			freehal 4/18/23	
Form 8879-TE		IRS e-file Signature for a Tax Exe	e Authorization	OMB No. 1545-0047
	For calendar ye	ear 2021. or fiscal year beginning 7/1		
Department of the Treasury Internal Revenue Service		Do not send to the IRS. Ke	ep for your records.	2021
Name of filer		Go to www.irs.gov/Form8879TE	for the latest information.	
National Kidney Founda	ation of Wisconsin	Inc	EIN or SSN	
Name and title of officer or pers Mike Crowley	son subject to tax			39-1133761
and the second se	Return and Ret	urn Information	Chief Exe	ecutive Officer
Check the box for the return	rn for which you are	using this Form 8879-TF and enter th	he applicable amount, if any, from the	return Form 9039
5a, 6a, 7a, 8a, 9a, or 10a 5b, 6b, 7b, 8b, 9b, or 10b	below, and the amo	o cents. For all other forms, enter who ount on that line for the return being fill cable, blank (do not enter -0-). But if i	ole dollars only. If you check the box o ed with this form was blank, then leav you entered -0- on the return, then en	n line 1a, 2a, 3a, 4a,
applicable line below. Do r	tot complete more	than one line in Part I		
1a Form 990 check here		<b>b</b> Total revenue, if any (Form 99	90. Part VIII. column (A). line 12) .	1b252,559
2a Form 990-EZ check 3a Form 1120-POL che		<b>b</b> Total revenue, if any (Form 99	90-EZ, line 9)	. 2b
4a Form 990-PF check		<b>b Fotal tax</b> (Form 1120-POL. lin	e 22)	3b
5a Form 8868 check he		b Balance due (Form 9869 line	<b>come</b> (Form 990-PF, Part V, line 5) . 3c) .	4b
6a Form 990-T check he		b Total tax (Form 990-T Part III	line 4)	5b
7a Form 4720 check he	re	b Total tax (Form 4720, Part III	line 1)	76
8a Form 5227 check he	re ►	b FMV of assets at end of tax	year (Form 5227. Item D)	8b
9a Form 5330 check he	re 🕨 📃	b Tax due (Form 5330. Part II. li	ne 19)	9b
10a Form 8038-CP check	L	b Amount of credit payment request	ed (Form 8038)CP. Part III. line 22) .	10b
Part II Declaration	on and Signatu	re Authorization of Officer of	or Person Subject to Tax	
complete. I further declare intermediate service provid acknowledgement of receip the date of any refund. If ap (direct debit) entry to the fir return, and the financial ins 1-888-353-4537 no later th processing of the electronic	that the amount in I ler, transmitter, or e of or reason for reje- oplicable. I authorize nancial institution ac titution to debit the an 2 business days o payment of taxes I ed a personal identii	Part I above is the amount shown on t lectronic return originator (ERO) to se- ction of the transmission. (b) the reas e the U.S. Treasury and its designated cocumt indicated in the tax preparation entry to this account. To revoke a pay prior to the payment (settlement) date to receive confidential information nec	and the intervention of the electronic return. I con- the copy of the electronic return. I con- end the return to the IRS and to receive on for any delay in processing the return d Financial Agent to initiate an electro- is software for payment of the federal ta- ment. I must contact the U.S. Treasu e. I also authorize the financial institut essary to answer inquiries and resolv e for the electronic return and, if applic	sent to allow my e from the IRS (a) an urn or refund, and (c) nic funds withdrawal axes owed on this ry Financial Agent at ions involved in the e issues related to
PIN: check one box onl	v			
X I authorize		O'Leary & Anick ERO firm name	to enter my PIN 337 Enter five nu do not enter	imbers, but all zeros
a state agency	(les) regulating ch	Ily filed return. If I have indicated w arities as part of the IRS Fed/State closure consent screen.	vithin this return that a copy of the it e program. I also authorize the afo	return is being filed with rementioned ERO to
electronically fi	led return. If I have	e indicated within this return that a	II enter my PIN as my signature on i copy of the return is being filed wi ar my PIN on the return's disclosur	th a state agency(ies)
Signature of officer or person su	bject to tax	Tichael U. Irm	when Date > 4	117/2023
Part III Certificati	on and Authen	itication	1 1	
ERO's EFIN/PIN, Enter y number (EFIN) followed I			39886288982 Do not enter all zeros	
I certify that the above nut that I am submitting this r IRS <i>e-file</i> Providers for B	return in accordan	PIN, which is my signature on the ace with the requirements of Pub. 4	2021 electronically filed return inc 4163, Modernized e-File (MeF) Infe	licated above. I confirm prmation for Authorized
ERO's signature  Kevin	O'Leary		Date 🕨	3/21/2023
	E	RO Must Retain This Form-	-See Instructions	

Do Not Submit This Form to the IRS Unless Requested To Do So

-	9	90	Return of Organization Exempt From In	come Tax		OMB No. 1545-0047
For	n 🗸	00	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (exce			2021
Dop	ortmont of	f the Trees of	<ul> <li>Do not enter social security numbers on this form as it may be</li> </ul>	pt private toundatio	ns)	Open to Public
	nal Rever	f the Treasury nue Service	Go to www.irs.gov/Form990 for instructions and the latest in the late	nformation.		Inspection
<u>A</u>			endar year, or tax year beginning 7/1/2021 , and er	nding 6/3	30/202	2
	Address	applicable:	C Name of organization National Kidney Foundation of Wisconsin, Inc Doing business as	D Employe	er identil	fication number
		3	Number and street (or P.O. box if mail is not delivered to street address) Room/suite	39-113376	4	
	Name ch	nange	10909 W. Greenfield Ave. 201	E Telephor		er
	Initial ret	urn	City or town State ZIP code	(800) 543-		
	Final return	n/terminated	West Allis         WI         53214           Foreign country name         Foreign province/state/country         Foreign postal of the state/country		0393	
	Amende	d return	Foreign country name Foreign province/state/county Foreign postal c	G Gross red	Peinte \$	267,439
	Applicati	on pending	F Name and address of principal officer:			
_		1 5	Mike Crowley 10909 W. Greenfield Ave., STE 201, West Allis, WI 53214	H(a) Is this a group return	for subord	Jinates? Yes X No
1	Tax-exe	mpt status:	X     501(c)(3)     501(c)     (insert no.)     4947(a)(1) or     527	If "No," attach a l		
J	Website	e: 🕨 wwv		H(c) Group exemption		
		organization			2000000-00	
Р	art I	Sur	nmary	of formation: 1968	MIS	State of legal domicile: WI
-	1		•• ••	event chronic kidn	ev dise	ease (CKD)
Activities & Governance		improve	the health and well-being of individuals who are at risk or have CKD and to			
rna			the availability of all organs for transplantation. See Schedule O			
OVE	2	Check th	is box <ul> <li>if the organization discontinued its operations or disposed of</li> </ul>	of more than 25%	of its n	iet assets.
യ ൽ	3	Number	of voting members of the governing body (Part VI, line 1a)	A R A as a sin	3	8
ies	4	Total nur	of independent voting members of the governing body (Part VI, line 1b) . mber of individuals employed in calendar year 2021 (Part V, line 2a)		4	
tivit	6	Total nur			5	4
Act	7a		elated business revenue from Part VIII, column (C), line 12.	* * * * * *	7a	8
	b	Net unre	lated business taxable income from Form 990-T, Part I, line 11.		7b	0
				Prior Year		Current Year
anı	8	Contribu	tions and grants (Part VIII, line 1h)		4,047	217,023
Revenue	9 10	Investme	service revenue (Part VIII, line 2g)		1,624	3,250
Re	11	Other rev	venue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .		5,450 8,057	26,054
	12	Total reve	enue—add lines 8 through 11 (must equal Part VIII, column (A), line 12).		9,178	6,232 252,559
	13	Grants a	nd similar amounts paid (Part IX, column (A), lines 1–3)		0	0
	14	Benefits	paid to or for members (Part IX, column (A), line 4) .		0	0
Expenses	15 16a		other compensation, employee benefits (Part IX, column (A), lines 5–10).	18	9,606	171,402
ben	b		onal fundraising fees (Part IX, column (A), line 11e)		0	0
Ĕ	17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)	17	1,684	137,826
	18	Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)		1,290	309,228
. (0	19	Revenue	less expenses. Subtract line 18 from line 12	5	7,888	-56,669
Net Assets or Fund Balances	20	Tatal		Beginning of Current		End of Year
Asse Bala	20 21		ets (Part X, line 16)		5,284	650,692
Pet.	22		ts or fund balances. Subtract line 21 from line 20		3,018 2,266	<u> </u>
	rt II		nature Block	102	2,200	010,004
Unde	r penalti	es of perjury,	I declare that I have examined this return, including accompanying schedules and statements, a	and to the best of my kr	owledge	9
and b	elief, it is	s true, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer has any knowl	edge.	
Sig			Signature of officer	Date		
Her	e			Executive Officer		
		_	Type or print name and title			
		Print/	Type preparer's name Preparer's signature	Date	hock [	PTIN
Pai	d parer	Chris	stine C Daws	The second se	heck	" oyed P01790536
	e Only	State of the	name  ► O'Leary & Anick	Firm's EIN ►		
030			address ► 11933 W Burleigh Street, Ste 100, Wauwatosa, WI 53222	Phone no.		74-0300
May	the IR		this return with the preparer shown above? See instructions			X Yes No

Form	990 (2021)	National Kidney Foundation of Wisconsin, Inc	39-1133761	- <b>1</b>
Pa	irt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		Page 2
1		escribe the organization's mission:		
	To preve	nt kidney and urinary tract disease, improve the health and well being of persons		
	and fami	les affected, and increase the availability of all organs for transmission		
2	Did the o	rganization undertake any significant program services during the year which were not listed on		
	the prior	Form 990 or 990-EZ?	· · · Yes	X No
3			A	
3	Did the 0	rganization cease conducting, or make significant changes in how it conducts, any program		
	If "Vee "		Yes	X No
4		describe these changes on Schedule O.		
4	Describe	the organization's program service accomplishments for each of its three largest program service	s, as measured by	
	expenses	s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all	llocations to others	
	the total e	expenses, and revenue, if any, for each program service reported.		
4a	(Code:	) (Expenses \$ 36,726 including grants of \$ ) (Reven	ue \$	)
	Direct Se	rvices to Patients and their Families: The National Kidney Foundation of Wisconsin (NKEW)		/
	provides:	+online and live-streamed programming for transplant recipients, living donors, dialysis		
	patients a	ind caregivers +medical identification jewelry to ensure proper patient care and safety		
	in emerge	ency situations +a toll-free helpline, local and community programming and		
	electronic	/social media postings connecting patients and their caregivers to local support groups.		
	transporta			
	evidence	based resources		
4b	(Code:			
40		) (Expenses \$ 22,455 including grants of \$ ) (Revenue of the National Kidney Foundation of Wisconsin offers an annual )	ue \$3	9,250 )
	statewide	continuing education program for dialysis nurses, social workers, dietitians and patient		
	care tech	nicians. Over 200 professionals attend each year. Responding to requests from other		
	organizati	ons, the NKFW provides medical expert speakers to present clinical information and		
	training of	dispetee and kidney beath living titles beakers to present clinical information and		
	The NKE	n diabetes and kidney health, living kidney donation and nutrition and kidney health.		
	workers.	V organizes five meetings and continuing education programs for Wisconsin dialysis social		
	workers.			
		X		
		0.		
4c	(Code:	) (Expenses \$ 22,574 including grants of \$ ) (Revenue)	ue \$	)
	Provide C	ommunity Services: As part of a statewide collaborative, the NKFW is a primary partner of		/
	the Health	y Shelves Food Pantry Initiative. Since 1 in 3 individuals who use a food pantry have		
	diabetes,	the NKFW promotes statewide public awareness campaigns designed to encourage the		
	donation of	of diabetes friendly foods to local food pantrias. Community advection programs are		
		and live atreamed on tenior including: disheter, hungthering and lide - hall		
		ar medications and kidney health: altruistic kidney denotion. Free kidney health/diabetee		
		s are held in counties that have a high incidence of individuals diagnosed with cronic		
	kidney dis			
4d	Other prov	gram services (Describe on Schedule O.)		
	(Expenses		0)	
4e	and the second se	ram service expenses  97,909		

Part IV	Checklist of Required Schedules
Form 990 (2021)	National Kidney Foundation of Wisconsin, Inc

39-1	11	22	70	A .	
29-1	1	.0.3	i/r	1	

Page	3
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1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		Yes	No
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions. Did the organization engage in direct or indirect political campaign activities on bobalf of error presention to	1	X	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(b)	3		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues	4		X
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> . 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? <i>If</i>	5		X
7	"Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6	_	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		Х
9	complete Schedule D, Part III . Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		Х
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9		v
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V			<u>X</u>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.	10		X
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
b	Schedule D, Part VI.	11a	х	
c	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D. Part VII.	11b		Х
U	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11e	Х	<u></u>
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)2 If "Yes" complete Schedulo D. Bort X	11f	x	
	Schedule D, Parts XI and XII.	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	4.01		V
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	12b		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	13		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		Х
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .	14b		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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .	15		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	16		x
18	on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions. Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II.	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
00	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .	20a		Х
	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		v

Form **990** (2021)

Form	990 (2021) National Kidney Foundation of Wisconsin, Inc	39-1133761	Р	age <b>4</b>
Par	rt IV Checklist of Required Schedules (continued)			-30 -
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	22		
24a		23		X
	\$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		24b		
С				
	to defease any tax-exempt bonds?	24c		
d	generation of the second of beneration of the second of th	🧖 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.	<b>25a</b>		Х
b	in an experience and the state of gaged in an excesse benefit transaction with a dioqualities person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			10000
20	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%			
27	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> . Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	26		Х
21	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III.	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			Control de la
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV.	<b>28</b> c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M.	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part	t1 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.	22		V
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,	33		X
54	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)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlle			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	100 D.10		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2.	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par	rt V Statements Regarding Other IRS Filings and Tax Compliance		1	
	Check if Schedule O contains a response or note to any line in this Part V			
	I I		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b	0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	x	
	reportable gaming (gambling) winnings to prize winners?		990	(20.24)

1	990 (2021) National Kidney Foundation of Wisconsin, Inc 39-1	22764							
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)	33761	Yes	Page 5					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		res	NO					
	Statements, filed for the calendar year ending with or within the year covered by this return								
b	If at 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	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x					
b	if Yes, has it filed a Form 990-1 for this year? If "No" to line 3b, provide an explanation on Schedule O								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over	3b							
10	a infancial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X					
b	If "Yes," enter the name of the foreign country								
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
C C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the								
Ь	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or								
7	gifts were not tax deductible?	6b							
'a	Organizations that may receive deductible contributions under section 170(c).								
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods								
b	and services provided to the payor?	7a		X					
c	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
U	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?								
d		7c		<u> </u>					
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?								
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7e		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		<u> </u>					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9	Sponsoring organizations maintaining donor advised funds.	0							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:			·····					
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter								
а	Gross income from members or shareholders								
b	Gross income from other sources (Do not net amounts due or paid to other sources								
	against amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
b	Note: See the instructions for additional information the organization must report on Schedule O.								
D	Enter the amount of reserves the organization is required to maintain by the states in which								
с	the organization is licensed to issue qualified health plans								
14a	Enter the amount of reserves on hand								
b	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b							
10				V					
	excess parachute payment(s) during the year	15		<u> </u>					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
0.00000	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

Form **990** (2021)

Form	990 (2021) National Kidney Foundation of Wisconsin, Inc 39-1	133761		6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and to	ra "No	"	Page <b>6</b>
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O	See in	etruc	tions
	Check if Schedule O contains a response or note to any line in this Part VI	000 111	Siruc	
Sec	tion A. Governing Body and Management	• •	• •	X
				1
1a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No
	If there are material differences in voting rights among members of the governing body, or	8		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line to show when we included and in			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	8		
	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	2		X
	supervision of officers, directors, trustees, or key employees to a management company or other person?			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	3		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	4		X
6	Did the organization have members or stockholders?	5		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	6		Х
	one or more members of the governing body?			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		X
	stockholders or persons other than the governing hedy?	12220		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		X
	the year by the following:			
а	The governing body?	-		
b		8a	X	
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	8b	Х	<u> </u>
-	at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	9	,	X
	and are enclose (the economic requests information about policies not required by the internal Revenue	Coae.		
10a	Did the organization have local chapters, branches, or affiliates?	100	Yes	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10a		X
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	4.01		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b	V	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a	X	
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	10	V	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	<u> </u>
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes,"</i>	12b	Х	
	describe on Schedule O how this was done	10-	v	
13	Did the organization have a written whistleblower policy?	12c	X	
14	Did the organization have a written document retention and destruction policy?	13	X	
15	Did the process for determining compensation of the following persons include a review and approval by	14	Х	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official.	150	х	
b	Other officers or key employees of the organization	15a	^	Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	15b		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	10-		v
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		<u>X</u>
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure	160		
17	List the states with which a copy of this Form 990 is required to be filed  WI			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section	501(~)		
	(3) sonly) available for public inspection. Indicate how you made these available. Check all that apply.	JUT(C)		
	Own website X Another's website X Upon request Other (explain on Schedule O			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest po	licy		
	and financial statements available to the public during the tax year.	ney,		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
		-		
	U'Leary & Anick 414-774-0300 13400 Bishops Lape Suite 120, Brookfield, WI 53005			

Form 990 (2021)	National Kidney Foundation of W	isconsin. Inc								20 110	704
Part VII	Compensation of Officers, Dir	rectors, Trust	ees.	Ke	v F	mn	love	96	Highest Com	<u>39-1133</u>	3/61 Page
	Linployees, and independent	Contractors									
	Check if Schedule O contains a	response or n	ote t	o ar	ıv I	ine	in th	is F	Part VII		
Section A.	Officers, Directors, Trustees,	Key Employe	AG 2	and	Hic	nho	et C.	0	nemented Free		· · ·
1a Complete t	his table for all persons required to be	listed Report of	0000	anu	tion	for	SI CO	om	pensated Em	ployees	
organization's	tax year.	s insted. Report d	ompe	ensa	tion	TOP	the c	aler	idar year ending	with or within th	e
	of the organization's <b>current</b> officers,	directors trustor		- eth	:	I <sup>-</sup>					
of compensation	on. Enter -0- in columns (D), (E), and	(F) if no comper	s (wi	nethe	er ir	naiv	iduals	s or	organizations), r	egardless of amo	ount
<ul> <li>List all o</li> </ul>	of the organization's current key employed	ovees if any S	on the	ine	truc	+:		dafi	nition of Illian and		
Eloc tilo	organizations live current ninnest co	mnoncatod omn	louor	00 10	4		and a second		Contraction of the Property of		
			099-N	AISC	ar	nd/o	r box	1 0	f Form 1099-NE	C) of more than	oyee)
	and organization and any related orga	anizations.							Alla I		
	f the organization's <b>former</b> officers, k portable compensation from the orga	inzation and any	relat	edo	rga	niza	ations				
<ul> <li>List all o</li> </ul>	f the organization's <b>former directors</b> nore than \$10,000 of reportable comp	or trustees that	roco	ivod	in	the		-it-	as a former dire	ctor or trustee of	the
See the instruc	tions for the order in which to list the	persons above.				in a	na an	ly iC	aled organizatic	JIIS.	
Check this	box if neither the organization nor ar	v related organi	zatio		mne	anes	e hote		surrout officer di		
		J	T	1 001			ateu a	i iy t	T	rector, or trustee	
						(C) sition		5			
	(A)	(B)	(do	not c	heck	mor	e than	one	(D)	(E)	(E)
	Name and title	Average hours	box	, unle	ss pe	ersor	is bot	h an	Reportable	Reportable	(F) Estimated amount
		per week	111	1					compensation from the	compensation from related	of other
		(list any hours for	or director	Institutional	Officer	Key employ	inghe	Former	organization (W-2/	organizations (W-2/	compensation from the
		related	ecto	ution	R.	du	oye	er	1099-MISC/ 1099-NEC)	1099-MISC/ 1099-NEC)	organization and
		organizations below	or trus	hal t		loyee	in a			1000-1420)	related organizations
		dotted line)	stee	trustee		â	Dens				
				6			Highest compensated employee				
(1) Mike Cro	wley	45.00	K			-		-			
Chief Executive	Officer	0.00			x				01.042		
(2) Ahmed M	1alik	1.00			-				91,042	0	0
Chair		0.00			x				0	0	0
(3) John Mei	er	1.00							0	0	0
Secretary		0.00	X		х				o	0	0
(4) Alyse Bai	ley	1.00							0	0	0
Vice Chair		0.00	X		х				0	0	0
(5) Jeffrey No	oltner	1.00							0	0	0
Treasurer		0.00	X		X				0	0	0
(6) Michelle (	Graham	1.00								0	0
Director		0.00	Х						0	0	0
(7) Gaurav Ja	ain	1.00							-		0
Director		0.00	Х						0	o	0
(8) Ashraf El-	Meanawy	1.00									
Director		0.00	Х						0	0	0
(9) Jeff Palec	zek	1.00									
Director		0.00	Х						0	0	0
(10)											
(4.4.)											
(11)											
(12)					-						
13)					-	_		-			
14)					+	$\rightarrow$	$\rightarrow$	$\rightarrow$			

Form 99	National Kidney Foundation of N	Nisconsin, Inc							39-113		Page <b>8</b>
Ра	rt VII Section A. Officers, Directors, True	stees, Key Em	oloye	es,	and	l Hig	ghest (	Compensated En	ployees (contin	ued)	
	(A) Name and title	(B) Average hours per week (list any hours for related organizations	box,	unles er and Institutional	ieck i is pe	ition more rson irecto	than one is both all pr/trustee Highest compensated	n Reportable ) compensation	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	Estimati of comp fro organiz	F) ed amount other ensation m the ation and ganizations
		below dotted line)	stee	trustee		æ	ensated				
(15)											
(16)											
(17)											
(18)											
(19)							1				
(20)						1		0			
(21)											
(22)						6	>				
(23)				1							
(24)			-								
(25)		*									
1b	Subtotal							91,042		-	0
С	Total from continuation sheets to Part VII, S						!		-		0
d 2	Total (add lines 1b and 1c).	mited to those li	sted	abo	ve)	who	receiv	91,042 ed more than \$10			0
	reportable compensation from the organization										0 Yes No
3	Did the organization list any <b>former</b> officer, dire employee on line 1a? If "Yes," complete Sched	ector, trustee, ke Jule J for such in	ey em ndivia	nplog Iual	yee,	, or l		compensated		3	X
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual.	of reportable co ater than \$150,0	mper )00?	nsati If "Y	on a 'es, '	and " <i>cor</i>	nplete	Schedule J for su	Ch 	4	X
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "Y	rue compensati 'es," complete S	on fro Schea	om a Iule	iny i J fo	unre r su	elated c ch pers	organization or ind	lividual	5	X
Sec	tion B. Independent Contractors										
1	Complete this table for your five highest competence compensation from the organization. Report compensation from the organization.	ensated indeper ompensation for	ndent the c	cor cale	ntrac nda	ctors r yea	s that re ar endi	eceived more thar ng with or within t	h \$100,000 of he organization's	tax ye	ar.
	(A) Name and business add							(B) Description of s		<b>(C</b> ) Compen	
											0
											0
											0
											C
2	Total number of independent contractors (inclu	uding but not lim	nited 1	to th	iose	list	ed abo	ve) who received			
	more than \$100,000 of compensation from the	eorganization	•	_		_		U			000

Form **990** (2021)

	VIII						
_		Check if Schedule O contains a response or	note to any line in	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue exclud from tax unde sections 512–5
s	1a	Federated campaigns	0				3600013 312-3
Other Similar Amounts	b	Membership dues	0				
Ê	С	Fundraising events	0				
A	d	Related organizations	0				
	е	Government grants (contributions) 1e	45,428		the second second	4	
	f	All other contributions, gifts, grants, and					
ler		similar amounts not included above 1f	171,595				
5	g	Noncash contributions included in					
and		lines 1a–1f	\$ 0		-		
a	h	Total. Add lines 1a–1f	<b>.</b> ►	217,023			
			Business Code				
	2a	Symposium & Meeting Fees	900099	3,250	3,250		
e	b			0			
				0			
Kevenue	-			0			
ř	е			0			
	f	All other program service revenue		0			
	g	Total. Add lines 2a–2f		3,250	1		
	3	Investment income (including dividends, interest					
		other similar amounts)		26,054			26,0
	4	Income from investment of tax-exempt bond pro		0			
	5	Royalties		0			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a			the second second	States and the second	
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c 0	0				
	d	Net rental income or (loss)		0			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets			and the second		
		other than inventory 7a 0	o		No. Contraction		and the second
	b	Less: cost or other basis					
		and sales expenses 7b	ol				
	С	Gain or (loss)	0		A CONTRACTOR		
	d	Net gain or (loss)		0			
	8a	Gross income from fundraising					
		events (not including \$					
		of contributions reported on line 1c).					
		See Part IV, line 18 8a	22,903				
	b	Less: direct expenses 8b	14,880				
	С	Net income or (loss) from fundraising events .		8,023			
	9a	Gross income from gaming activities.					
		See Part IV, line 19	0				
	b	Less: direct expenses	0				
	С	Net income or (loss) from gaming activities		0			
1	10a	Gross sales of inventory, less					
		returns and allowances	0				
	b	Less: cost of goods sold	0				
	С	Net income or (loss) from sales of inventory		0			
	100		Business Code				
0 1	11a	Miscellaneous	900099	592	592		
	b	Sale of Donated Vehicles (Net)	900099	-2,383	-2,383		
Kevenue	с			0			
ř	d	All other revenue		0			
	e	Total. Add lines 11a–11d		-1,791			
_	-	Total revenue. See instructions.		252,559	1,459	0	26,

following SOP 98-2 (ASC 958-720)

	on 501(c)(3) and 501(c)(4) organizations must complete all c Check if Schedule O contains a response or note t				
	not include amounts reported on lines 6b, 7b, 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			3	cxpended
	domestic governments. See Part IV, line 21	0			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	0			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors,				
	trustees, and key employees	91,042	4,552	86,490	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	66,279	26,221	24,774	15,284
8	Pension plan accruals and contributions (include		~		
	section 401(k) and 403(b) employer contributions)	0			
9	Other employee benefits	1,377	119		8
0	Payroll taxes	12,704	2,459	9,061	1,18
11	Fees for services (nonemployees):				
a	Management	0			
b	Legal.	1,395		1,395	
С	Accounting	30,295	7,853	20,302	2,14
d	Lobbying	0			
е	Professional fundraising services. See Part IV, line 17.	0			
f	Investment management fees	6,000		6,000	
g	Other. (If line 11g amount exceeds 10% of line 25, column	B7			
	(A), amount, list line 11g expenses on Schedule O.)	2,073		2,073	
2	Advertising and promotion	0			
3	Office expenses	24,410	3,997	12,396	8,01
4	Information technology	0			
5	Royalties	0			
6	Occupancy	19,216	16,274	1,921	1,02
7	Travel	0			
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0			
9	Conferences, conventions, and meetings	1,367		1,088	27
0	Interest	0			
1	Payments to affiliates	32,486	26,999	3,031	2,45
2	Depreciation, depletion, and amortization	754	147	536	7
3		3,240		3,240	
4	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	Direct assistance to patients	7,167	7,167		
b	Subscriptions and publications	7,701	2,121	5,012	56
С	Miscellaneous	1,722		51	1,67
d		0			
e	All other expenses	0			
5	Total functional expenses. Add lines 1 through 24e	309,228	97,909	178,540	32,77
6	Joint costs. Complete this line only if the				
-	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)			1 1	

art X				-1133761 Page <b>1</b>
	Check if Schedule O contains a response or note to any line in this Part X			
		(A)		(B)
1	Cash_non interact hearing	Beginning of year		End of year
2	Cash—non-interest-bearing	13,658		7,94
3	Savings and temporary cash investments	199,441		81,37
4	Pledges and grants receivable, net	78,115		42
5	Loans and other receivables from any current or former officer, director,	3,065	4	2,54
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons			
6	Loans and other receivables from other disqualified persons (as defined	0	5	
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			
7	Notes and loans receivable, net	0		
8	Inventories for sale or use	0		
9	Prepaid expenses and deferred charges	4,488		
10a	Land, buildings, and equipment: cost or	4,400	9	2,17
	other basis. Complete Part VI of Schedule D 10a 18,655			
b	Less: accumulated depreciation 10b 17,608	1,801	10c	1,04
11	Investments—publicly traded securities	554,716		555,18
12	Investments-other securities. See Part IV, line 11	0	12	
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets	0	14	
15	Other assets. See Part IV, line 11	0		
16	Total assets. Add lines 1 through 15 (must equal line 33)	855,284	16	650,69
17	Accounts payable and accrued expenses	21,888		12,06
18	Grants payable	0	18	12,00
19	Deferred revenue	25,702	19	21,82
20	Tax-exempt bond liabilities	0	20	21,02
21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	
22	Loans and other payables to any current or former officer, director,			
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	0	22	
23	Secured mortgages and notes payable to unrelated third parties	0	23	
24	Unsecured notes and loans payable to unrelated third parties	0		
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	45,428	25	
26	Total liabilities. Add lines 17 through 25	93,018	26	33,88
	Organizations that follow FASB ASC 958, check here  X			
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	581,564	27	544,71
28	Net assets with donor restrictions	180,702	28	72,093
	Organizations that do not follow FASB ASC 958, check here			
	and complete lines 29 through 33.			
29	Capital stock or trust principal, or current funds	0	29	and a start and and a start and a start and a start and a start
30	Paid-in or capital surplus, or land, building, or equipment fund	0	30	
31	Retained earnings, endowment, accumulated income, or other funds	0	31	
32	Total net assets or fund balances	762,266	32	616,804
33	Total liabilities and net assets/fund balances	855,284	33	650,692

Form 990 (2021) National Kidney Foundation of Wisconsin, Inc.

Part 2	Reconciliation of Net Assets		Г	
	Check if Schedule O contains a response or note to any line in this Part XI		L	
1	Total revenue (must equal Part VIII, column (A), line 12)		252,	
2	Total expenses (must equal Part IX, column (A), line 25)		309,	
3	Revenue less expenses. Subtract line 2 from line 1			,669
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))			,266
5	Net unrealized gains (losses) on investments		-88	,793
6	Donated services and use of facilities			
7	Investment expenses			
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
10	column (B))		616	,804
Part			r	
rare	Check if Schedule O contains a response or note to any line in this Part XII			
			Yes	No
	Accounting method used to prepare the Form 990: Cash X Accrual Other			
1	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
0-	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
2a	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:			
		2b	X	a a final a second
b	More the organization's financial statements audited by an independent deservice			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			
	separate basis, consolidated basis, or both:			
	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	0-		
	the audit review or compilation of its financial statements and selection of an independent accountance.	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in	20		X
	the Single Audit Act and OMB Circular A-133?	3a	-	$+^{\sim}$
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	3b		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		990	(202
	If "Yes," did the organization undergo the required addit of addits? In the organization undergo such audits.	Form	990	(202
	· · ·			

SCHEDULE A (Form 990)

# **Public Charity Status and Public Support**

(Form 990)							2021		
	Complete if th								
Department of the Treasury Internal Revenue Service	► Go		1 to Form 990 or Form 1990 for instructions ar		et informa		Open to Public		
Name of the organization	- 00	to www.irs.yov/Form	1990 IOF Instructions at	iu the late	st morma	Employer identification	Inspection		
National Kidney Founda	tion of Wisconsi	n. Inc				and the second sec	33761		
			ganizations must co	omplete t	his part.)		00701		
The organization is not a									
1 🗌 A church, conv	ention of church	nes, or association o	of churches described i	n section	170(b)(1)	(A)(i).			
2 A school descr	ibed in section	170(b)(1)(A)(ii). (Att	ach Schedule E (Form	990).)					
			zation described in sec		b)(1)(A)(ii	i).			
			nction with a hospital of				iter the		
	e, city, and state								
	n operated for th (1)(A)(iv). (Com		ge or university owned	or operate	ed by a go	vernmental unit dese	cribed in		
6 A federal, state	, or local govern	nment or governmer	ntal unit described in <b>s</b> e	ection 170	(b)(1)(A)(	v).			
7 An organization	n that normally r		al part of its support fro				ral public		
8 A community tr	ust described in	section 170(b)(1)(	A)(vi). (Complete Part	II.)					
or university or	research organi a non-land-grar	zation described in nt college of agricult	section <b>170(b)(1)(A)(i)</b> ure (see instructions).	() operated Enter the	d in conjur name, city	nction with a land-gra r, and state of the co	ant college Ilege or		
university: 10 X An organization	that normally r								
receipts from a support from g	ctivities related oss investment	to its exempt function income and unrelat	an 33 1/3% of its supp ons, subject to certain e ed business taxable in See <b>section 509(a)(2)</b>	exceptions come (les	; and (2) r s section {	no more than 33 1/3 511 tax) from busine	% of its		
11 An organization	n organized and	operated exclusive	ly to test for public safe	ety. See se	ection 509	(a)(4).			
of one or more	publicly support	ted organizations de	ly for the benefit of, to escribed in <b>section 50</b> 9 ribes the type of suppo	9(a)(1) or s	section 50	9(a)(2). See section	n 509(a)(3).		
the supporte	ed organization(	zation operated, sup s) the power to regu nplete Part IV, Sec	pervised, or controlled l larly appoint or elect a tions A and B.	by its supp majority o	ported organization	anization(s), typically ctors or trustees of the	y by giving ne supporting		
control or m	anagement of th		r controlled in connect ization vested in the sa						
c 🗌 Type III fun	ctionally integr	ated. A supporting of	organization operated i You must complete F	n connect Part IV. Se	ion with, a	nd functionally integ	rated with,		
d Type III nor that is not fu	-functionally in nctionally integr	ated. The organizat	ting organization operation generally must sat	ated in cor isfy a distr	nnection w	ith its supported org uirement and an att			
			plete Part IV, Sections						
			itten determination from ally integrated supporting			турет, турет, тур	e III		
							0		
		about the support							
(i) Name of supported of	organization	(ii) EIN	(iii) Type of organization (described on lines 1–10		organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see		
			above (see instructions))	and the second	ment?	instructions)	instructions)		
4				Yes	No				
(A)				Tes	NO				
(71)	~								
(B)									
(C)									
(D)									
(E)									

Total

0

0

OMB No. 1545-0047

-		idney Foundation				39-113376	1 Page <b>2</b>
Pa	rt II Support Schedule for Orga	anizations Des	cribed in Sec	tions 170(b)(1)	(A)(iv) and 17	0(b)(1)(A)(vi)	
	(Complete only if you checke	ed the box on li	ne 5, 7, or 8 of	Part I or if the	organization fai	led to qualify un	der
	Part III. If the organization fa	ils to qualify un	der the tests li	sted below, ple	ase complete F	Part III.)	
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						0
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						0
4	Total. Add lines 1 through 3	0	0	0	0	0	0
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						0
Sec	tion B. Total Support				J	d	
Cale	ndar year (or fiscal year beginning in) 📃 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	0	0	0	0	0	0
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources						0
9	Net income from unrelated business						
	activities, whether or not the business is		C				
	regularly carried on						0
10	Other income. Do not include gain or		la				
	loss from the sale of capital assets	C					
	(Explain in Part VI.)						0
11	Total support. Add lines 7 through 10 .						0
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	
13	First 5 years. If the Form 990 is for the orga	inization's first, sec	ond, third, fourth,	or fifth tax year as a	a section 501(c)(3)		
	organization, check this box and stop here						🕨 🗌
Sec	tion C. Computation of Public Su	pport Percenta	age				
14	Public support percentage for 2021 (line 6, c	and the second se		(f))		14	0.00%
15	Public support percentage from 2020 Sched					15	0.00%
16a	33 1/3% support test-2021. If the organiz	ation did not check	the box on line 13	and line 14 is 33	1/3% or more, che	ck this box	
	and stop here. The organization qualifies as						
b	33 1/3% support test-2020. If the organiz	ation did not check	a box on line 13 d	or 16a, and line 15 i	is 33 1/3% or more	, check this	
	box and stop here. The organization qualified						🕨 🗖
17a	10%-facts-and-circumstances test-2021	I. If the organizatio	n did not check a t	oox on line 13. 16a.	or 16b. and line 14	4	
	10% or more, and if the organization meets						
	Part VI how the organization meets the facts	-and-circumstance	s test. The organiz	zation qualifies as a	a publicly supported	I	
	organization						<b>&gt;</b> 📘
b	10%-facts-and-circumstances test-2020						
	15 is 10% or more, and if the organization m						
	in Part VI how the organization meets the fa- organization		•		s a publiciy suppor	leu	
4.0	5						🕨 🗖
18	Private foundation. If the organization did				this box and see		
	instructions						<u> </u>
						Schedul	e A (Form 990) 2021

# Schedule A (Form 990) 2021

# National Kidney Foundation of Wisconsin, Inc Support Schedule for Organizations Described in Section 509(a)(2)

39-1133761 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.)

	tion A. Public Support	( ) 0047	(1) 0040	(-) 2010	(4) 2020	(-) (	0004	(6) Total
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2	2021	(f) Total
1	Gifts, grants, contributions, and membership fees	100.000	040.000	254.000	254.047		217 022	1 000 054
2	received. (Do not include any "unusual grants.")	196,033	216,923	254,828	354,047	9	217,023	1,238,854
2	Gross receipts from admissions, merchandise sold or services performed, or facilities							
	furnished in any activity that is related to the		_					
	organization's tax-exempt purpose	135,625	172,708	133,504	40,486		24,362	506,685
3	Gross receipts from activities that are not an							
	unrelated trade or business under section 513							0
4	Tax revenues levied for the							
	organization's benefit and either paid to				$\sim$			
	or expended on its behalf							0
5	The value of services or facilities							
	furnished by a governmental unit to the							
	organization without charge							0
6	Total. Add lines 1 through 5.	331,658	389,631	388,332	394,533		241,385	1,745,539
	Amounts included on lines 1, 2, and 3							
	received from disqualified persons			C				0
b	Amounts included on lines 2 and 3				2			
	received from other than disgualified				1			
	persons that exceed the greater of \$5,000			4 <b>4 7</b>				
	or 1% of the amount on line 13 for the year		4					0
6	Add lines 7a and 7b	0	0	0	0		0	0
8	Public support (Subtract line 7c from							
0			11			1.000		1,745,539
Soc	tion B. Total Support							, ,
Statistics in case of the local division of	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e)	2021	(f) Total
9	Amounts from line 6	331,658	389,631	388,332	394,533		241,385	1,745,539
	Gross income from interest, dividends,	001,000						
IUa								
	payments received on securities loans, rents,	18,387	20,162	2,378	15,450		26,054	82,431
	royalties, and income from similar sources .	10,007	20,102	2,010				
b	Unrelated business taxable income (less							
	section 511 taxes) from businesses							0
	acquired after June 30, 1975	18,387	20,162	2,378	15,450		26,054	82,431
С	Add lines 10a and 10b	10,307	20, 102	2,570	10,400		20,004	02,101
11	Net income from unrelated business	K						
	activities not included on line 10b, whether							0
	or not the business is regularly carried on .							<u> </u>
12	Other income. Do not include gain or							
	loss from the sale of capital assets							0
	(Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11,	250.045	400 702	390,710	409,983		267,439	1,827,970
	and 12.)	350,045					207,100	1,021,010
14			cona, imia, iourin,	or min tax year as				
	organization, check this box and stop here					AL A. 35		
Se	ction C. Computation of Public Su	pport Percent	aye	(f))		15		95.49%
15	Public support percentage for 2021 (line 8,	column (t), aividea	by line 15, column	(1))		16		96.44%
16	Public support percentage from 2020 Sched	ule A, Part III, line	10					
Se	ction D. Computation of Investme	nt income Per	divided by line 12	column (f))		17		4.51%
17	Investment income percentage for 2021 (lin					18		3.56%
18	Investment income percentage from 2020 S	schedule A, Part III	ck the box on line	14 and line 15 is n	nore than 33 1/3%		17 is	
19a	33 1/3% support tests—2021. If the orgar not more than 33 1/3%, check this box and	stop hore. The ar	ck the box of line	s as a publicly supr	ported organization			<b>.</b> 🕨 🗙
	not more than 33 1/3%, check this box and 33 1/3% support tests—2020. If the organ	stop nere. The on	ck a box on line 14	f or line 19a and li	ne 16 is more than	33 1/3%	, and	
k	line 18 is not more than 33 1/3%, check this	s box and ston her	e. The organizatio	n qualifies as a pul	blicly supported or	ganizatio	n	🕨 🗖
	Private foundation. If the organization did	not check a hov of	line 14 19a or 1	9b check this box	and see instruction	1S		
20	Private foundation. If the organization did	HOL CHECK & DOX OF						La A (Form 990) 2021

### Schedule A (Form 990) 2021

#### 39-1133761 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 Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. 1 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2). 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 3a b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination. 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. 3c 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations. 4b c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document). 5a **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c C Did the organization provide support (whether in the form of grants or the provision of services or facilities) to 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI. 6 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor 7 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990). 7 Did the organization make a loan to a disgualified person (as defined in section 4958) not described on line 7? 8 If "Yes," complete Part I of Schedule L (Form 990). 8 Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a b Did one or more disgualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit C from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below. 10a

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.)

	le A (Form 990) 2021 National Kidney Foundation of Wisconsin, Inc 39-11337	61	Р	age 5
Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		Province and the
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		Service-	
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
	ten britten type in cupper ing organizatione		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	100.000		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		a second second
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 <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
3	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 <b>Part VI</b> the role the organization's			
		3		
Saat	supported organizations played in this regard. ion E. Type III Functionally Integrated Supporting Organizations		L	L
-		A	-)	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	truction	<b>S</b> ).	

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

Type III Non-Functionally Integrated 509(a)(3) Supporting C     Check here if the organization satisfied the Integral Part Test as a qualifyir     instructions. All other Type III non-functionally integrated supporting orga	ng trust	on Nov. 20, 1970 (explain i	· · · · · · · · · · · · · · · · · · ·
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4	0	(
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 hold for production of income (consistent variance)		1	
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	0	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
<ol> <li>Aggregate fair market value of all non-exempt-use assets (see</li> </ol>			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	10		
d Total (add lines 1a, 1b, and 1c)	1d	0	
e Discount claimed for blockage or other factors			
(explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0	
	5	0	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	6		
6 Multiply line 5 by 0.035.		0	
7 Recoveries of prior-year distributions	7	0	
8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount	8	0	Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		Guirent rea
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		
<ul> <li>Check here if the current year is the organization's first as a non-functional</li> </ul>		rated Type III supporting (	
instructions).	iny integ	rated Type in supporting t	Sigarization (see
		Sci	hedule A (Form 990) 202

Part	A (Form 990) 2021 National Kidney Foundation of Type III Non-Functionally Integrated 509(a)(3	Wisconsin, Inc	zations (continu		9-1133761 Page
	on D - Distributions	) Supporting Organi		eu)	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
	Amounts paid to perform activity that directly furthers exem		1	<u> </u>	
	organizations, in excess of income from activity		-	2	
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organiz	ations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—	nrovide details in <b>Part V</b>	()	5	
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.		/	6	
7	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is respo			
	(provide details in <b>Part VI</b> ). See instructions.	ne organization is respo		8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	0.00
10	Line o amount divided by the 9 amount		(ii)	10	0.00 (iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributio Pre-2021	ns	Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021				
	(reasonable cause required—explain in Part VI). See	C			
	instructions.				
3	Excess distributions carryover, if any, to 2021	and particular and the	1		
а	From 2016				
b	From 2017	124			
С	From 2018	1/0			
d	From 2019				
	From 2020				
f	Total of lines 3a through 3e	0			
a	Applied to underdistributions of prior years	0		0	
	Applied to 2021 distributable amount			0	
1	Carryover from 2016 not applied (see instructions)				
;	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0			
4	Distributions for 2021 from	U			
-	Section D, line 7: \$				
2	Applied to underdistributions of prior years			0	
b	Applied to 2021 distributions of prior years			0	
c		0			
5	Remaining underdistributions for years prior to 2021, if	U			
5	any. Subtract lines 3g and 4a from line 2. For result				
				0	
6	greater than zero, explain in Part VI. See instructions.			0	
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain				
7	in Part VI. See instructions,				
7	Excess distributions carryover to 2022. Add lines 3j				
0	and 4c.	0			
8	Breakdown of Jine 7.				
a	Excess from 2017 0				
b	Excess from 2018				
C	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021 0				

Schedule A (Form 990) 2021

Schedule A (Fo	990) 2021 National Kidney Foundation of Wisconsin, Inc	39-1133761	Da 0
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line 17a or III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)	17b; Part Section 1c, 2a, 2b,	Page <b>8</b>
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	÷.C		
	<b>V</b>		

Schedule B (Form 990)	Schedule of Contributors		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990 or Form 990-PF.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>		2021
Name of the organization		Employer ident	ification number
National Kidney Found	ation of Wisconsin, Inc	39-	1133761
Organization type (che	eck one):		
Filers of:	Section:		

Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

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

# **Special Rules**

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

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

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

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

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

Schedule B (F Name of org	orm 990) (2021) ganization	E	mployer identification number
National Ki	dney Foundation of Wisconsin, Inc		39-1133761
Part I	Contributors (see instructions). Use duplicate copies		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Fidelity Charitable Fund         Po Box 770001         Cincinnati       OH         45277         Foreign State or Province:         Foreign Country:	\$8,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	Kenneth Chabot Estate         331 Franklin St         Clarksville       TN         Foreign State or Province:         Foreign Country:	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	Kilby Lake Campground, LLC         N4492 Fern Ave.         Montello       WI         Foreign State or Province:         Foreign Country:	\$6,805	Person X Payroll I Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>No.</u>	John McGann       4321 Bell Tower Place       Huberus     WI       53033       Foreign State or Province:       Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	RunSignup         300 Mill Street Suite 200         Moorestown       NJ       08057         Foreign State or Province:         Foreign Country:	\$ <u>9,872</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	Phyllis Spaeth 203 Lorraine Circle Bloomingdale IL 60108 Foreign State or Province: Foreign Country:	\$5,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Page 2

	ganization idney Foundation of Wisconsin, Inc		Employer identification number 39-1133761
art I	Contributors (see instructions). Use duplicate copie	es of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	The Kalscheur Family Foundation         1221 John Q Hammons Dr.         Madison       WI         53717         Foreign State or Province:         Foreign Country:	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	UW Health 7974 UW Health Court Middleton WI 53562 Foreign State or Province: Foreign Country:	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	Small Businss Administration - PPP         409 Third St.         Washington       DC       20024         Foreign State or Province:         Foreign Country:	\$45,428_	Person       X         Payroll       Image: Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(6)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions       \$	Type of contribution         Person          Payroll          Noncash          (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

	ganization idney Foundation of Wisconsin, Inc		Employer identification number 39-1133761
Part II	Noncash Property (see instructions). Use duplicate co	pies of Part II if additiona	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2021)

Schedule B (Fo	orm 990) (2021)			Employer identification number
Name of orga				39-1133761
Part III	dney Foundation of Wisconsin, Inc <i>Exclusively</i> religious, charitable, etc., cor (10) that total more than \$1,000 for the yea the following line entry. For organizations co contributions of \$1,000 or less for the year. Use duplicate copies of Part III if additional s	ar from any on mpleting Part II (Enter this infor	e contributor. Complete I, enter the total of exclus mation once. See instruct	ively religious, charitable, etc.,
(a) No. from	(b) Purpose of gift		Jse of gift	(d) Description of how gift is held
Part I			ansfer of gift	
	Transferee's name, address, and Z	IP + 4	Relationship	o of transferor to transferee
	For Prov. Country			
(a) No. from	For. Prov.         Country           (b) Purpose of gift         (b) Purpose of gift	(c)	Use of gift	(d) Description of how gift is held
Part I			ransfer of gift	
	Transferee's name, address, and Z	<u>ZIP + 4</u>	Relationshi	p of transferor to transferee
(a) No. from	For. Prov.         Country           (b) Purpose of gift         Image: Country	(c)	Use of gift	(d) Description of how gift is held
Part I				
		(e) T	ransfer of gift	
	Transferee's name, address, and a	ZIP + 4	Relationsh	ip of transferor to transferee
	For. Prov. Country			
(a) No. from Part I	(b) Purpose of gift	(c	) Use of gift	(d) Description of how gift is held
			Fransfer of gift	
	Transferee's name, address, and			ip of transferor to transferee
	For. Prov. Country			Schedule B (Form 990) (2021)

Complete if the organization answered "Yes" on Form 950, Part V, line 7, S, 10, 101, 11, 110, 111, 112, 20, or 720.     Conservation Statistication answered "Yes" on Form 950, Part V, line 7, S, 10, 101, 11, 112, 20, or 720.     Conservation Statistication answered "Yes" on Form 950, Part V, line 7, S, 11, 113, 111, 112, 20, 112,		EDULE D n 990)		nental Financial Statemer	
National Kidney Foundation of Wisconsin. Inc. 9:000000000000000000000000000000000000			Part IV, line 6,	7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, c ▶ Attach to Form 990.	Open to Public
National Kiney Fundation of Wisconsin, Inc         39:1133761           Part I         Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.           Complete if the organization answered "Yes" on Form 990, Part IV, line 6         Image: state of the organization answered "Yes" on Form 990, Part IV, line 6           1         Total number at end of year.         Image: state on the organization inform year.         Image: state on the organization inform year.           2         Aggregate value at end of year.         Image: state on the organization inform year.         Image: state on the organization			Go to www.irs.gov		
Part Complete if the organization answered "Yes" on Form 990, Part IV, Ine 6.      Complete if the organization answered "Yes" on Form 990, Part IV, Ine 6.      Aggregate value at end of year.     No     Data conservation assements held the organization answered "Yes" on Form 990, Part IV, Ime 7.     Purpose(of of conservation easements held by the organization (cleck at Ith at gpb))     Preservation of and for public use (for example, recreation or education)     Preservation of a historica structure     Preservation of conservation easements in clean (at the organization held a qualified conservation of a sistorically important land area     Protection of natural habitat     Preservation of conservation easements in clean (at PrezioNG and on an a historic structure intex at the edd of the Tax trace.     Total number of conservation easements in clean (at PrezioNG and on an a historic structure intex as earments point (at regarization deving the precindic monitoring, inspectrim, handing of welations, and enforement		-			
Complete if the organization answered 'Yes' on Form 990, Part IV, line 6.         1       Total number at end of year.         2       Aggregate value of anthinking year).         3       Aggregate value of anthinking year).         4       Aggregate value of anthinking year).         4       Aggregate value of anth form (aling year).         5       Did the organization if more alid doors and doors and door advisors in writing that grant (finds are the organization and grantese. Jocons, and door advisors in writing that grant (finds are the organization and grantese. Jocons, and door advisors in writing that grant (finds are the organization and grantese. Jocons, and door advisors in writing that grant (finds are the grant of the antice organization and grantese. Jocons, and door advisors in writing that grant (finds are the organization and grantese).         7       Purpose(s) of conservation easements.       Preservation of a historic structure         2       Protection of open space       Preservation of a certified historic structure         3       Number of conservation easements.       2a         4       Total ancegae restricted by conservation easements.       2a         4       Number of conservation easements.       2a         3		hal Kidney Found	ation of Wisconsin, Inc	duined Funda on Other Cimilar Fun	
I       Total number at end of year.       (a) Down advised tunes       (b) Funds and other accounts         2       Aggregate value of contributions to (during year).	Part	Complete i	f the organization answere	d "Ves" on Form 990, Part IV, line 6	as or Accounts.
1       Total number at end of year         2       Aggregate value of grants from (duing year).         3       Aggregate value of grants from (duing year).         4       Aggregate value of grants from (duing year).       Image: Comparization inform and donors and donor advisors in writing that the assets held in donor advised from as are the organization is more, and donor advisors in writing that grant from (duing year).       Image: Completing the organization is more to the benefit of the donor or dovisor, or for any other purpose conferring impermissible parization answered "Yes" on Form 990, Part IV, line 7.         Partice Conservation easements.       Complete if the organization answered "Yes" on Form 990, Part IV, line 7.         Purpose(s) of conservation easements held by the organization (dneck all that appiv)       Preservation of a actified historic structure         Preservation of open space       Complete in the organization answered "Yes" on Form 990, Part IV, line 7.         Complete in the organization answered "Yes" on Form 990, Part IV, line 7.       Preservation of a doff public use (for example, recreation or education)         Preservation of open space       Complete in the organization fame set as the organization fame set as the organization fame set as the organization fame set assessments.       Total arcmape restricted by conservation easements.         1       Ordan complete if the organization assessments.       2a       Total arcmape restricted by conservation easements.         2       Complete in the organization fame setted for the targe trip.<		Complete	i the organization answere		(b) Funds and other accounts
Aggregate value of contributions to (during year).     Aggregate value drank from (during year).     Aggregate value drank from (during year).     Aggregate value drank from (during year).     Did the organization inform all contors and donor advisors in writing that the assats held in donor advisors     Did the organization inform all grantees. donors, and donor advisors in writing that grant funds can be used     only for charatelie purposes and not for the benefit of the donor or donor advisors, or for any other purpose     conferring impermissible private benefit?     Complete if the organization answered "Yes" on Form 990, Part IV, line 7.     Complete if the organization casements had by the organization (check all that apply).     Preservation of and for public use (for example, recreation or education)     Preservation of a historically important land area     Protection of natural habitat     Preservation of a certified historic structure     Preservation of a certified historic structure     Preservation of a certified historic structure     Zea     Complete lines 2 a through 2 di fthe organization held a qualified conservation contribution in the form of a conservation     easement to the last day of the tax year.     Total acreage restricted by conservation easements     Total acreage restricted by conservation easements     Total acreage restricted by conservation easements.     Total acreage restricted by conservation easements     Total acreage restricted by conservation easements     Total or conservation easements modified, trajsferred, released, extinguished, or terminated by the organization fundity     the tax year      Number of conservation easements modified, reagetered, released, extinguished, or terminated by the organization during     the tax year      Saff and volumeter hours devised in periodic monitoring, inspection, handing of     violations, and enforcement of the conservation easements in locids?     So bos seach conservation easements.     Torganizations Mathemaneasements	1	Total number at (	end of year	(a) Donor advised funds	
Aggregate value of grams from (during year)					
A Aggregate value at end of year.     Did the organization is property, subject to the organization's exclusive legal control?     Did the organization's property, subject to the organization's exclusive legal control?     Did the organization's property, subject to the donor or donor advisor, or to fany other purposes and not for the benefit of the donor or donor advisor, or to fany other purposes     only for charatable purposes and not for the benefit of the donor or donor advisor, or to fany other purpose     only for charatable purposes and not for the benefit?     Purpose(s) of conservation easements held by the organization (check all that apply)     Preservation of land for public use (for example, recreation or education)     Preservation of a other public use (for example, recreation or education)     Preservation of a certified historic structure     Protection of natural habitat     Protection of natural habitat     Protection of natural habitat     Protection of onsurvation easements     Total number of conservation easements     No advisor of conservation easements     No there are a total number of conservation easements     Number of conservation easements included in (a),     Number of conservation easements included in (a) equating date? 726/06, and not on a historic structure is detained by conservation easements included in (a),     Number of conservation easements modified, tragsfored released, extinguished, or terminated by the organization during the tax year      Number of conservation easements modified, registeries of released, extinguished, or terminated by the organization reports where are organization during the tax year      Number of states where property subject to conservation easements in locks?     Staff and volumeter hour Severation easements.     Total number of conservation easements in the foorhours, inspection, handling of violations, and enforcement of the conservation easements.     Total number of conservation easements modified, tragsbered, released, extinguish					
Did the organization inform all donors and donor advisors in writing that the assets held in donor, advised in the organization sproperty, subject to the organizations exclusive legal control?     Did the organization inform all grantees, donors, and donor advisors in writing that grant funds earn by used only for charitable purposes and not for the benefit of the donor or donor advisor, or tof any other nourses conferring impermisable purposes and not for the benefit of the donor or donor advisor, or tof any other nourses conferring impermisable purposes and not for the benefit of the donor or donor advisor, or tof any other nourses conferring impermisable purposes and not for the benefit of the donor or donor advisor, or tof any other nourses conferring impermisable purposes and not for the benefit of the donor or donor advisor, or tof any other nourses conferring impermisable purposes and not for the benefit of the donor or donor advisor, or tof any other nourses conferring impermisable purposes and not for the benefit of the organization (neck all that apply).     Preservation of and for public use (for example, recreation or education) Proceeding of a historically important land area important and the proceeding of a conservation easements.     Complete interse 2 at mough 2 dif the organization held a qualified conservation contribution in the form of a conservation easements.     Total number of conservation easements in a certified historic structure included in (a) .     Zei and the tax year becomposed or conservation easements in a certified historic structure included in (a) .     Number of conservation easements in a conservation easement is located becomposed or conservation easements and the protection enotion in spectring, handing of violations, and enforcing conservation easements and the structure or space include the organization fiber fiber spectra beset, excluding the previse fiber and the structure of section 170(h)(4)(B)(fi))     No Staff and volunter hours devolted to monitoring, insp					
funds are the organization's property, subject to the organization's exclusive legal control?.       Yes       No         6       Did the organization inform all grantees, donors, and doon advisors, or for any other purpose conferring impermissible private benefit?.       Yes       No         7       PartII       Complete If the organization answered "Yes" on Form 990, Part IV, Ime 7.       Image: Solid Conservation easements held by the organization (neck at lath at apply)       Preservation of and for public use (for example, recreation or education)       Preservation of a natural habitat       Preservation of on space         2       Complete lines 2a through 2d if the organization (heck at lath at apply)       Reservation of a conservation easements       Preservation of a conservation easements       Preservation of a conservation easements         3       Total anches 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easements       Preservation of a conservation easements       Preservation of a conservation easements         4       Number of conservation easements is nucled in (c) acquired after 7/25/06, and not on a historic structure iscut the Resider       Preservation of and the Tax Year         3       Number of states where property subject to conservation easement is located       Preservation easement is tholds?       Preservation easements during the year       Preservation easement is ducated i	5			r advisors in writing that the assets held in	donor advised
only for charable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?       No         PartIL       Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.         1       Purpose(s) of conservation easements held by the organization (check all that apply).         2       Preservation of land for public use (for example, recreation or education)       Preservation of a certified historic structure         2       Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easements in a certified historic structure         2       Complete lines 2 at through 2d if the organization held a qualified conservation contribution in the form of a conservation easements in cluded in (a)       2d         3       Number of conservation easements in a certified historic structure included in (a)       2d         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year >         4       Number of states where property subject to conservation easement is located >					
conferring impermissible private benefit? Yes No   Part III Conservation Easements. Yes' on Form 990, Part IV, line 7.   1 Purpose(s) of conservation easements held by the organization (check all that apply).   2 Preservation of land for public use (for example, recreation or education) Preservation of a cartified historic structure   2 Preservation of and problemation of example, recreation or education) Preservation of a cartified historic structure   2 Preservation of anothy 2d if the organization held a qualified conservation contribution in the form of a conservation easements in the arganization held a qualified conservation contribution in the form of a conservation easements included in (a) acquired after 7725/06, and not on a historic structure included in (a) acquired after 7725/06, and not on a historic structure isted in the National Register   3 Number of conservation easements included in (c) acquired after 7725/06, and not on a historic structure isted in the National Register   4 Number of states where property subject to conservation easement is located   5 Does the organization have a written policy regrading dive periodic monitoring, inspection, handling of violations, and enforcing conservation easements in holds?   6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements.   6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements.   7 Amount of expenses incurred in monitoring inspecting, handling of violations, and enforcing conservation easements during the year is succeed in 70(h(i)(B)(i)).   8	6	Did the organizat	tion inform all grantees, donors	, and donor advisors in writing that grant fu	nds can be used
Part II       Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. <ul> <li>Proservation of land for public use (for example, recreation or education)</li> <li>Preservation of a historically important land area</li> <li>Protection of natural habitat</li> <li>Preservation of open space</li> </ul> Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements on the last day of the tax year.                Total number of conservation easements.                Total arceage restricted by conservation easements included in (c) acquired after 7/25/06, and not on a historic structure lister of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure lister of states where property subject to conservation easements include?                Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year                  Total arceage response on the conservation easements in holds?                  Summation of the conservation easements in holds?		only for charitabl	e purposes and not for the ben	efit of the donor or donor advisor, or for any	other purpose
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.      Purpose(s) of conservation easements held by the organization (check all that apply).     Preservation of and for public use (for example, recreation or education) Preservation of a historically important land area     Protection of natural habitat     Preservation of a certified historic structure     Preservation of a conservation easements.     Total number of conservation easements is number of conservation easements.     Total acreage restricted by conservation easements included in (c) acquired after 7/25/06, and not on a historic structure included in (c) acquired after 7/25/06, and not on a historic structure isset of the tax year.     Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure bisted in the National Register.     Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure bisted in the National Register.     Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure bisted in the National Register.     So the draganization have a written policy read-ding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in holds?     Staff and voluntee house devoled to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year     So     So the dragenese incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements that describes the organization's accounting to conservation easements in its revenue and expense statement and balance sheet works for 170(h)(4)(B)(ii)?     In Part XIII, describe how the organization reports conservation e		conferring imperi	missible private benefit?		Yes No
1       Purpose(s) of conservation easements held by the organization (check all that apply)         Preservation of land for public use (for example, recreation or education)       Preservation of a instorically important land area         Protection of natural habitat       Preservation of a certified historic structure         Preservation of open space       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.         a       Total acreage restricted by conservation easements       2a         b       Total acreage restricted by conservation easements       2b         c       Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.       2d         3       Number of states where property subject to conservation easement is located	Part	II Conservat	tion Easements.		
Preservation of land for public use (for example; recreation or education) Preservation of a historically important land area Preservation of natural habitat Preservation of natural habitat Preservation of natural habitat Preservation of a certified historic structure Preservation of a conservation easement on the last day of the ax year. Total acreage restricted by conservation easements. Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. Number of states where property subject to conservation easements in located Mounds of states where property subject to conservation easements in located Mounds of the conservation easements in holds? Staff and volunter hours devoted to monitoring, inspection, handling of violations, and enforcing conservation easements during the year Mound of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Mound of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year S Does each conservation easements. Purpose action of second on a site of the organization reports conservation easements in its revenue and expense statement and balance sheet and include, if applicable, the text of the footnote to the organization's financial statement and balance sheet and include if applicable, the text of the footnote to the organization, or research in furtherance of public service, provide in Part XIII the organization answered "Yes" on Form 990, Part IV, line 8.					
Protection of natural habitat          Preservation of open space         Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.         a Total number of conservation easements.         b Total acreage restricted by conservation easements.         c Number of conservation easements on a certified historic structure included in (a).         d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.         3 Number of states where property subject to conservation easement is located         b Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the tax year         c Staff and volunter hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         c Staff and volunter hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         c Staff and volunter hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accountation go anservation easements.         g In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet works of art, historical measures, or other similar assets held for public exhibition, education, or research in furth	1				
□       Preservation of open space         2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.       Image: Total acreage restricted by conservation easements.       Image: Total acreage restricted by conservation easements.       Image: Total acreage restricted by conservation easements.       Image: Total acreage restricted by conservation easements on a certified historic structure included in (a).       Image: Total acreage restricted by conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.       Image: Total acreage restricted by conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register.         3       Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year         4       Number of states where property subject to conservation easement is located       Image: Total acreage released in the National Register.         5       Does the organization have a written policy regarding the periodic monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         6       Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year         7       Amount of expenses incurred in monitoring inspecting, handling of violations, and enforcing conservation easements during the year         8       Doces each conservation easem		Preservation	of land for public use (for exampl	e, recreation or education)	of a historically important land area
2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.       Image: Text text text text text text text text		Protection o	f natural habitat	Preservation	n of a certified historic structure
2       Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.       Image: Text text text text text text text text		Preservation	n of open space		
easement on the last day of the tax year. a Total number of conservation easements. b Total acreage restricted by conservation easements. c Number of conservation easements on a certified historic structure included in (a). d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year b 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year b 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year b 5 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organization second in a price SAS ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the footnote to the footnote to its financial statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts reaster held for public exhibition, education, or research in furtherance of publi	2			h held a qualified conservation contribution	in the form of a conservation
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<ul> <li>violations, and enforcement of the conservation easements it holds?</li> <li>Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li></ul>	2012				pandling of
<ul> <li>6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li></ul>	5	violations and a	placement of the conservation	aroung the periodic monitoring, inspection, i	
<ul> <li>Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year</li> <li>\$</li> <li>Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii)</li></ul>	c	Stoff and voluntee	r hours devoted to manitering ins	pecting handling of violations and enforcing of	preservation easements during the year
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<ul> <li>and section 170(h)(4)(B)(ii)?</li> <li>Yes No</li> <li>In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization allected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included in Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> <li>c Assets included in Form 990, Part X<!--</th--><th>8</th><th></th><th>ervation easement reported on</th><th>line 2(d) above satisfy the requirements of</th><th>section 170(h)(4)(B)(i)</th></li></ul></li></ul>	8		ervation easement reported on	line 2(d) above satisfy the requirements of	section 170(h)(4)(B)(i)
<ul> <li>9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1.</li> <li>(ii) Assets included in Form 990, Part X.</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part X.</li> <li>b Assets included in Form 990, Part X.</li> <li>b Assets included in Form 99</li></ul></li></ul>		and section 170	(h)(4)(B)(ii)?		Yes No
<ul> <li>balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.</li> <li>Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.</li> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part X</li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> </ul></li></ul>	9	In Part XIII, desc	cribe how the organization repo	rts conservation easements in its revenue a	and expense statement and
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<ul> <li>1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>\$</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> </ul>	Par	III Organizat	tions Maintaining Collecti	ons of Art, Historical Treasures, or	Other Similar Assets.
<ul> <li>works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> </ul> </li> </ul>		Complete	if the organization answere	ed "Yes" on Form 990, Part IV, line 8.	
<ul> <li>public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.</li> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> <li>c S</li> </ul> </li> </ul>	1a	If the organization	on elected, as permitted under	FASB ASC 958, not to report in its revenue	statement and balance sheet
<ul> <li>b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> </ul> </li> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> </ul> </li> </ul>		works of art, hist	torical treasures, or other simila	ar assets held for public exhibition, education	in, or research in furtherance of
<ul> <li>works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: <ul> <li>(i) Revenue included on Form 990, Part VIII, line 1</li> <li>(ii) Assets included in Form 990, Part X</li> </ul> </li> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: <ul> <li>a Revenue included on Form 990, Part X</li> <li>b Assets included in Form 990, Part X</li> <li>c S</li> </ul> </li> </ul>		public service, p	rovide in Part XIII the text of th	e tootnote to its financial statements that de	escribes these items.
<ul> <li>public service, provide the following amounts relating to these items:</li> <li>(i) Revenue included on Form 990, Part VIII, line 1.</li> <li>(ii) Assets included in Form 990, Part X.</li> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1.</li> <li>b Assets included in Form 990, Part X.</li> <li>b Assets included in Form 990, Part X.</li> </ul>	b	If the organization	on elected, as permitted under	FASB ASC 958, to report in its revenue sta	tement and balance sneet
<ul> <li>(i) Revenue included on Form 990, Part VIII, line 1.</li> <li>(ii) Assets included in Form 990, Part X.</li> <li>If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1.</li> <li>b Assets included in Form 990, Part X.</li> <li>b Assets included in Form 990, Part X.</li> </ul>					n, or research in furtherance of
<ul> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1.</li> <li>b Assets included in Form 990, Part X.</li> <li>\$</li> </ul>		public service, p	rovide the following amounts r	elating to these items:	▶ ⊄
<ul> <li>2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:</li> <li>a Revenue included on Form 990, Part VIII, line 1.</li> <li>b Assets included in Form 990, Part X.</li> <li>\$</li> </ul>		(i) Revenue incl	luded on Form 990, Part VIII, li	nel	• • • • • • • • • • • • • • • • • • •
following amounts required to be reported under FASB ASC 958 relating to these items:  a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X b \$	-				
a Revenue included on Form 990, Part VIII, line 1	2	If the organizatio	on received or held works of an	I, INSIGNUAL TEASURES, OF OTHER SIMILAR ASSET	a tor intancial gain, provide the
b Assets included in Form 990, Part X		tollowing amoun	its required to be reported und	TAOD AGO 300 Telating to these items.	▶ \$
For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021	a	Accete include	in Form 990, Part VIII, IIIe		▶ \$
	D For D	Assets Included	in Act Notice see the Instruct	tions for Form 990.	Schedule D (Form 990) 2021

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Schedu	Ile D (Form 990) 2021 National Kidney Fo	oundation of Wisconsin, Inc		39-113	33761	P	Page 2
Part	III Organizations Maintaining	Collections of Art, Histor	rical Treasures, or (	Other Similar Asse	ts (contin	ued)	
3	Using the organization's acquisition, a	ccession, and other records, o	check any of the followi	ng that make significar	t use of its	;	
	collection items (check all that apply):						
а	Public exhibition	d	Loan or exchange pro	ogram			
b	Scholarly research	e	Other				
с	Preservation for future generation	is in the second s					
4	Provide a description of the organizati		ow they further the orac	nization's exempt purr	oso in Pa	rt -	
-	XIII.			anization's exempt purp			
5	During the year, did the organization s	colicit or receive donations of	art historical treasures	or other similar			
5	assets to be sold to raise funds rather				Ye	• 🗆	No
Part							
Fall	IV Escrow and Custodial Arran Complete if the organization a		00 Part IV line 0	r reported on amou	at on For	m	
	990, Part X, line 21.	answered tes on ronns	90, Part IV, line 9, 0	r reported an amour	IL ON FON	T	
1a	Is the organization an agent, trustee, o	ustadian ar other intermediar	u for contributions or at	har apparts not			
1a	included on Form 990, Part X?		-	ner assets not	∏ Ye	<u> </u>	No
b	If "Yes," explain the arrangement in Pa					۶Ü	NU
5	in res, explain the analycinent in r	art XIII and complete the follow	wing table.		Amount		
С	Beginning balance			1c	Vinount		
d	Additions during the year			1d			
e	Distributions during the year			1e			
f	Ending balance			1f			0
2a	Did the organization include an amour			al account liability?	Va	s X	No
-						。 円	NU
b	If "Yes," explain the arrangement in Pa	an Am. Check here if the expr	anation has been provi				
Part							
	Complete if the organization a						
4.	Designing of year belongs	(a) Current year (b) Pri	or year (c) Two years	back (d) Three years bac	ck (e) Fol	ur years	Dack
1a	Beginning of year balance				-		
b	Contributions				-		
С	Net investment earnings, gains,						
4	and losses	+ + + + + + + + + + + + + + + + + + +					
d	Other expenditures for facilities				-		
е	and programs						
6	Administrative expenses				-		
	End of year balance	0	0	0	0		0
g 2	Provide the estimated percentage of t		-		<u> </u>		
a	Board designated or quasi-endowmer						
b	Permanent endowment	%					
c	Term endowment	%					
	The percentages on lines 2a, 2b, and	- stor -					
3a	Are there endowment funds not in the		on that are held and adr	ninistered for the			
	organization by:					Yes	No
	(i) Unrelated organizations				3a(i)		
	(ii) Related organizations				3a(ii)		
b	If "Yes" on line 3a(ii), are the related of	organizations listed as require	d on Schedule R? .		3b		
4	Describe in Part XIII the intended use	s of the organization's endowr	ment funds.				
Part					201.012		
	Complete if the organization	answered "Yes" on Form	990, Part IV, line 11a	a. See Form 990, Pa	rt X, line	10.	
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	( <b>d</b> ) Bo	ook value	э
		(investment)	(other)	depreciation			
1a	Land	0	0				0
b	Buildings	0	0	0			0
С	Leasehold improvements		0	0			0
d	Equipment		18,655	17,608			1,047
е	Other		0	0			0
Tota	I. Add lines 1a through 1e. (Column (d)	must equal Form 990, Part X,	column (B), line 10c.)	🏴			1,047

Schedule D (Form 990) 2021	National Kidney	Foundation of Wisconsin	, Inc
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	Investments—Other Securities.			
	Complete if the organization answered	I "Yes" on Form 990,	Part IV, line 11b. See Form 9	90, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	<b>(c)</b> Method of val Cost or end-of-year m	
1) Financi	al derivatives	0		
	held equity interests	0		
3) Other		-		
		-		
(B)		-		
(C)		-		
(D) (E)		-		
(F)		-		
(G)		-		
(H)				
	mn (b) must equal Form 990, Part X, col. (B) line 12.) .	• 0		
Part VIII			Part IV, line 11c. See Form 9	90, Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of val Cost or end-of-year n	uation:
(1)				
(2)				
(3)				
(4)		•		
(5)				
(6)				
(7)				
(8)				
(9)				
Total (Colu	mn (h) must equal Form 990 Part X col (B) line 13)			
and the second se	mn (b) must equal Form 990, Part X, col. (B) line 13.) . Other Assets			
Total. (Colu Part IX	Other Assets.			990, Part X, line 15.
and the second se	Other Assets. Complete if the organization answere			990, Part X, line 15. (b) Book value
Part IX	Other Assets. Complete if the organization answere	d "Yes" on Form 990,		990, Part X, line 15. (b) Book value
Part IX	Other Assets. Complete if the organization answere	d "Yes" on Form 990,		990, Part X, line 15. (b) Book value
Part IX	Other Assets. Complete if the organization answere	d "Yes" on Form 990,		990, Part X, line 15. (b) Book value
Part IX (1) (2)	Other Assets. Complete if the organization answere	d "Yes" on Form 990,		990, Part X, line 15. (b) Book value
(1) (2) (3)	Other Assets. Complete if the organization answere	d "Yes" on Form 990,		990, Part X, line 15. (b) Book value
Part IX (1) (2) (3) (4)	Other Assets. Complete if the organization answere	d "Yes" on Form 990,		090, Part X, line 15. (b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7)	Other Assets. Complete if the organization answere	d "Yes" on Form 990,		990, Part X, line 15. (b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8)	Other Assets. Complete if the organization answere	d "Yes" on Form 990,		990, Part X, line 15. (b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere (a) De	d "Yes" on Form 990, scription		990, Part X, line 15. (b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets. Complete if the organization answere (a) De (b) must equal Form 990, Part X, col. (E Other Liabilities. Complete if the organization answere	d "Yes" on Form 990, scription	Part IV, line 11d. See Form 9	(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co	Other Assets. Complete if the organization answere (a) De (b) must equal Form 990, Part X, col. (E Other Liabilities. Complete if the organization answere line 25.	d "Yes" on Form 990, scription 3) line 15.)	Part IV, line 11d. See Form 9	(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X Part X	Other Assets. Complete if the organization answere (a) De (b) De (c) De	d "Yes" on Form 990, scription	Part IV, line 11d. See Form 9	(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X 1. (1) Fede	Other Assets. Complete if the organization answere (a) De (b) De (c) De	d "Yes" on Form 990, scription 3) line 15.)	Part IV, line 11d. See Form 9	(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (6) (7) (8) (9) Total. (Co Part X Part X 1. (1) Fede (2) PPP	Other Assets. Complete if the organization answere (a) De (b) De (c) De	d "Yes" on Form 990, scription 3) line 15.)	Part IV, line 11d. See Form 9	(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X 1. (1) Fede (2) PPP (3)	Other Assets. Complete if the organization answere (a) De (b) De (c) De	d "Yes" on Form 990, scription 3) line 15.)	Part IV, line 11d. See Form 9	(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X (1) Fede (2) PPP (3) (4)	Other Assets. Complete if the organization answere (a) De (b) De (c) De	d "Yes" on Form 990, scription 3) line 15.)	Part IV, line 11d. See Form 9	(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X (1) Fede (2) PPP (3)	Other Assets. Complete if the organization answere (a) De (b) De (c) De	d "Yes" on Form 990, scription 3) line 15.)	Part IV, line 11d. See Form 9	(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X 1. (1) Fede (2) PPP (3) (4) (5)	Other Assets. Complete if the organization answere (a) De (b) De (c) De	d "Yes" on Form 990, scription 3) line 15.)	Part IV, line 11d. See Form 9	(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X (4) (2) PPP (3) (4) (5) (6)	Other Assets. Complete if the organization answere (a) De (b) De (c) De	d "Yes" on Form 990, scription 3) line 15.)	Part IV, line 11d. See Form 9	(b) Book value
Part IX (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Co Part X (1) Fede (2) PPP (3) (4) (5) (6) (7) (6) (7) (8) (9)	Other Assets. Complete if the organization answere (a) De (b) De (c) De	d "Yes" on Form 990, scription	Part IV, line 11d. See Form 9	(b) Book value

Schedule D (Form 990) 2021

Schedu	Ile D (Form 990) 2021 National Kidney Foundation of Wisconsin, Inc	39-1133761	Page 4
Par	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		457 700
1	Total revenue, gains, and other support per audited financial statements	1	157,766
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments 2a2		
b	Donated services and use of facilities		
C	Recoveries of prior year grants   2c     Other (Describe in Part XIII.)   2d		
d		2e	-88,793
e	Add lines 2a through 2d	3	246,559
3	Subtract line <b>2e</b> from line <b>1</b>	5	240,000
4	Investment expenses not included on Form 990, Part VIII, line 7b 4a 6,000		
a b	Other (Describe in Part XIII.)		
b	Add lines 4a and 4b.	4c	6,000
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	252,559
	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return.	
1 01	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	303,228
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Other losses       2c         Other (Describe in Part XIII.)       2d         Add lines 2a through 2d       2d         Subtract line 2e from line 1       Amounts included on Form 990, Part IX, line 25, but not on line 1:	2e	0
3	Subtract line 2e from line 1.	3	303,228
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		0.000
С	Add lines 4a and 4b	4c	6,000
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	309,228
Par	XIII Supplemental Information.	rt V, line 4: Par	t X line
Prov	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	ation.	ι Λ, III e
	X Line 2 The Organization is a nonprofit voluntary health agency as described in		
Рап	X Line 2 The Organization is a horprofit voluntary health agency as described in		
	on 501(c)(3) of the internal revenue code and is exempt from federal and state income		
taxes	s on related income pursuant to section 501(A) of the Code under the exemption granted		
to th	e National Kidney Foundation, Inc. The Organization has implemented accounting for		
	ertainty in income taxes in accordance with US GAAP. This standard describes a		
	gnition threshold and measurement attribute for financial statement recognition and		
	surement of a tax position taken or expected to be taken in a tax return and also		
	ides guidance on various related matters such as derecognizing, interest, penalties		
	discloures required. Management of the Organization evaluates the uncertain tax		
	tions taken, if any, and consults with outside counsel as deemed necessary. The		
	anization recognizes interest and penalties, if any, related to unrecognized tax		
	lities in income tax expense. In management's opinion, the organization has not taken		
anv	uncertain tax positions and, accordingly, has not reported a corresponding liability		

Schedule D (Fo	orm 990) 2021	National Kidney Foundation of Wisconsin, Inc	39-1133761	Page 5
Part XIII	Supplem	National Kidney Foundation of Wisconsin, Inc ental Information (continued)		
in the Ormer	-instinuts fins			
in the Organ	nization's fina	ancial statements.		
			*	
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		. 75		
		<b>/</b>		
		$\checkmark$		

SCHEDULE G (Form 990) Department of the Treasury Internal Revenue Service Name of the organization		Supplemental Information Regarding Fundraising or Gaming Activities         Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.         ▶ Attach to Form 990 or Form 990-EZ.         ▶ Go to www.irs.gov/Form990 for instructions and the latest information.						OMB No. 1545-0047 2021 Open to Public Inspection
National Kidney Foundation of Wisconsin, Inc					39-11			
Par				organiza	tion answe	ered "Yes" on For	m 990, Part IV, li	ne 17.
		-EZ filers are not						
1	Indicate whether Mail solicitati		ised funds throu			ng activities. Check		
a b		email solicitations				of non-government g		
c	Phone solicit					of government grant	5	
d	In-person sol			g 🔤 S	pecial lunu	lraising events		
2a	•••••••••••••••••••••••••••••••••••••••		or oral agreeme	nt with any	/ individual	(including officers, o	lirectors trustoes	
						professional fundra		Yes No
b	If "Yes," list the 1 be compensated	0 highest paid indiv at least \$5,000 by	iduals or entitie the organization	s (fundrais 1.	sers) pursua	ant to agreements u	nder which the fund	Iraiser is to
	(i) Name and addres or entity (fund		(ii) Activity	custody o	ndraiser have or control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	<b>(vi)</b> Amount paid to (or retained by) organization
				Yes	No			
1							0	0
2						0	0	0
3						0	0	0
4						0	0	0
5				C		0	0	0
6				$\sim$		0	0	0
7				5		0	0	0
8			N			0	0	0
9			$\sim$			0		0
10						0	0	0
			)			0	0	0
Total		- 0.	<u></u>		►	0	0	0
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.								

# Schedule G (Form 990) 2021

National Kidney Foundation of Wisconsin, Inc

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

-		evente margrood recer	pis greater than \$5,00	0.				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
			City 5k - Cool Beans	ents - Organ Donor V	NONE	(add col. (a) through		
e			(event type)	(event type)	(total number)	col. <b>(c)</b> )		
Revenue		1 Gross receipts	10,585	12,318	0	22,903		
		2 Less: Contributions			0	0		
		3 Gross income (line 1 minus line 2)	10,585	12,318	0	22,903		
	4	4 Cash prizes			0	0		
	ę	5 Noncash prizes			0	0		
enses	e	6 Rent/facility costs			0	0		
Direct Expenses	7	Food and beverages			0	0		
Direc	8	B Entertainment		- (	0	0		
	9	Other direct expenses	12,430	2,450	0	14,880		
	10 11		I lines 4 through 9 in colu at line 10 from line 3 colu	mn (d)	· · · · · · · · · •	( <u>14,880)</u> 8,023		
Pa	rt I	II Gaming. Complete if th	e organization answer	ed "Yes" on Form 990	Part IV line 19 or re	ported more than		
		\$15,000 on Form 990-E			,	ported more than		
e				(b) Pull tabs/instant		(d) Total gaming (add		
ent			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))		
Revenue	1	Gross revenue	+ (	1		0		
ses	2	Cash prizes				0		
xpen	3	Noncash prizes	1			0		
Direct Expenses	4	Rent/facility costs	,O'			0		
	5	Other direct expenses	X			0		
	6	Volunteer labor	Yes%	☐ Yes% ☐ No	☐ Yes% ☐ No			
	7	Direct expense summary. Add lines 2 through 5 in column (d)						
	8	Net gaming income summary.	Subtract line 7 from line	1, column (d)		0		
â		Is the organization licensed to conduct gaming activities in each of these states?						
ľ	5 I							
		Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?						

Schedule G (Form 990) 2021

Schee	lule G (Form 990) 2021	National Kidney Foundation of Wisconsin, Inc	39-1133761 Page <b>3</b>
11	Does the organizat	ion conduct gaming activities with nonmembers?	
12	Is the organization	a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity er charitable gaming?	
13	Indicate the percen	tage of gaming activity conducted in:	Yes No
а	The organization's	facility	13a   %
b	An outside facility .		13a % 13b %
14	Enter the name and records:	address of the person who prepares the organization's gaming/special events books a	nd
	Name ►		
	Address ►		4
15a	Does the organizati	on have a contract with a third party from whom the organization receives gaming	*
b	If "Yes," enter the a	mount of gaming revenue received by the organization <b>&gt;</b> \$ 0 and the	Yes No
С	If "Yes " enter name	evenue retained by the third party and address of the third party:	
C	n res, entername	and address of the third party:	
	Name 🕨	$\sim$	
16	Gaming manager in	formation:	
	Name		
	Gaming manager co	ompensation ► \$0	
	Description of service	ces provided	
	Director/officer	Employee Independent contractor	
17	Mandatory distribution		
а	Is the organization r	equired under state law to make charitable distributions from the gaming proceeds to	
Ŀ	retain the state gam		Yes No
b	spent in the organiz	distributions required under state law to be distributed to other exempt organizations or ation's own exempt activities during the tax year <b>&gt;</b> \$	
Part	V Supplemen	tal Information. Provide the explanations required by Part I, line 2b, column	
		s 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additiona	l information.
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SCHEDULE O	Supplemental Information to Form 990 or 990		OMB No. 1545-0047		
Form 990) Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.			2021		
Department of the Treasury Internal Revenue Service	<ul> <li>Attach to Form 990 or Form 990-EZ.</li> <li>Go to www.irs.gov/Form990 for the latest information.</li> </ul>		Open to Public Inspection		
Name of the organization		Employer identifi			
National Kidney Foun	dation of Wisconsin, Inc	39-1133761			
Form 990, Part III, Lin	e 4d: Program Service Expenses: 16,154, Grants and allocations: 0,				
Revenue: 0 Public Ec	lucation and Research				
Form 990, Part I, Sect	ion 1, Line 1: Description of Organization Mission con't: The NKFW is				
committed to advancin	ng public health and transforming patient care through action, research,	$\sim$	)		
education, collaboration	on and advocacy.				
Form 990, Part VI, Se	ction B, Line 11B: The 990 is prepared by O'Leary and Anick, then	)			
forwarded to the Office	ers for review, once approved by the officers, the return is filed.				
Form 990, Part VI, Se	ction B, Line 12C: The conflict of interest policy is distributed and				
reviewed on an annua	I basis.				
Form 990, Part VI, Se	ction B, Line 15A: Executive Compensation - is reviewed and approved				
annually by the Execu	tive Committee.				
Form 990, Part VI, Se	ction C, Line 19: Public Disclosure: Governing documents, conflict of				
interest policy, and fina	ancial statements are provided to the public upon request.				
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Schedule O (Form 990) 2021	Page 2
Name of the organization	Employer identification number
National Kidney Foundation of Wisconsin, Inc	39-1133761
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