		Check this	box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III		
		functionally	y integrated, or	Type III non-function	nally integrated supporti	ng organiz	ation.				
f	Ente	er the number	of supported a	organizations							
g	Pro	vide the follow	ing information	about the supporte							
		(i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the orga in your govern	anization listed ing document?	(v) Amount o	f monetary	(vi) Amo	ount of other
		organization	ı		(described on lines 1-10 above (see instructions))	Yes	No	support (see i	nstructions)	support (se	ee instructions
. .											
Tota								1			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 15

Schedule A (Form 990 or 990-EZ) 2020 NATIONAL KIDNEY FOUNDATION OF ILLINOIS 36-6009226 Page 2 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Sec	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	1165195.	1345812.	1513439.	1964737.	1480942.	7470125.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge	1165105	4045040	1 = 1 = 1 = 2	4.0.6.4.9.0.9	1 1 0 0 0 1 0				
	Total. Add lines 1 through 3	1165195.	1345812.	1513439.	1964737.	1480942.	7470125.			
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,						1106165			
•	column (f)						<u>1186165</u> 6283960.			
	Public support. Subtract line 5 from line 4.						0203900.			
	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total			
	Amounts from line 4	1165195.	1345812.	1513439.	1964737.	1480942.	7470125.			
	Gross income from interest,	11001901	10100120	10101000	1901/9/1	11009120	, 1, 01230			
Ŭ	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	77,585.	110.454.	160,327.	215,676.	147,186.	711,228.			
9	Net income from unrelated business									
Ũ	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)	47,050.	-89,229.	3,263.	-103,413.	-115,674.	-258,003.			
11	Total support. Add lines 7 through 10						7923350.			
12	Gross receipts from related activities,	etc. (see instructio	ons)			12 4	,700,170.			
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, ⁻	fourth, or fifth tax y	year as a section 5	01(c)(3)				
	organization, check this box and stop						>			
Sec	ction C. Computation of Publi	c Support Per	centage							
14	Public support percentage for 2020 (I	ine 6, column (f), d	ivided by line 11, o	column (f))		14	<u>79.31 %</u>			
	Public support percentage from 2019					15	76.14 %			
1 6a	33 1/3% support test - 2020. If the o	organization did no	t check the box o	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo				
	stop here. The organization qualifies		-							
b	33 1/3% support test - 2019. If the o									
	and stop here. The organization qualifies as a publicly supported organization									
17a	10% -facts-and-circumstances test	0					-			
	and if the organization meets the fact			-		-				
	meets the facts-and-circumstances te	-				Za and line 1E is :				
b	10% -facts-and-circumstances test	-					10% Or			
	more, and if the organization meets the									
10	organization meets the facts-and-circu									
10	Private foundation. If the organization	T UIU HOL CHECK a		a, 100, 17a, 01 170		edule A (Form 990				
					JULIE	, aalo n ji 01111 330	J. JJU LLJ 2020			

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Schedule A (Form 990 or 990 EZ) 2020 NATIONAL KIDNEY FOUNDATION OF ILLINOIS 36-6009226 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, 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 bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf			_		-	
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.) Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses						
acquired after June 30, 1975						
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in 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.)	Ĺ					
14 First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3) organiza	ition,
check this box and stop here		-				
Section C. Computation of Publi	c Support Per	rcentage				
15 Public support percentage for 2020 (I	ine 8, column (f), d	livided by line 13,	column (f))		15	%
16 Public support percentage from 2019					16	%
Section D. Computation of Inves	tment Income	e Percentage			, ,	
17 Investment income percentage for 2018 Investment income percentage from 3			line 13, column (f))		17 18	<u>%</u>
19a 33 1/3% support tests - 2020. If the						
more than 33 1/3%, check this box ar						
b 33 1/3% support tests - 2019. If the	-	•				, and
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organization						
032023 01-25-21		,				90 or 990-EZ) 2020
		17	7			,

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Schedule A (Form 990 or 990-EZ) 2020 NATIONAL KIDNEY FOUNDATION OF ILLINOIS 36-6009226 Page 4

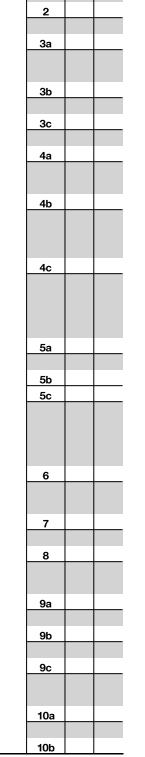
Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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

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

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Yes No

1

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 NATIONAL KIDNEY FOUNDATION OF ILLINOIS 36-6009226 Page 5 Part IV Supporting Organizations (continued)

			<u> </u>			00/10/100	<u>u/</u>											
																	Yes	No
11	Hast	the organiza	ation ac	cepted a g	jift or cor	ntribution f	from any	y of the f	follow	wing pers	ons?							
а	A pe	rson who d	irectly o	r indirectly	controls	, either ald	one or tog	ogether v	r with p	persons o	describe	ed in li	nes 11b	and				
	11c I	below, the g	governin	g body of	a suppo	ted organ	ization?	,								11a		
b	A far	nily membe	r of a pe	erson desc	ribed in	ine 11a ab	oove?									11b		
с	A 35	% controlle	d entity	of a perso	n descrit	ed in line	11a or 11	11b abov	ove? /	If "Yes" to	o line 1	1a, 11l	b, or 11c	provide	;			
	detai	il in Part VI.														11c		
Sec	tion	B. Type I	Supp	orting C	Drganiz	ations												
																	Yes	No

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

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization

Section C. Type II Supporting Organizations	

 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
 Image: Control organization control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control organization control or management of the support of the suppor

Section D	. All Typ	e III Sup	porting	Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the	vear (see instructions	5).
•	Check the box hext to the method that the organization used to satisfy the integral rait rest during the	year (ooo moa doalon	1

- 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 in	struction <u>s).</u>
------------	--	---	--	----------------------

19

- 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 in 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.*

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Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

2

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	dule A (Form 990 or 990 EZ) 2020 NATIONAL KIDNEY FOUNDAT	ION C	OF ILLINOIS	36-6009226 Page 6
Pa				
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ted Type III supporting of	organization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A (Form 990 or 990-EZ) 2020 NATIONAL KIDNEY FOUNDATION OF ILLINOIS 36-6009226 Page 7

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (continu	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	rovide details in Part VI)		5	
6	Other distributions (<i>describe in</i> Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
_1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-			_	
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years			_	
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years			_	
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if			_	
	any. Subtract lines 3g and 4a from line 2. For result greater			_	
	than zero, explain in Part VI. See instructions.			_	
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A	(Form 990 or 990-E	Z) 2020	NATI	ONAL	KIDNEY	FOUN	DATION	OF	ILLINO	IS	36-60092	26 Page 8
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec	Inforn lines 1.	nation. 2. 3b. 3c.	Provide , 4b, 4c,	the explanat 5a. 6. 9a. 9b	ions requir . 9c. 11a. 1	red by Part I 11b. and 110	I, line 1 c: Part I	0; Part II, line IV. Section B.	17a or 17 lines 1 ar	7b; Part III, line 1 nd 2: Part IV. Se	2; ction C.
	Section D, lines 5, (See instructions.)	6, and 8	; and Par	rt V, Sect	tion E, lines 2	2, 5, and 6.	Also compl	ete this	s part for any a	additional	information.	o, i alt V,
032028 01-25-2	21					0.0			So	chedule /	A (Form 990 or s	990-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

2020

Employer identification number

36-6009226

NATIONAL	KIDNEY	FOUNDATION	OF	ILLINOIS
Organization type (check one):				

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

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

General Rule

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

Special Rules

X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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 \dots \blacktriangleright \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

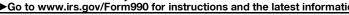
 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

SCHEDULE D)
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Department of the Treasury Internal Revenue Service

9 0)

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.





Name of the organization

NATIONAL KIDNEY FOUNDATION OF ILLINOIS

Employer identification number 36-6009226

Par	t I Organizations Maintaining Donor Advised	d Funds or Other Similar Fu	nds or Ac	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	e 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 v	vriting that the assets held in donor a	advised fund	ds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that grant funds ca	n be used o	only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any other purp	ose conferr	ring
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form	990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	tion or education) 🛛 🗌 Preservati	on of a histo	orically important land area
	Protection of natural habitat	Preservati	on of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the	form of a co	nservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b				2b
с	Number of conservation easements on a certified historic stru	cture included in (a)		2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic st	ructure	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			ization during the tax
	year ►			
4	Number of states where property subject to conservation eas	ement is located		
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handlin	g of	
	violations, and enforcement of the conservation easements it	holds?	-	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, and enforcing	conservatio	on easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing cons	servation ea	sements during the year
	▶\$			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section	170(h)(4)(B))(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial sta	atements th	at describes the
	organization's accounting for conservation easements.	-		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, o	r Other S	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	8, not to report in its revenue statem	ent and bala	ance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research	in furtherar	nce of public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these	items.	
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue statement	and balance	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in	furtherance	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			. 🕨 \$
				• ·
2	If the organization received or held works of art, historical trea			
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			. • \$
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 2020
	12-01-20			
		29		

Sche Par		KIDNEY FC					36 - 60			age 2
	erganizatione mantaling et							S (contir	nued)	
3	Using the organization's acquisition, accessio	n, and other records	, check any of the f	following that	t make s	ignificant	use of its			
	collection items (check all that apply):									
a Public exhibition d Loan or exchange program										
b Scholarly research e Other										
с	Preservation for future generations									
4	Provide a description of the organization's col	-	•	-			se in Part	XIII.		
5	During the year, did the organization solicit or		,	,				_		-
	to be sold to raise funds rather than to be main							Yes		No
Par	t IV Escrow and Custodial Arrang reported an amount on Form 990, Part		te if the organizatio	n answered	"Yes" or	n Form 990	0, Part IV,	line 9, or		
12	Is the organization an agent, trustee, custodia		any for contribution	s or other as	sets not	included				
14	on Form 990, Part X?							Yes		No
h	If "Yes," explain the arrangement in Part XIII a								L] 110
~			owing table.					Amoun	t	
с	Beginning balance					1c		,	-	
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo						·	Yes		No
	If "Yes," explain the arrangement in Part XIII.									1
Par									•	2
		(a) Current year	(b) Prior year	(c) Two yea			years back	(e) Four	r years	back
1a	Beginning of year balance	7,000.	7,000.		7,000.		7,000.		7,	000.
b	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities									
•	and programs									
f	Administrative expenses									
	End of year balance	7,000.	7,000.		7,000.		7,000.		7.	000.
2	Provide the estimated percentage of the curre		,		,		,	1		
	Board designated or quasi-endowment	1 0 0	%	,,						
	Permanent endowment	%	_/0							
		/0								
•	The percentages on lines 2a, 2b, and 2c shou	-								
3a	Are there endowment funds not in the posses	•	ion that are held ar	nd administe	red for th	ne organiz	ation			
ou	by:	sion of the organizat				ie organiz	ation	1	Yes	No
	(i) Unrelated organizations							3a(i)	103	X
								3a(ii)		X
h	(ii) Related organizations	ione lietod as roquire	d on Schodulo P2							
4	Describe in Part XIII the intended uses of the							50		
Par			inent lunus.							
	Complete if the organization answered		Part IV line 11a S	See Form 990) Part X	line 10				
	Description of property	(a) Cost or ot		t or other	r <u> </u>		ed	(d) Boo	k valu	
		basis (investm	. ,	(other)		preciation		(u) 200	it vala	5
1 a	Land									
	Buildings		85	2,868.		615,3	94.	23	7,4	74.
	Leasehold improvements			0,326.		80,9			9,3	
	Equipment			5,705.		119,8			5,8	
	Other			4,401.		26,7			7,6	
	Add lines 1a through 1e. (Column (d) must ec			,					0,2	
							<u> </u>	- /-		

Schedule D (Form 990) 2020

032052 12-01-20

(a) Description of security or category (including name of security)	(b) Book value	 (c) Method of valuation: Cost or end 	d-of-vear market value
	(0) 20011 10:00		
Pinancial derivatives Closely held equity interests			
) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ►			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	11d Soc Form 000 Part V line 15	
	Description	110. See Form 330, Fart A, line 13.	(b) Book value
(a) (1)		110. See Form 990, Fait A, line 15.	(b) Book value
(a) (1) (2)		10. See F0111 990, Fait A, line 15.	(b) Book value
(a) (1) (2) (3)		nd. See Fonn 990, Part A, line 15.	(b) Book value
(a) (1) (2) (3) (4)		nd. See Fonn 990, Part A, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5)		nd. See Fonn 990, Part A, line 15.	(b) Book value
(a) (1) (2) (3) (4) (5) (6)			(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7)			(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8)			(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) ptal. (Colymn (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) potal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Part X Other Liabilities.	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Detal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a)	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Detal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) ptal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) ptal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3)	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" ((a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description		
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Dtal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description		

NATIONAL KIDNEY FOUNDATION OF ILLINOIS

Schedule D (Form 990) 2020

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Schedule D (Form 990) 2020

	dule D (Form 990) 2020 NATIONAL KIDNEY FOUNDATION				6009226 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents Witl	h Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total revenue, gains, and other support per audited financial statements			1	3,291,980.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,164,817.		
b	Donated services and use of facilities	2b			
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е				2e	1,164,817.
3	Subtract line 2e from line 1			3	2,127,163.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,843.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	15,843.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,143,006.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		th Expenses per I	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	а.			
1	Total expenses and losses per audited financial statements			1	2,283,103.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a		_	
b	Prior year adjustments	2b		_	
С	Other losses	2c		_	
d	Other (Describe in Part XIII.)	2d			
<u>م</u>	,,				
e	Add lines 2a through 2d			2e	0.
3	Add lines 2a through 2d			2e 3	0. 2,283,103.
-	· · · · · · · · · · · · · · · · · · ·			3	-
3	Add lines 2a through 2d Subtract line 2e from line 1			3	-
3 4 a	Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a		3	2,283,103.
3 4 a	Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	15,843.	3	2,283,103.
3 4 b c 5	Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4a 4b	15,843.	3	2,283,103.

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

PART V, LINE 4:

TO SUPPORT THE PROGRAM SERVICES.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3)

32

OF THE INTERNAL REVENUE CODE UNDER THE EXEMPTION GRANTED TO THE NATIONAL

OFFICE. CONSEQUENTLY, NO PROVISION FOR INCOME TAXES APPEARS IN THESE

FINANCIAL STATEMENTS. THE NATIONAL OFFICE HAS BEEN DESIGNATED BY THE

INTERNAL REVENUE SERVICE AS A "PUBLICLY SUPPORTED ORGANIZATION".

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Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Part XIII Supplement	NATIONAL	KIDNEY	FOUNDATION	OF	ILLINOIS	36-6009226	Page 5
Part XIII Supplement	al Information (continue	<u>;d)</u>					

chedule D (Form 990) 2

032055 12-01-20

SCHEDULE G	HEDULE G Supplemental Information Regarding Fundraising or Gaming Activities OMB No. 1545-0047					OMB No. 1545-0047		
(Form 990 or 990-EZ)	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.						or if the	2020
	► Attach to Form 990 or Form 990-EZ.							Open to Public
Department of the Treasury Internal Revenue Service	► Go	to www.irs.gov/Form990 for instr				on.		Inspection
Name of the organization				а т т	TINOTO			entification number
Part I Fundrais		L KIDNEY FOUNDATIO				ino 1	36 - 6009	
	complete this part		ieu i	63 01	11 0im 990, 1 art 10, 1		7.10111330-22	
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list 	ions email solicitations tations licitations on have a written o ed in Form 990, Pa I highest paid indiv	f Solicita g Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	tion of tion of fundra (incluc rofessi	non-g gover aising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Ye	
(i) Name and address or entity (fund	s of individual	(ii) Activity	(iii) fundr have c or cor contrib	ustody itrol of	(iv) Gross receipts from activity	to (e	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
			Yes	No				+
								<u> </u>
								_
		L		1				1
		n is registered or licensed to solicit o		utions	or has been notified	it is	exempt from re	 egistration
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form S	990 or	990-E	Z. S	Sche	dule G (Form	990 or 990-EZ) 2020

032081 11-25-20

 Schedule G (Form 990 or 990-EZ) 2020
 NATIONAL
 KIDNEY
 FOUNDATION
 OF
 ILLINOIS
 36-6009226
 Page 2

 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 gro	(a) Event #1	(b) Event #2	(c) Other events	
		GIFT OF LIFE			(d) Total events
			MARKET OPEN	3	(add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
		106,262.	638,610.	260,259.	1,005,131
	1 Gross receipts	100,202.	030,010.	200,259.	1,005,151
1	2 Less: Contributions	89,434.	392,302.	235,357.	717,093
:	3 Gross income (line 1 minus line 2)	16,828.	246,308.	24,902.	288,038
4	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	16,695.	126,132.	23,172.	165,999
	7 Food and beverages	10,714.			10,714
-	8 Entertainment				
1	9 Other direct expenses	29,002.	165,917.	32,080.	226,999
1	10 Direct expense summary. Add lines 4 through	n 9 in column (d)		►	403,712
	11 Net income summary. Subtract line 10 from li	ne 3, column (d)		🕨	-115,674
	t III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.			eported more than	
		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
2	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
		Yes %	└── Yes %	Yes %	
•	6 Volunteer labor	No No	No	No	
7	7 Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
1		from line 1, column (d)	<u></u>	►	
1	8 Net gaming income summary. Subtract line 7				
	8 Net gaming income summary. Subtract line 7				
E	Enter the state(s) in which the organization condu				
E al:	Enter the state(s) in which the organization condu Is the organization licensed to conduct gaming ac	ctivities in each of these s	states?		Yes N
E al:	Enter the state(s) in which the organization condu	ctivities in each of these s	states?		Yes N
al: bli	Enter the state(s) in which the organization condu Is the organization licensed to conduct gaming ac If "No," explain:	ctivities in each of these s	states?		
E al: bli - aV	Enter the state(s) in which the organization condu Is the organization licensed to conduct gaming ac	ctivities in each of these s	rminated during the tax ye		
E al: bli - aV	Enter the state(s) in which the organization condules the organization licensed to conduct gaming and formed to conduct gaming licenses results and the organization's gaming licenses results and the organization and the organization's gaming licenses results and the	ctivities in each of these s	rminated during the tax ye		

Sch	edule G (Form 990 or 990-EZ) 2020 NATIONAL KIDNEY FOUNDATION OF ILLINOIS 36-6009226 Page 3
11	Does the organization conduct gaming activities with nonmembers? 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?
	Indicate the percentage of gaming activity conducted in:
	The organization's facility 13a %
	An outside facility 13b %
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?
b	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount
	of gaming revenue retained by the third party \$
с	If "Yes," enter name and address of the third party:
	Name
	Address 🕨
16	Gaming manager information:
10	
	Name
	Gaming manager compensation ► \$
	Description of services provided
	Director/officer Employee Independent contractor
17	Mandatory distributions:
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license?
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
Pa	organization's own exempt activities during the tax year s 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.
03208	3 11-25-20 Schedule G (Form 990 or 990-EZ) 2020

Schedule G (Form 990 or 990-EZ) Part IV Supplemental Info	NATIONAL	KIDNEY	FOUNDATION	OF	ILLINOIS	36-6009226	Page 4
Part IV Supplemental Info	rmation (continued	d)					
					Se	chedule G (Form 990 or	990-EZ)

032084 04-01-20

SCHEDULE I Grants and Other Assistance to Organizations, (Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.										
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.										
Name of the organization NATIONAL KIDNEY FOUNDATION OF ILLINOIS										
1 Does the organization maintain records criteria used to award the grants or assis	criteria used to award the grants or assistance?									
Part II Grants and Other Assistance to recipient that received more than a	Domestic Organiz	zations and Domestic	Governments. C	complete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any			
1 (a) Name and address of organization or government	(b) EIN	(if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
NORTHWESTERN UNIVERSITY	36-2167817	501(C)(3)	60,000.	0.			GENERAL RESEARCH			
UNIVERSITY OF ILLINOIS	37-6000511	501(C)(3)	60,000.	0.			GENERAL RESEARCH			
ANN & ROBERT H. LURIE CHILDREN'S	36-2170833	501(C)(3)	75,000.	0.			GENERAL RESEARCH			
 2 Enter total number of section 501(c)(3) a 3 Enter total number of other organization 		•	l e line 1 table				 			

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

Schedule I (Form 990) 2020 NATIONAL KIDNEY FOUNDATION OF ILLINOIS

36-6009226

Page 2

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.

(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
2	6,000.	0.		
	(b) Number of recipients	recipients cash grant	recipients cash grant cash assistance	

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

PART I, LINE 2:

AN ANNUAL PROGRESS REPORT IS SUBMITTED BY GRANTEES, AND REVIEWED BY THE

RESEARCH COMMITTEE

SC	HEDULE J	Compensation Information		OMB No. 1	545-0047	
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	າມ	
		Compensated Employees		20	ZU	
Dono	tment of the Treasury	Complete if the organization answered "Yes" on Form 990, Part IV, line 23. Attach to Form 990.		Open to	Public	
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe	ction	
Nan	e of the organization	1		identificatio		er
		NATIONAL KIDNEY FOUNDATION OF ILLINOIS	36-6	5009220	5	
Pa	rt I Question	s Regarding Compensation				
					Yes N	No
1a	Check the appropri	ate box(es) if the organization provided any of the following to or for a person listed on Form	990,			
	Part VII, Section A,	line 1a. Complete Part III to provide any relevant information regarding these items.				
	First-class or c		nal use			
	Travel for com					
		ation and gross-up payments				
	Discretionary	spending account Personal services (such as maid, chauffer	ır, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or				
-	•	rovision of all of the expenses described above? If "No," complete Part III to explain		1b	_	_
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,				
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	_	
2	ladiaatakiala if a					
3		ny, of the following the organization used to establish the compensation of the organization's				
		ector. Check all that apply. Do not check any boxes for methods used by a related organization of the CEO/Executive Director, but explain in Part III.	JIT LO			
	Compensation					
	·	ompensation consultant Compensation survey or study				
		ther organizations Approval by the board or compensation c	ommittee			
			Uninitiee			
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 re					
а		e payment or change-of-control payment?		4a		х
b		eive payment from a supplemental nonqualified retirement plan?				x
с	-	eive payment from an equity-based compensation arrangement?		4c		x
	-	les 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the r	evenues of:				
а	The organization?			5a		X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed of	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensatio	'n			
	contingent on the r					
а						<u>x</u>
b		ation?				<u>x</u>
		or 6b, describe in Part III.				
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments				
		nes 5 and 6? If "Yes," describe in Part III		7		<u>x</u>
8	-	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to th	ie			
				8		<u>x</u>
9		id the organization also follow the rebuttable presumption procedure described in				
		1 53.4958-6(c)?				
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Form	n 990) 20	020

032111 12-07-20

NATIONAL KIDNEY FOUNDATION OF ILLINOIS 36-6009226

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-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) JACQUELINE BURGESS-BISHOP	(i)	159,896.	0.	0.	0.	2,275.	162,171.	0.	
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(ii) (i)								
	(i) (ii)								
	(i)								
	(i) (ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2020

Schedule J (Form 990) 2020 NATIONAL KIDNEY FOUNDATION OF ILLINOIS

36-6009226 Page 3

Part III Supplemental Information

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

Schedule J (Form 990) 2020

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

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

Attach to Form 990.



Employer identification number

Name of the organization

NATTONAL KIDNEY FOUNDATION OF TLUINOIS

	NATIONAL KID	NEY FO	UNDATION (OF ILLINOI	S		36-6009	226	
Pa	rt I Types of Property	_							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contrib amounts reporte Form 990, Part VIII	ed on		(d) hod of determin n contribution ar	•	S
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
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 $_{\dots}$								
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 (<u>AUCTION ITEMS</u>)	X	25	35,	474.	FMV			
26	Other ()								
27	Other ()								
28	Other ()			[
29	Number of Forms 8283 received by the organiz				~				
	for which the organization completed Form 828	83, Part V, L	onee Acknowledg	ement	29			Yes	Ne
20-	During the year did the examination receive hi	contributio	n any proporty roo	ortod in Dort L linco	1 through	h 08 that it		res	No
30a	During the year, did the organization receive by		• • • • •		-				
	must hold for at least three years from the date						20-		Х
F	exempt purposes for the entire holding period? If "Yes," describe the arrangement in Part II.	r					<u>30a</u>		
b 31	Does the organization have a gift acceptance p	olicy that re	ouires the review o	of any nonstandard	contribut	ions?	31		Х
31 32a		•	-	•					- 23
υzd	bees are organization time of use timu parties	or related Of	gainzanono 10 3011	n, process, or sent	unuasii				

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.

contributions?

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

32a

х

032141 11-23-20

Schedule M	l (Form 990) 2020 Supplementa	NATIONAL	KIDNEY	FOUNDATIO	N OF	ILLINOIS	36-6009226	Page 2
Part II	is reporting in Par	I Information.	Provide the in number of co	formation required	by Part	I, lines 30b, 32b, and	33, and whether the organiza ombination of both. Also comp	tion
032142 11-23-2	20						Schedule M (Form	990) 2020
								,

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ

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



Employer identification number 36-6009226

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

RELATING TO KIDNEY DISEASE IN ILLINOIS.

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

RESEARCH - THE NATIONAL KIDNEY FOUNDATION OF ILLINOIS ("NKFI") RESEARCH

NATIONAL KIDNEY FOUNDATION OF ILLINOIS

GRANT PROGRAM FUNDS YOUNG INVESTIGATORS WHO HAVE RESEARCH PROJECTS THAT

WILL INCREASE THE UNDERSTANDING OF KIDNEY, UROLOGIC AND RELATED

DISEASES AND TRANSPLANTATION AS WELL AS IMPROVE THE CLINICAL MANAGEMENT

AND TREATMENT OR CURE OF THESE DISEASES. THE NKFI ALSO SHARES A PORTION

OF ITS REVENUE TO SUPPORT NATIONAL PROGRAMS AND INITIATIVES OF THE

NATIONAL KIDNEY FOUNDATION.

NKFI ALSO HAS AN INNOVATIONS GRANT THAT SUPPORTS AND FUNDS NEW,

INNOVATIVE APPLICATIONS, RESEARCH, TECHNOLOGIES, AND OTHER NOVEL

PROCESSES THAT LEAD TO MORE EFFECTIVE, EQUITABLE AND SUSTAINABLE

SOLUTIONS TO IMPROVE THE LIVES OF THOSE AT RISK FOR KIDNEY DISEASE AND

TRANSPLANTATION-RELATED DISEASES, AND/OR IMPROVE THE PREVENTION,

MANAGEMENT AND TREATMENT OR CURE OF THESE DISEASES.

EXPENSES \$ 232,775. INCLUDING GRANTS OF \$ 201,000. REVENUE \$ 77,160.

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

A DRAFT OF THE FORM 990 IS PRESENTED TO THE BOARD PRIOR TO FINALIZATION.

UPON VERBAL APPROVAL OF THE CHIEF EXECUTIVE OFFICER AND BOARD PRESIDENT,

THE 990 IS FINALIZED AND PRESENTED TO THE CHIEF EXECUTIVE OFFICER TO SIGN

45

AND SUBMIT.

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	Page 2 Employer identification number
NATIONAL KIDNEY FOUNDATION OF ILLINOIS	36-6009226
FORM 990, PART VI, SECTION B, LINE 12C:	
ON AN ANNUAL BASIS, OFFICERS, DIRECTORS, AND KEY EMPLOYEES	DDOUTDE & STONED
JA AN ANNOAD BASIS, OFFICERS, DIRECTORS, AND RET EMPHOTEES	FROVIDE A SIGNED
STATEMENT TO DISCLOSE ANY INTEREST THAT COULD GIVE RISE TO	A CONFLICT.
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE COMMITTEE ANNUALLY REVIEWS THE COMPENSATION	OF THE CHIEF
EXECUTIVE OFFICER AND KEY EMPLOYEES	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST	POLICY, AND
THE FOODERTION D GOVERNING DOCOMENTD, CONFERCE OF INTEREDT	

FORM 990, PART XII, LINE 2C

THERE WERE NO CHANGES TO THE AUDIT SELECTION PROCESS FROM THE PRIOR

YEAR.

Schedule O (Form 990 or 990-EZ) 2020

TAX RETURN FILING INSTRUCTIONS

ILLINOIS FORM AG990-IL

FOR THE YEAR ENDING

March 31, 2021

Prepared For:

National Kidney Foundation of Illinois 215 West Illinois Street No. 1C Chicago, IL 60654

Prepared By:

Wipfli LLP 100 Tri-State International Ste 300 Lincolnshire, IL 60069

Amount of Tax:

Balance due of \$15

Make Check Payable To:

Illinois Charity Bureau Fund

Mail Tax Return To:

Office of the Attorney General Charitable Trust Bureau 100 West Randolph St., 11th Floor Chicago, IL 60601-3175

Return Must Be Mailed On Or Before:

November 29, 2021

Special Instructions:

The report should be signed and dated by an authorized individual(s).

We recommend that you use certified mail with postmarked receipts for proof of timely filing.

For Off	ice Use Only ILLINOIS CHARITABLE ORGANIZATION ANNUAL			Form AG990-IL Revised 1/19
PMT		-		
	Charitable Trust Bureau, 100 West Randol 11th Floor, Chicago, Illinois 60601	ph CC) <u># 01</u>	-003536
				ll items attached:
AMT	Report for the Fiscal Period:	X		IRS Return
		Make Checks 🛛	-	Financial Statements
		Payable to the Illinois		Form IFC
INIT		Charity 🔼		Annual Report Filing Fee
		Bureau Fund		Late Report Filing Fee
				10 DAY YR 01/01/1949
Are co	Distributions to the organization tax deductible? X Yes No Date Organization tax deductible?	ganization was creat Year-end		01/01/1949
	NAME NATIONAL KIDNEY FOUNDATION OF ILLINOIS	amounts		
	MAIL MAILINGING REDUCE FOODERFOR OF THEFTOTS	A) ASSETS	A) \$	8,319,796.
	DDRESS 215 WEST ILLINOIS STREET, NO. 1C	B) LIABILITIES	B) \$	729,803.
	STATE CHICAGO, IL	C) NET ASSETS	C) \$	7,589,993.
	P CODE 60654			
Ι.	SUMMARY OF ALL REVENUE ITEMS DURING THE YEAR:	PERCENTAGE		AMOUNT
	D) PUBLIC SUPPORT, CONTRIBUTIONS & PROGRAM SERVICE REV. (GROSS AMTS.)	74.862%	D) \$	1,604,298.
	E) GOVERNMENT GRANTS & MEMBERSHIP DUES	21.945%	E) \$	470,289.
	F) OTHER REVENUES	3.193%	F) \$	68,419.
				0 1 4 0 0 0 0
I	G) TOTAL REVENUE, INCOME AND CONTRIBUTIONS RECEIVED (ADD D, E, & F)	100 %	G) \$	2,143,006.
II.	SUMMARY OF ALL EXPENDITURES DURING THE YEAR:	60 419 -		1 505 007
	H) OPERATING CHARITABLE PROGRAM EXPENSE	69.418%	H) \$	1,595,887.
		%	L) @	
	I) EDUCATION PROGRAM SERVICE EXPENSE	70	I) \$	
	J) TOTAL CHARITABLE PROGRAM SERVICE EXPENSE (ADD H & I)	69.418%	J) \$	1,595,887.
	J1) JOINT COSTS ALLOCATED TO PROGRAM SERVICES (INCLUDED IN J):			
	K) GRANTS TO OTHER CHARITABLE ORGANIZATIONS	8.482%	K) \$	195,000.
		^^		4
	L) TOTAL CHARITABLE PROGRAM SERVICE EXPENDITURE (ADD J & K)	77.900%	L) \$	1,790,887.
		9.357%		01E 11E
	M) MANAGEMENT AND GENERAL EXPENSE	9.357%	M) \$	215,115.
	N) FUNDRAISING EXPENSE	12.743%	N) \$	292,944.
	N) TONDIAISING LAFLINGL	12.745%	Ν)φ	<u> </u>
	0) TOTAL EXPENDITURES THIS PERIOD (ADD L, M, & N)	100 %	0) \$	2,298,946.
	SUMMARY OF ALL PAID FUNDRAISER AND CONSULTANT ACTIVITIES:			· ·
1	(Attach Attorney General Report of Individual Fundraising Campaign- Form IFC. One for each PFR.)			
	PROFESSIONAL FUNDRAISERS;			
	P) TOTAL AMOUNT RAISED BY PAID PROFESSIONAL FUNDRAISERS	100 %	P) \$	0.
	Q) TOTAL FUNDRAISERS FEES AND EXPENSES	%	Q) \$	
			D) ¢	
	R) NET RECEIVED BY THE CHARITY (P MINUS Q=R)	%	R) \$	
	PROFESSIONAL FUNDRAISING CONSULTANTS;		S) \$	0.
IV.	 S) TOTAL AMOUNT PAID TO PROFESSIONAL FUNDRAISING CONSULTANTS COMPENSATION TO THE (3) HIGHEST PAID PERSONS DURING THE YEA 	AR:	σ, φ	0.
	T) NAME, TITLE: JACQUELINE BURGESS-BISHOP, EXECUTIVE DI		T) \$	162,171.
1	U) NAME, TITLE: SHEILLA NTAMBO, SR DIR OF FINANCE & ADM		U) \$	117,186.
1	V) NAME, TITLE: RACHEL DEPAUW, SR. DIR OF PROGRAMS		V) \$	110,440.
V.	CHARITABLE PROGRAM DESCRIPTION: CHARITABLE PROGRAM (3 HIGHEST BY \$ EXPENDED CODE CATEGORIES)	List on	back side of instructions
				CODE
098091 04-22-20	W) DESCRIPTION: OTHER EDUCATIONAL MATERIALS FOR THE PUB	LIC	W)#	012
8091	X) DESCRIPTION: PATIENT AND COMMUNITY SERVICES	a	X) #	300
60	Y) DESCRIPTION: GRANTS TO OTHER CHARITABLE ORGANIZATION	5	Y) #	150

	F THE ANSWER TO ANY OF THE FOLLOWING IS YES, ATTACH A DETAILED EXPLANATION:		YES	NO
1.	. WAS THE ORGANIZATION THE SUBJECT OF ANY COURT ACTION, FINE, PENALTY OR JUDGMENT?	1.		Х
2	. HAS THE ORGANIZATION OR A CURRENT DIRECTOR, TRUSTEE, OFFICER OR EMPLOYEE THEREOF, EVER BEEN CONVICTED BY ANY			
	COURT OF ANY MISDEMEANOR INVOLVING THE MISUSE OR MISAPPROPRIATION OF FUNDS OR ANY FELONY?	2.		Х
3.	DIRECTORS OR TRUSTEES OWNS AN INTEREST; OR WAS IT A PARTY TO ANY TRANSACTION IN WHICH ANY OF ITS OFFICERS, DIRECTORS OR TRUSTEES HAS A MATERIAL FINANCIAL INTEREST; OR DID ANY OFFICER, DIRECTOR OR TRUSTEE RECEIVE	2		X
	ANYTHING OF VALUE NOT REPORTED AS COMPENSATION?	3.		
4.	. HAS THE ORGANIZATION INVESTED IN ANY CORPORATE STOCK IN WHICH ANY OFFICER, DIRECTOR OR TRUSTEE OWNS MORE THAN 10% OF THE OUTSTANDING SHARES?	4.		X
5.	. IS ANY PROPERTY OF THE ORGANIZATION HELD IN THE NAME OF OR COMMINGLED WITH THE PROPERTY OF ANY OTHER PERSON OR ORGANIZATION?	5.		X
6	. DID THE ORGANIZATION USE THE SERVICES OF A PROFESSIONAL FUNDRAISER? (ATTACH FORM IFC)	6.		X
		0.		21
78	a. DID THE ORGANIZATION ALLOCATE THE COST OF ANY SOLICITATION, MAILING, ADVERTISEMENT OR LITERATURE COSTS BETWEEN PROGRAM SERVICE AND FUNDRAISING EXPENSES?	7.		X
71	b. IF "YES", ENTER (i) THE AGGREGATE AMOUNT OF THESE JOINT COSTS \$; (ii) THE AMOUNT ALLOCATED TO PROGRAM SERVICES \$; (iii) THE AMOUNT ALLOCATED TO MANAGEMENT AND GENERAL \$; AND (iv) THE AMOUNT ALLOCATED TO FUNDRAISING \$			
8.	. DID THE ORGANIZATION EXPEND ITS RESTRICTED FUNDS FOR PURPOSES OTHER THAN RESTRICTED PURPOSES?	8.		Х
9.	. HAS THE ORGANIZATION EVER BEEN REFUSED REGISTRATION OR HAD ITS REGISTRATION OR TAX EXEMPTION SUSPENDED OR REVOKED BY ANY GOVERNMENTAL AGENCY?	9.		X
1(0. WAS THERE OR DO YOU HAVE ANY KNOWLEDGE OF ANY KICKBACK, BRIBE, OR ANY THEFT, DEFALCATION, MISAPPROPRIATION, COMMINGLING OR MISUSE OF ORGANIZATIONAL FUNDS?	10.		X
1	1. LIST THE NAME AND ADDRESS OF THE FINANCIAL INSTITUTIONS WHERE THE ORGANIZATION MAINTAINS ITS THREE LARGEST ACCOUNTS:			
	CIBC, 120 S LASALLE ST, CHICAGO IL 60603			
1:	2. NAME AND TELEPHONE NUMBER OF CONTACT PERSON: SHEILLA NTAMBO – 312–321–1500			
"				

ALL ATTACHMENTS MUST ACCOMPANY THIS REPORT - SEE INSTRUCTIONS

UNDER PENALTY OF PERJURY, I (WE) THE UNDERSIGNED DECLARE AND CERTIFY THAT I (WE) HAVE EXAMINED THIS ANNUAL REPORT AND THE ATTACHED DOCUMENTS, INCLUDING ALL THE SCHEDULES AND STATEMENTS, AND THE FACTS THEREIN STATED ARE TRUE AND COMPLETE AND FILED WITH THE ILLINOIS ATTORNEY GENERAL FOR THE PURPOSE OF HAVING THE PEOPLE OF THE STATE OF ILLINOIS RELY THEREUPON. I HEREBY FURTHER AUTHORIZE AND AGREE TO SUBMIT MYSELF AND THE REGISTRANT HEREBY TO THE JURISDICTION OF THE STATE OF ILLINOIS.

BE SURE TO INCLUDE ALL FEES DUE:	JACQUELINE BURGESS-BISHOP		
 1.) REPORTS ARE DUE WITHIN SIX MONTHS OF YOUR FISCAL YEAR END. 2.) FOR FEES DUE SEE INSTRUCTIONS. 3.) REPORTS THAT ARE LATE OR INCOMPLETE ARE SUBJECT TO A \$100.00 PENALTY. 	PRESIDENT or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
	BRIAN O'DEA		
	TREASURER or TRUSTEE (PRINT NAME)	SIGNATURE	DATE
	JAMES O GIESE		
098101 04-22-20	PREPARER (PRINT NAME)	SIGNATURE	DATE