

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2019**Open to Public Inspection**

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 07/01/19 , **and ending** 06/30/20

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization National Kidney Foundation of MI		D Employer identification number 38-1559941
	Doing business as		E Telephone number 734-222-9800
	Number and street (or P.O. box if mail is not delivered to street address) 1169 Oak Valley Drive		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code Ann Arbor MI 48108		G Gross receipts\$ 6,605,026
F Name and address of principal officer: Linda Smith-Wheelock 1169 Oak Valley Ann Arbor MI 48108		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: ▶ www.nkfm.org		L Year of formation: 1955	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		M State of legal domicile: MI	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: To prevent kidney disease and improve the quality of life for those living with it.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	164
	6 Total number of volunteers (estimate if necessary)	6	300
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	4,790,144	5,652,394
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	369,405	245,589
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	217,273	167,898
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,077,379	186,979
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	6,454,201	6,252,860
	14 Benefits paid to or for members (Part IX, column (A), line 4)	40,468	47,074
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	4,956,933	4,703,908
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 437,445		0
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,894,623	1,822,081
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	6,892,024	6,573,063	
19 Revenue less expenses. Subtract line 18 from line 12	-437,823	-320,203	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	9,724,351	9,625,704
	22 Net assets or fund balances. Subtract line 21 from line 20	1,413,376	1,609,522
		8,310,975	8,016,182

Part II Signature Block

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

Sign Here	Signature of officer Linda Smith-Wheelock	Date President and CEO			
	Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Michael A. Georges	Preparer's signature	Date 02/04/21	Check <input type="checkbox"/> if self-employed	PTIN P00086850
	Firm's name ▶ Yeo & Yeo, P.C.	Firm's EIN ▶ 38-2706146			
	Firm's address ▶ 1450 Eisenhower Place Ann Arbor, MI 48108-3283	Phone no. 734-769-1331			

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2019)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: To prevent kidney disease and improve the quality of life for those living with it.

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

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

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

4a (Code:) (Expenses \$ 3,420,463 including grants of\$) (Revenue \$ 245,589) See Schedule O

4b (Code:) (Expenses \$ 310,481 including grants of\$ 47,074) (Revenue \$) Patient Services: The Foundation provides direct services to several thousand individuals each year. Services are delivered, primarily, to individuals on dialysis or with a transplant and their families or caregivers. The Foundation provides services to help with emergency needs and prescription medication as well as empowerment and continuing education programs. Services include an internship program, medical identification bracelets, emergency funds, disease self-management programs and an information and referral program that serves thousands each year. The Foundation also offers scholarships to people on dialysis or with a transplant to help them continue their education.

4c (Code:) (Expenses \$ 1,573,968 including grants of\$) (Revenue \$) Community Services: The NKFM offers health fair and health education programs throughout the state to help identify and treat early kidney disease in those people at the highest risk for developing CKD so they can prevent or delay its onset. The NKFM also offers a number of volunteer opportunities for people looking to get involved with the Foundation through either the state office in Ann Arbor or the branch offices in Detroit, Flint, and Grand Rapids. The NKFM has developed a significant advocacy program to speak on behalf of the needs of people with kidney disease and in need of organ transplants.

4d Other program services (Describe on Schedule O.) (Expenses \$ 9,246 including grants of\$) (Revenue \$)

4e Total program service expenses 5,314,158

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1a			16
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1b			0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
1c			

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 164		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	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 and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
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:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
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	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 19		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O.		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
15b		X	
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?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

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

Linda Smith-Wheelock 1169 Oak Valley MI 48108 734-222-9800
 Ann Arbor

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Linda Smith-Whelock President and CEO	40.00 0.00			X				229,478	0	24,288
(2) Daniel M Carney Director	40.00 0.00			X				206,031	0	3,777
(3) Charlene Cole Program Director	40.00 0.00					X		115,524	0	19,238
(4) Paul Metta VP of Finance	40.00 0.00					X		111,200	0	9,571
(5) Charles Bloom Director	1.00 0.00	X						0	0	0
(6) Andrew Boschma Treasurer	1.00 0.00	X		X				0	0	0
(7) Jeff Chandler Director	1.00 0.00	X						0	0	0
(8) Lisa Hardy Director	1.00 0.00	X						0	0	0
(9) Jin-Kyn Koh Imm Past Chairman	1.00 0.00	X		X				0	0	0
(10) Bill Kolb Director	1.00 0.00	X						0	0	0
(11) Jon Krebs Director	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) John Magee, MD Chairman	1.00 0.00	X		X				0	0	0
(13) Myra Mooreland Director	1.00 0.00	X						0	0	0
(14) Richard Murdock Director	1.00 0.00	X						0	0	0
(15) Silsa P Norman Director	1.00 0.00	X						0	0	0
(16) Robert Provenzano Director	1.00 0.00	X						0	0	0
(17) Patrick Rugiero Director	1.00 0.00	X						0	0	0
(18) David Shepherd Vice Chairman	1.00 0.00	X		X				0	0	0
(19) Dennis H Smith Director	1.00 0.00	X						0	0	0
1b Subtotal								662,233		56,874
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								662,233		56,874

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **4**

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

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	417,117			
	d Related organizations	1d				
	e Government grants (contributions)	1e	4,894,668			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	340,609			
	g Noncash contributions included in lines 1a-1f	1g	\$ 44,800			
	h Total. Add lines 1a-1f		5,652,394			
	Program Service Revenue	2a Program Service Fees	Business Code 900099	245,589	245,589	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			245,589			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		167,898		167,898	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a				
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c				
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ 417,117 of contributions reported on line 1c). See Part IV, line 18						
	8a	516,483				
	b Less: direct expenses	8b	352,166			
c Net income or (loss) from fundraising events		164,317				
9a Gross income from gaming activities. See Part IV, line 19						
	9a					
	b Less: direct expenses	9b				
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances						
	10a					
	b Less: cost of goods sold	10b				
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a Miscellaneous	Business Code 900099	22,662		22,662	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		22,662			
12 Total revenue. See instructions		6,252,860	245,589	0	190,560	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22	47,074	47,074		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	364,659	215,249	132,468	16,942
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,626,583	3,239,569	235,156	151,858
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	182,255	155,243	13,148	13,864
9 Other employee benefits	241,058	207,626	16,087	17,345
10 Payroll taxes	289,353	8,839	279,949	565
11 Fees for services (nonemployees):				
a Management				
b Legal	3,615	248	3,367	
c Accounting	23,600	19,529	2,493	1,578
d Lobbying				
e Professional fundraising services. See Part IV, line 7				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	598,045	451,514	57,188	89,343
12 Advertising and promotion				
13 Office expenses	363,716	313,803	14,401	35,512
14 Information technology				
15 Royalties				
16 Occupancy	213,791	186,893	15,973	10,925
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	83,966	56,004	15,109	12,853
20 Interest				
21 Payments to affiliates	111,599	92,043	12,077	7,479
22 Depreciation, depletion, and amortization	108,531	89,882	11,516	7,133
23 Insurance	100,250	93,133	3,664	3,453
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Miscellaneous	131,296	122,690	4,871	3,735
b Food & supplies - donated	44,800	8,000		36,800
c Bad debt	30,509		2,585	27,924
d Membership dues	5,123	4,482	521	120
e All other expenses	3,240	2,337	887	16
25 Total functional expenses. Add lines 1 through 24e	6,573,063	5,314,158	821,460	437,445
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,753,995	1	1,712,500
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	471,221	3	662,710
	4 Accounts receivable, net	493,679	4	106,207
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	94,128	9	70,932
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 2,569,402		
	b Less: accumulated depreciation	10b 1,235,465	1,399,603	10c 1,333,937
	11 Investments—publicly traded securities	5,486,725	11	5,714,418
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	25,000	15	25,000
16 Total assets. Add lines 1 through 15 (must equal line 33)	9,724,351	16	9,625,704	
Liabilities	17 Accounts payable and accrued expenses	1,103,739	17	1,057,622
	18 Grants payable		18	
	19 Deferred revenue	309,637	19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	551,900
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,413,376	26	1,609,522
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	8,310,975	27	7,771,528
	28 Net assets with donor restrictions		28	244,654
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	8,310,975	32	8,016,182
33 Total liabilities and net assets/fund balances	9,724,351	33	9,625,704	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,252,860
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,573,063
3	Revenue less expenses. Subtract line 2 from line 1	3	-320,203
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,310,975
5	Net unrealized gains (losses) on investments	5	25,410
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,016,182

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

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

(A) Name and title	(B) Average hours per week per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(20) Mark E. Wilson Secretary	1.00 0.00	X		X				0	0	0	
(21) Debra Zivian Director	1.00 0.00	X						0	0	0	
1b Subtotal							▶				
c Total from continuation sheets to Part VII, Section A							▶				
d Total (add lines 1b and 1c)							▶				

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

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

Section B. Independent Contractors

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

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-EZ.**

Open to Public Inspection

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

Name of the organization <p style="text-align: center;">National Kidney Foundation of MI</p>	Employer identification number <p style="text-align: center;">38-1559941</p>
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,216,236	6,184,076	5,815,760	4,790,144	5,652,394	28,658,610
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6,216,236	6,184,076	5,815,760	4,790,144	5,652,394	28,658,610
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)						1,291,737
6 Public support. Subtract line 5 from line 4						27,366,873

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	6,216,236	6,184,076	5,815,760	4,790,144	5,652,394	28,658,610
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	119,900	125,899	182,196	217,273	167,898	813,166
9 Net income from unrelated business activities, whether or not the business is regularly carried on					21,662	21,662
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	850					850
11 Total support. Add lines 7 through 10						29,494,288
12 Gross receipts from related activities, etc. (see instructions)					12	3,785,071

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	92.79%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	97.27%

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

- 19a 33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- b 33 1/3% support tests—2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) 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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) 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? <i>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.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) 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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

Part II, Line 10 - Other Income Detail

Other Income \$ 850

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

OMB No. 1545-0047

2019▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

National Kidney Foundation of MI

38-1559941

Organization type (check one):

Filers of:**Section:**

Form 990 or 990-EZ

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

Form 990-PF

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

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

Special Rules

-
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- ¹
- /
- ₃
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of
- (1)**
- \$5,000; or
- (2)**
- 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
-
-
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000
- exclusively*
- for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
-
-
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

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

Name of organization

National Kidney Foundation of MI

Employer identification number

38-1559941

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Michigan Health Endowment Fund 7927 Nemco Way Ste 270 Brighton MI 48116	\$ 138,761	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	United Way for Southeastern Michigan 660 Woodward Avenue Suite 300 Detroit MI 48226	\$ 341,298	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	U.S. Department of Health and Human Services 200 Independence Avenue, S.W. Washington DC 20201	\$ 1,016,059	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Kresge Foundation 3215 W. Big Beaver Road Troy MI 48084	\$ 270,477	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Michigan Fitness Foundation P.O. Box 27187 Lansing MI 48909	\$ 748,038	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	Michigan Department of Health and Human Services 333 S. Grand Ave P.O. Box 30195 Lansing MI 48909	\$ 831,269	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

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

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

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

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

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

Name of organization <p style="text-align:center;">National Kidney Foundation of MI</p>	Employer identification number <p style="text-align:center;">38-1559941</p>
--	--

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

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

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?		X	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X	
c Media advertisements?		X	
d Mailings to members, legislators, or the public?		X	
e Publications, or published or broadcast statements?		X	
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?		X	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?	X		41,400
j Total. Add lines 1c through 1i			41,400
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

Schedule C, Part I-A, Line 1
 National Kidney Foundation pays The Frederick Group
 for lobbying. The Foundation has an advocacy day in Lansing, Michigan once
 a year. The Foundation encourages constituents to contact their local
 legislatures to advocate for funding.

Part IV Supplemental Information (continued)

(This area is reserved for supplemental information. It contains a series of dotted lines for text entry.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer identification number

National Kidney Foundation of MI

38-1559941

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number of funds, aggregate values, and compliance questions.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number of easements, and monitoring details.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

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

- a** Public exhibition
- b** Scholarly research
- c** Preservation for future generations
- d** Loan or exchange program
- e** Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	25,000	25,000	25,000	25,000	25,000
b Contributions	1,398	2,593	2,834	3,913	1,505
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs	1,398	2,593	2,834	3,913	1,505
f Administrative expenses					
g End of year balance	25,000	25,000	25,000	25,000	25,000

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

- a** Board designated or quasi-endowment **▶ 100.00 %**
- b** Permanent endowment **▶ %**
- c** Term endowment **▶ %**

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) Unrelated organizations		X
(ii) Related organizations		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		231,029		231,029
b Buildings		1,696,434	762,299	934,135
c Leasehold improvements				
d Equipment		641,939	473,166	168,773
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,333,937

Part VII Investments – Other Securities.

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

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

Part VIII Investments – Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Column 1: Description; Column 2: Sub-row label; Column 3: Amount. Total revenue: 6,960,090. Total revenue after adjustments: 6,252,860.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Column 1: Description; Column 2: Sub-row label; Column 3: Amount. Total expenses: 7,254,883. Total expenses after adjustments: 6,573,063.

Part XIII Supplemental Information.

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

Series of horizontal dotted lines for providing supplemental information.

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

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization

National Kidney Foundation of MI

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

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

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

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

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

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

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

.....

.....

.....

.....

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>Kidney Cup</u> (event type)	<u>Mardi Gras</u> (event type)	<u>8</u> (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	373,417	294,708	265,475	933,600
	2 Less: Contributions	167,000	161,441	88,676	417,117
	3 Gross income (line 1 minus line 2)	206,417	133,267	176,799	516,483
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	142,058	43,125	23,936	209,119
	8 Entertainment				
	9 Other direct expenses	59,253	47,264	36,530	143,047
	10 Direct expense summary. Add lines 4 through 9 in column (d)				352,166
11 Net income summary. Subtract line 10 from line 3, column (d)				164,317	

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

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

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

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

b If "No," explain:

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

b If "Yes," explain:

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

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Department of the Treasury
Internal Revenue Service

▶ **Attach to Form 990.**

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

Name of the organization

National Kidney Foundation of MI

Employer identification number

38-1559941

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3** Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2019)

SCHEDULE J
(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

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

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Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Linda Smith-Wheelock President and CEO	(i) 229,478	0	0	0	24,288	253,766	0
	(ii) 0	0	0	0	0	0	0
2 Daniel M Carney Director	(i) 206,031	0	0	0	3,777	209,808	0
	(ii) 0	0	0	0	0	0	0
3	(i)						
	(ii)						
4	(i)						
	(ii)						
5	(i)						
	(ii)						
6	(i)						
	(ii)						
7	(i)						
	(ii)						
8	(i)						
	(ii)						
9	(i)						
	(ii)						
10	(i)						
	(ii)						
11	(i)						
	(ii)						
12	(i)						
	(ii)						
13	(i)						
	(ii)						
14	(i)						
	(ii)						
15	(i)						
	(ii)						
16	(i)						
	(ii)						

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

National Kidney Foundation of MI

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Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory	X	1	44,800	
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶()				
26 Other ▶()				
27 Other ▶()				
28 Other ▶()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

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

	Yes	No
30a		X
31		X
32a		X

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

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

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

b If "Yes," describe in Part II.

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

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

▶ Attach to Form 990 or 990-EZ.

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

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Inspection**

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Form 990, Part III, Line 4a - First Accomplishment

Public Education: Chronic kidney disease is a public health problem of epidemic proportions. More than 900,000 Michigan adults have CKD and most don't know it. The majority of these cases are caused by uncontrolled diabetes or high blood pressure. Minority populations and those with a family history of CKD are also at high risk. The NKFM's top priority is prevention so the Foundation offers many programs aimed at educating high risk populations on their risks for CKD and how behavior and lifestyle changes can prevent them from developing CKD. The NKFM serves children and adults for free across the state through innovative, grassroots programs. In addition to prevention and education programs, the NKFM also works to increase organ donation, provide patient services, and partner with state and local governments and community groups to work toward a healthier Michigan. The NKFM is the top resource to the public and media about the significant problem of CKD in Michigan and offers more programs and services to more people than any other region or state.

Form 990, Part III, Line 4d - All Other Accomplishments

All Other Achievements: The NKFM's focus on preventing or slowing the progression of CKD allows us to educate the public as well as professionals through various programs and services. Additionally, the NKFM works with managed care organizations to encourage proactive identification and treatment of people with CKD, prevention of the leading cause of kidney disease, which is diabetes, and offers worksite education. The organization was recognized for its success in sound fiscal management by receiving a 4

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-star rating, ten years in a row, from Charity Navigator - the nation's leading charity evaluator. Only 1% of charities rated have received at least ten consecutive 4-star designations, indicating that the National Kidney Foundation of Michigan outperforms most other charities in America.

Form 990, Part VI, Line 10b - Policies and Procedures Governing Chapters
The Branch offices are an extension of the National Kidney Foundation of Michigan and are subject to the same governance.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990
Board reviews the 990 prior to filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
Conflict of interest policy is reviewed annually with the board of directors. All board members are provided a copy of the policy and must certify that they have reviewed the policy and are free of conflicts or have disclosed potential conflict to the board.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
Compensation for the organization's CEO and other top management officials are determined by an outside study and comparison of National Kidney Foundation peers across the country.

Form 990, Part VI, Line 15b - Compensation Process for Officers
Compensation for the organization's key employees are determined by an outside study and comparison of National Kidney Foundation peers across the country.

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Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Governing documents, conflict of interest policy, and financial statements are available to the public upon request.

38-1559941

Federal Asset Report

FYE: 6/30/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
Prior MACRS:											
33	ACCOUNTING SOFTWARE - MIP	4/06/99	9,672				9,672	7	MQ S/L	9,672	0
			<u>9,672</u>				<u>9,672</u>			<u>9,672</u>	<u>0</u>
Other Depreciation:											
2	LAND	6/20/02	231,029				231,029	0	-- Land	0	0
9	PRELIM ARCHITEC & ENG-NEW	10/30/98	2,332				2,332	40	MO S/L	1,195	58
10	BUILDING	6/20/02	1,441,747				1,441,747	40	MO S/L	612,743	36,043
11	SIGN ON BUILDING	6/20/02	3,927				3,927	15	MO S/L	3,927	0
45	FURNITURE	6/20/02	114,449				114,449	10	MO S/L	114,449	0
47	APPLIANCES	6/20/02	1,737				1,737	10	MO S/L	1,737	0
51	Data and Phone wiring	7/15/02	5,754				5,754	20	MO S/L	4,891	288
52	Donor wall	7/15/02	1,075				1,075	20	MO S/L	914	54
53	Building construction	7/15/02	153,292				153,292	40	MO S/L	65,149	3,833
55	Signs	7/31/02	1,218				1,218	20	MO S/L	1,030	61
56	Donor wall	8/30/02	235				235	20	MO S/L	198	12
57	Mail cubes	9/13/02	639				639	10	MO S/L	639	0
58	Various Construction material and labor	11/15/02	38,631				38,631	40	MO S/L	16,096	966
61	Artwork	10/15/02	8,392				8,392	10	MO S/L	8,392	0
62	Rolling Ladder	10/15/02	1,019				1,019	10	MO S/L	1,019	0
63	Furniture	11/15/02	3,807				3,807	10	MO S/L	3,807	0
64	Shelving	7/18/02	2,567				2,567	10	MO S/L	2,567	0
66	Furniture	8/30/02	1,470				1,470	10	MO S/L	1,470	0
68	Furniture	7/31/02	38,000				38,000	10	MO S/L	38,000	0
74	Office Furniture	6/30/04	2,613				2,613	7	MO S/L	2,613	0
75	Flag Pole - Ann Arbor	10/31/03	3,337				3,337	7	MO S/L	3,337	0
76	Memorial Plaque - Ann Arbor	2/28/04	1,368				1,368	7	MO S/L	1,368	0
85	8 LCD Monitor	9/15/05	1,880				1,880	5	MO S/L	1,880	0
87	12 Wyse Terminals	10/01/05	3,620				3,620	5	MO S/L	3,620	0
89	Allocation Mngmnt Software	10/15/05	1,700				1,700	3	MO Amort	1,700	0
90	New server	3/31/06	18,487				18,487	5	MO S/L	18,487	0
92	12 17" flat panel monitor	4/15/06	1,571				1,571	5	MO S/L	1,571	0
93	6 Wyse terminals	4/30/06	1,510				1,510	5	MO S/L	1,510	0
94	Dell Projector	6/15/06	3,126				3,126	7	MO S/L	3,126	0
95	Engraved Pavers	10/15/05	1,932				1,932	15	MO S/L	1,771	129
96	Cordless cellular blinds	6/20/06	8,225				8,225	7	MO S/L	8,225	0
97	Computer Software	5/29/07	22,500				22,500	3	MO S/L	22,500	0
99	Conversion services for new software	10/15/07	18,600				18,600	10	MO S/L	18,600	0
100	On-Site Training for new computer softwar	7/31/07	1,500				1,500	10	MO S/L	1,500	0
101	8 Adjustable Height Table	2/15/08	2,642				2,642	10	MO S/L	2,642	0
102	Citrix Sever	3/31/08	4,250				4,250	10	MO S/L	4,250	0
103	Boardroom Wireless Conference System	12/15/08	6,450				6,450	10	MO S/L	6,450	0
104	Dell Power Edge Server	12/15/08	5,070				5,070	10	MO S/L	5,070	0
105	Dell Server	6/15/10	12,617				12,617	10	MO S/L	11,460	1,157
106	Detroit Office Desk	11/30/10	3,232				3,232	10	MO S/L	2,774	323
107	Director's Desk	10/15/10	2,257				2,257	10	MO S/L	1,975	226
108	Accounting Furniture	6/15/11	1,793				1,793	10	MO S/L	1,449	180
109	Office furniture- chairs	3/22/12	1,280				1,280	10	MO S/L	928	128
110	phone cabeling for new office	3/19/12	3,313				3,313	10	MO S/L	2,402	331
111	desks and filing cabinets	2/27/12	1,793				1,793	10	MO S/L	1,315	179
112	Office dividers and counters	2/27/12	3,614				3,614	10	MO S/L	2,650	361
113	60inch TV	1/17/13	2,385				2,385	10	MO S/L	1,530	239
114	Survey Software	9/23/13	5,000				5,000	5	MO S/L	5,000	0
115	Concrete repair	8/30/13	4,095				4,095	15	MO S/L	1,593	273
117	Ricoh Copier	4/06/15	2,066				2,066	5	MO S/L	1,756	310
118	Office 365 Migration	2/27/15	6,610				6,610	5	MO S/L	5,729	881
119	TV and Sound Bar	4/15/16	1,425				1,425	5	MO S/L	926	285
120	Phones - Ann Arbor	5/13/16	35,894				35,894	10	MO S/L	11,366	3,590
121	Software	6/30/16	2,448				2,448	5	MO S/L	1,469	489
122	Furniture - Detroit Office	3/21/16	14,665				14,665	10	MO S/L	4,766	1,467
123	EndNote - reference management software	11/13/15	1,815				1,815	5	MO S/L	1,331	363
124	Industrial Shelving - Detroit Office	4/29/16	1,674				1,674	10	MO S/L	530	167
125	Wyse Terminals - Detroit Office	3/21/16	2,189				2,189	8	MO S/L	889	274
126	Detroit Copier	4/07/16	8,425				8,425	8	MO S/L	3,423	1,053
127	Concrete Repair	2/19/16	2,500				2,500	20	MO S/L	417	125
128	Driveway Repair	6/15/17	2,875				2,875	20	MO S/L	299	144
129	New Alarm System	1/31/17	5,696				5,696	10	MO S/L	1,377	569
130	New server	9/09/16	26,124				26,124	5	MO S/L	14,804	5,224

38-1559941

Federal Asset Report

FYE: 6/30/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
131	Power Supply Detroit	12/07/16	1,400			1,400	5 MO S/L	723	280
132	New Donor Software	6/15/17	19,263			19,263	5 MO S/L	8,026	3,853
133	Additional Detroit Copier	1/31/17	8,288			8,288	8 MO S/L	2,504	1,036
	Sold/Scrapped: 6/30/20								
134	New NKFM website	5/31/17	15,988			15,988	5 MO S/L	6,662	3,197
135	EWS Module	10/20/16	2,784			2,784	5 MO S/L	1,485	557
136	Ricoh Copier	4/05/18	5,693			5,693	5 MO S/L	1,423	1,139
138	2 monitors & mounts	6/15/18	3,630			3,630	5 MO S/L	787	726
139	4 Optiplex Computers	5/31/18	4,116			4,116	5 MO S/L	892	823
140	GR Awning	6/20/18	1,775			1,775	10 MO S/L	178	177
141	DPP Website	4/17/18	39,970			39,970	5 MO S/L	9,326	7,994
142	Polycom Microphone	6/11/18	1,965			1,965	5 MO S/L	426	393
143	BlackBaud Module - Not annual fee	11/27/17	12,602			12,602	3 MO S/L	6,651	4,201
144	Accounting Software- MIP	11/07/18	7,312			7,312	7 MO S/L	696	1,045
145	Microsoft Surface II laptop	11/15/18	1,948			1,948	5 MO S/L	260	389
146	Drawers	9/28/18	1,085			1,085	10 MO S/L	81	109
147	DPP Website	8/08/18	8,028			8,028	5 MO S/L	1,472	1,605
148	Cable Installment	7/31/18	6,989			6,989	10 MO S/L	641	699
149	Moving Carts	7/15/18	1,949			1,949	10 MO S/L	195	195
150	BlackBaud Module	11/15/18	2,340			2,340	3 MO S/L	520	780
151	BlackBaud Module	11/30/18	12,602			12,602	3 MO S/L	2,450	4,201
152	AA Cannon Copier	12/15/18	17,400			17,400	5 MO S/L	2,030	3,480
153	BlackBaud Module	2/15/19	2,748			2,748	3 MO S/L	382	916
154	TV for Detroit /AA	3/14/19	1,570			1,570	5 MO S/L	105	314
155	Computers for Detroit/AA	3/30/19	3,490			3,490	5 MO S/L	175	698
156	Microix	3/31/19	4,356			4,356	3 MO S/L	363	1,452
157	UPS Battery	4/12/19	1,624			1,624	5 MO S/L	81	325
158	Patch AA Parking Lot	6/15/19	3,333			3,333	2 MO S/L	139	1,666
159	Chairs	8/15/18	680			680	10 MO S/L	62	68
160	DPP Website	8/08/18	7,994			7,994	5 MO S/L	1,466	1,598
161	Detroit Copier - Canon C7565i III	7/31/19	14,750			14,750	4 MO S/L	0	3,380
162	IT Sound Station & Extenders - Synergy Fit	8/15/19	2,419			2,419	5 MO S/L	0	443
163	Heat Exchange - Campbell	11/26/19	2,814			2,814	10 MO S/L	0	164
164	Parking Lot Light Upgrade - GEM Inc	1/14/20	3,990			3,990	10 MO S/L	0	200
165	Boardroom Trenching/Cabling	2/20/20	6,275			6,275	20 MO S/L	0	105
166	Carpet - Foyer/Front hallway/Board room	3/13/20	13,715			13,715	15 MO S/L	0	305
167	Retrofit LED light Fixtures - Boardroom	4/22/20	1,800			1,800	10 MO S/L	0	30
168	DWD Daily Cash Interface	3/13/20	1,850			1,850	3 MO S/L	0	206
	Total Other Depreciation		<u>2,568,021</u>			<u>2,568,021</u>		<u>1,120,802</u>	<u>108,531</u>
	Total ACRS and Other Depreciation		<u>2,568,021</u>			<u>2,568,021</u>		<u>1,120,802</u>	<u>108,531</u>
	Grand Totals		2,577,693			2,577,693		1,130,474	108,531
	Less: Dispositions and Transfers		8,288			8,288		2,504	1,036
	Less: Start-up/Org Expense		0			0		0	0
	Net Grand Totals		<u>2,569,405</u>			<u>2,569,405</u>		<u>1,127,970</u>	<u>107,495</u>

38-1559941

Future Depreciation Report**FYE: 6/30/21**

FYE: 6/30/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Prior MACRS:					
33	ACCOUNTING SOFTWARE - MIP	4/06/99	9,672	0	0
			<u>9,672</u>	<u>0</u>	<u>0</u>
Other Depreciation:					
2	LAND	6/20/02	231,029	0	0
9	PRELIM ARCHITEC & ENG-NEW	10/30/98	2,332	59	0
10	BUILDING	6/20/02	1,441,747	36,044	0
11	SIGN ON BUILDING	6/20/02	3,927	0	0
45	FURNITURE	6/20/02	114,449	0	0
47	APPLIANCES	6/20/02	1,737	0	0
51	Data and Phone wiring	7/15/02	5,754	288	288
52	Donor wall	7/15/02	1,075	53	53
53	Building construction	7/15/02	153,292	3,832	3,832
55	Signs	7/31/02	1,218	61	61
56	Donor wall	8/30/02	235	11	11
57	Mail cubes	9/13/02	639	0	0
58	Various Construction material and labor	11/15/02	38,631	966	966
61	Artwork	10/15/02	8,392	0	0
62	Rolling Ladder	10/15/02	1,019	0	0
63	Furniture	11/15/02	3,807	0	0
64	Shelving	7/18/02	2,567	0	0
66	Furniture	8/30/02	1,470	0	0
68	Furniture	7/31/02	38,000	0	0
74	Office Furniture	6/30/04	2,613	0	0
75	Flag Pole - Ann Arbor	10/31/03	3,337	0	0
76	Memorial Plaque - Ann Arbor	2/28/04	1,368	0	0
85	8 LCD Monitor	9/15/05	1,880	0	0
87	12 Wyse Terminals	10/01/05	3,620	0	0
89	Allocation Mngmnt Software	10/15/05	1,700	0	0
90	New server	3/31/06	18,487	0	0
92	12 17' flat panel monitor	4/15/06	1,571	0	0
93	6 Wyse terminals	4/30/06	1,510	0	0
94	Dell Projector	6/15/06	3,126	0	0
95	Engraved Pavers	10/15/05	1,932	32	0
96	Cordless cellular blinds	6/20/06	8,225	0	0
97	Computer Software	5/29/07	22,500	0	0
99	Conversion services for new software	10/15/07	18,600	0	0
100	On-Site Training for new computer software	7/31/07	1,500	0	0
101	8 Adjustable Height Table	2/15/08	2,642	0	0
102	Citrix Sever	3/31/08	4,250	0	0
103	Boardroom Wireless Conference System	12/15/08	6,450	0	0
104	Dell Power Edge Server	12/15/08	5,070	0	0
105	Dell Server	6/15/10	12,617	0	0
106	Detroit Office Desk	11/30/10	3,232	135	0
107	Director's Desk	10/15/10	2,257	56	0
108	Accounting Furniture	6/15/11	1,793	164	0
109	Office furniture- chairs	3/22/12	1,280	128	0
110	phone cabeling for new office	3/19/12	3,313	332	0
111	desks and filing cabinets	2/27/12	1,793	179	0
112	Office dividers and counters	2/27/12	3,614	362	0
113	60inch TV	1/17/13	2,385	238	0
114	Survey Software	9/23/13	5,000	0	0
115	Concrete repair	8/30/13	4,095	273	0
117	Ricoh Copier	4/06/15	2,066	0	0
118	Office 365 Migration	2/27/15	6,610	0	0
119	TV and Sound Bar	4/15/16	1,425	214	0
120	Phones - Ann Arbor	5/13/16	35,894	3,589	0
121	Software	6/30/16	2,448	490	0
122	Furniture - Detroit Office	3/21/16	14,665	1,466	0
123	EndNote - reference management software	11/13/15	1,815	121	0
124	Industrial Shelving - Detroit Office	4/29/16	1,674	168	0
125	Wyse Terminals - Detroit Office	3/21/16	2,189	274	0
126	Detroit Copier	4/07/16	8,425	1,053	0
127	Concrete Repair	2/19/16	2,500	125	0

38-1559941

Future Depreciation Report**FYE: 6/30/21**

FYE: 6/30/2020

Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
128	Driveway Repair	6/15/17	2,875	144	0
129	New Alarm System	1/31/17	5,696	570	0
130	New server	9/09/16	26,124	5,225	0
131	Power Supply Detroit	12/07/16	1,400	280	0
132	New Donor Software	6/15/17	19,263	3,852	0
134	New NKFM website	5/31/17	15,988	3,198	0
135	EWS Module	10/20/16	2,784	556	0
136	Ricoh Copier	4/05/18	5,693	1,138	0
138	2 monitors & mounts	6/15/18	3,630	726	0
139	4 Optiplex Computers	5/31/18	4,116	823	0
140	GR Awning	6/20/18	1,775	178	0
141	DPP Website	4/17/18	39,970	7,994	0
142	Polycom Microphone	6/11/18	1,965	393	0
143	BlackBaud Module - Not annual fee	11/27/17	12,602	1,750	0
144	Accounting Software- MIP	11/07/18	7,312	1,045	0
145	Microsoft Surface II laptop	11/15/18	1,948	390	0
146	Drawers	9/28/18	1,085	108	0
147	DPP Website	8/08/18	8,028	1,606	0
148	Cable Installment	7/31/18	6,989	698	0
149	Moving Carts	7/15/18	1,949	195	0
150	BlackBaud Module	11/15/18	2,340	780	0
151	BlackBaud Module	11/30/18	12,602	4,201	0
152	AA Cannon Copier	12/15/18	17,400	3,480	0
153	BlackBaud Module	2/15/19	2,748	915	0
154	TV for Detroit /AA	3/14/19	1,570	314	0
155	Computers for Detroit/AA	3/30/19	3,490	698	0
156	Microix	3/31/19	4,356	1,452	0
157	UPS Battery	4/12/19	1,624	325	0
158	Patch AA Parking Lot	6/15/19	3,333	1,528	0
159	Chairs	8/15/18	680	68	0
160	DPP Wesite	8/08/18	7,994	1,599	0
161	Detroit Copier - Canon C7565i III	7/31/19	14,750	3,688	0
162	IT Sound Station & Extenders - Synergy Fiber	8/15/19	2,419	484	0
163	Heat Exchange - Campbell	11/26/19	2,814	282	0
164	Parking Lot Light Upgrade - GEM Inc	1/14/20	3,990	399	0
165	Boardroom Trenching/Cabling	2/20/20	6,275	313	0
166	Carpet - Foyer/Front hallway/Board room	3/13/20	13,715	914	0
167	Retrofit LED light Fixtures - Boardroom	4/22/20	1,800	180	0
168	DWD Daily Cash Interface	3/13/20	1,850	616	0
Total Other Depreciation			<u>2,559,733</u>	<u>103,818</u>	<u>5,211</u>
Total ACRS and Other Depreciation			<u>2,559,733</u>	<u>103,818</u>	<u>5,211</u>
Grand Totals			<u>2,569,405</u>	<u>103,818</u>	<u>5,211</u>

**SCHEDULE G
(Form 990 or
990-EZ)****Fundraising Other Events****2019**

For calendar year 2019, or tax year beginning 07/01/19, and ending 06/30/20

Name

Employer Identification Number

National Kidney Foundation of MI

38-1559941

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events
		<u>Walks</u> (event type)	<u>Other</u> (event type)	<u></u> (event type)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	162,529	102,946		265,475
	2 Less: Charitable contributions	86,676	2,000		88,676
	3 Gross income (line 1 minus line 2)	75,853	100,946		176,799
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages	2,862	21,074		23,936
	8 Entertainment				
	9 Other expenses	26,289	10,241		36,530

Form **990****Tax Return History****2019**

Name

National Kidney Foundation of MI

Employer Identification Number

38-1559941

	2015	2016	2017	2018	2019	2020
Contributions, gifts, grants	6,216,236	6,184,076	5,815,760	4,790,144	5,652,394	
Membership dues						
Program service revenue	291,220	333,008	427,127	369,405	245,589	
Capital gain or loss		26,919				
Investment income	119,900	125,899	182,196	217,273	167,898	
Fundraising revenue (income/loss)	428,198	380,119	333,534	1,077,277	164,317	
Gaming revenue (income/loss)						
Other revenue	850	4,570	564	102	22,662	
Total revenue	7,056,404	7,054,591	6,759,181	6,454,201	6,252,860	
Grants and similar amounts paid	36,942	36,786	42,250	40,468	47,074	
Benefits paid to or for members						
Compensation of officers, etc.	543,086	630,584	636,862	507,700	364,659	
Other compensation	3,803,510	3,779,822	4,103,825	4,449,233	4,339,249	
Professional fees	484,730	459,327	416,766	527,238	625,260	
Occupancy costs	162,914	185,520	199,694	209,959	213,791	
Depreciation and depletion	57,273	69,557	80,645	99,326	108,531	
Other expenses	1,425,669	1,524,065	1,489,092	1,058,100	874,499	
Total expenses	6,514,124	6,685,661	6,969,134	6,892,024	6,573,063	
Excess or (Deficit)	542,280	368,930	-209,953	-437,823	-320,203	
Total exempt revenue	7,056,404	7,054,591	6,759,181	6,454,201	6,252,860	
Total unrelated revenue						
Total excludable revenue	411,970	490,396	609,887	586,780	436,149	
Total Assets	9,054,604	10,061,387	9,774,377	9,724,351	9,625,704	
Total Liabilities	902,356	1,298,360	1,030,157	1,413,376	1,609,522	
Net Fund Balances	8,152,248	8,763,027	8,744,220	8,310,975	8,016,182	

Federal Statements**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
Interest & Dividends	\$ 167,898		14			
Total	<u>\$ 167,898</u>					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Total	\$ 598,045	\$ 451,514	\$ 57,188	\$ 89,343
	\$ 598,045	\$ 451,514	\$ 57,188	\$ 89,343

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Subscriptions	\$ 3,240	\$ 2,337	\$ 887	\$ 16
Total	\$ 3,240	\$ 2,337	\$ 887	\$ 16
	\$ 3,240	\$ 2,337	\$ 887	\$ 16

Schedule A, Part II, Line 1(e)

Description	Amount
Govt Grants	\$ 4,894,668
Contributions	340,609
Walks	
Cash Contribution	86,676
Kidney Cup	
Cash Contribution	167,000
Other	
Cash Contribution	2,000
Mardi Gras	
Cash Contribution	161,441
Total	\$ 5,652,394

Federal Statements

Schedule A, Part II, Line 8(e)

<u>Description</u>	<u>Amount</u>
Interest & Dividends	\$ 167,898
Total	<u>\$ 167,898</u>

Schedule A, Part II, Line 9(e)

<u>Description</u>	<u>Amount</u>
Miscellaneous	\$ 22,662
Less: Deductions	<u>-1,000</u>
Total	<u>\$ 21,662</u>

Schedule A, Part II, Line 12 - Current year

<u>Description</u>	<u>Amount</u>
Program Service Fees	\$ 245,589
Walks	75,853
Kidney Ball	
Champion Lansing	
Golf	
Kidney Cup	206,417
Uncorked	
Other	100,946
Mardi Gras	<u>133,267</u>
Total	<u>\$ 762,072</u>

Forms 990 / 990-EZ Return Summary

For calendar year 2019, or tax year beginning 07/01/19 , and ending 06/30/20

38-1559941

National Kidney Foundation of MI

Net Asset / Fund Balance at Beginning of Year 8,310,975**Revenue**

Contributions	<u>5,652,394</u>	
Program service revenue	<u>245,589</u>	
Investment income	<u>167,898</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>516,483</u>	
Direct expenses	<u>352,166</u>	
Net income	<u>164,317</u>	
Other income	<u>22,662</u>	
Total revenue		<u>6,252,860</u>

Expenses

Program services	<u>5,314,158</u>	
Management and general	<u>821,460</u>	
Fundraising	<u>437,445</u>	
Total expenses		<u>6,573,063</u>
Excess / (deficit)		<u>-320,203</u>
Changes		<u>25,410</u>

Net Asset / Fund Balance at End of Year 8,016,182**Reconciliation of Revenue**

Total revenue per financial statements	<u>6,960,090</u>
Less:	
Unrealized gains	<u>25,410</u>
Donated services	<u>681,820</u>
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
Total revenue per return	<u>6,252,860</u>

Reconciliation of Expenses

Total expenses per financial statements	<u>7,254,883</u>
Less:	
Donated services	<u>681,820</u>
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
Total expenses per return	<u>6,573,063</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>9,724,351</u>	<u>9,625,704</u>	
Liabilities	<u>1,413,376</u>	<u>1,609,522</u>	
Net assets	<u>8,310,975</u>	<u>8,016,182</u>	<u>-294,793</u>

Miscellaneous Information

Amended return	
Return / extended due date	<u>05/17/21</u>
Failure to file penalty	

Michigan Return Summary

For calendar year 2019, or tax year beginning 07/01/19 , and ending 06/30/20

38-1559941

National Kidney Foundation of MI

Forms being filed:

Initial solicitation registration
Renewal solicitation registration X
Request for exemption
Charitable trust registration
Charitable trust inventory
Submitting financial accounting only
Dissolution questionnaire

Attorney General file number (if applicable) 1889



Filing Instructions

National Kidney Foundation of MI

Michigan Charitable Organization Registration / Request For Exemption / Dissolution

Taxable Year Ended June 30, 2020

Date Due: May 31, 2021

Remittance: None is required.

Signature: The form(s) should be signed and dated as required.

E-Mail: The State of Michigan Attorney General's office preferred method for the filing of the Solicitation form is via e-mail.

Please review the enclosed License to Solicit application and send via email following the instructions below.

If audited financial statements are required, ensure you attach a PDF to the email as well.

Attach pdf file(s) and send via e-mail to the State of Michigan:

E-mail Address: ct_email@michigan.gov

E-mail Subject: Enter the legal name of the organization and the AG file number, if known.

Note: You can choose to mail in your Michigan Solicitation form to the address listed below. However, you will likely receive a State of Michigan Notice informing you that you should file your forms via e-mail in the future.

Mail To: Department of Attorney General
Charitable Trust Section
PO Box 30214
Lansing, MI 48909

Signature: The form(s) should be signed and dated as required.

CTS - 02
AUTHORITY 1975 PA 169
PENALTY: civil, criminal

State of Michigan
Department of Attorney General

RENEWAL SOLICITATION FORM

Full legal name of organization <u>National Kidney Foundation of MI</u>		
All other names under which you intend to solicit 		
Attorney General File Number <u>1889</u>	Telephone number <u>734-222-9800</u>	Fax number <u>734-222-9801</u>
Employer Identification No. (EIN) <u>38-1559941</u>	Organization email address <u>lsmith-wheelock@nkfm.org</u>	Organization website <u>www.nkfm.org</u>

All items must be answered. Provide additional sheets if necessary. If you have questions, see the instructions.

1. Organization addresses –

- A. Street address of principal office. If you do not have a principal office, provide the name and address of the person having custody of the financial records.
Linda Smith-Wheelock
1169 Oak Valley Drive Ann Arbor MI 48108
- B. Organization mailing address, if different.
1169 Oak Valley Drive Ann Arbor MI 48108
- C. Provide the address of all other offices in Michigan.
See Statement 1

2. Has there been any change in the organization's purposes? Yes No
 If yes, summarize organization's current purposes below in 50 words or less. This summary appears on our website.

3. You must designate a resident agent located in Michigan authorized to receive official mail sent to your organization.

Name Linda Smith-Wheelock
 1169 Oak Valley Drive
Address (Michigan street address, not PO box) Ann Arbor MI 48108

4. Methods of solicitation. Check all that apply.

- Mail Personal contact Special events Other (specify) _____
- Telephone Radio / television Newspaper/magazines None (explain) _____
- Internet Email

5. Has there been a change in the organization's tax status with the IRS since your last filing? Yes No
 If yes, explain and document.

National Kidney Foundation of MI 38-1559941

6. List all current officers and directors unless they are included on your IRS return. Mark the box to indicate whether the person is an officer, director, or both. Provide an additional sheet if necessary.

Name	Officer	Director	Name	Officer	Director

7. Is there any officer or director who cannot be reached at the organization's mailing address? Yes No
 If "yes," provide the names and addresses on an additional sheet.

8. Since your last registration form, has the organization or any of its officers, directors, employees or fundraisers: Yes No

- A. Been enjoined or otherwise prohibited by a government agency/court from soliciting?
- B. Had its solicitation registration or license denied or revoked by any jurisdiction?
- C. Been the subject of a proceeding regarding any license, registration, or solicitation?
- D. Entered into a voluntary agreement of compliance with a government agency or in a case before a court or administrative agency?

If any "yes" box is checked, provide a complete explanation on a separate sheet.

9. Has the organization engaged a professional fundraiser (PFR) for Michigan fundraising activity for either the financial accounting period reported in item 10 or the current period? See instructions for definition of "professional fundraiser." Yes No
 A consultant is not a PFR. If no, go to question 10.

If yes, in the chart below list all PFRs that your organization has engaged for Michigan fundraising activity. Provide additional sheets if necessary. Provide copies of contracts for each PFR listed if not already provided.

Note – You are required to verify that all PFRs under contract for Michigan campaigns are currently licensed.

Professional Fundraisers Under Contract for Michigan Campaigns

Name	Mailing address	Sum of all payments to / retained by PFR during year reported	Is contract in effect now (as you complete the form)?	If no, enter date contract ended
			y <input type="checkbox"/> n <input type="checkbox"/>	End date:
			y <input type="checkbox"/> n <input type="checkbox"/>	End date:
			y <input type="checkbox"/> n <input type="checkbox"/>	End date:

National Kidney Foundation of MI 38-1559941

10. All organizations must report on their most recently completed financial accounting period.

Check the box to indicate the type of return filed with the IRS and follow the instructions:

- Form 990 or 990-EZ** - Provide a copy of the return. Do not include Schedule B. Go to item 13 below.
- Form 990-PF** - Provide a copy of the Form 990-PF. Enter the amount the organization spent directly on its charitable program in the space below. Complete item 11 and go to 13.

Total program services expense: \$ _____

If your organization does not file the above returns with the IRS, check the appropriate box below to explain the reason, and follow the instructions:

- Files Form 990-N.** Complete 11 and 12 below, then go to 14.
- Included in IRS group return.** Provide a copy of the group return. Complete 11 and 12 below.
- Other reason.** Explain: _____
Complete 11 and 12 below.

11. Briefly describe your charitable accomplishments during the period. _____

12. Complete this section only if directed to in item 10 because your organization does not complete a Form 990, 990-EZ, or 990-PF. Complete all lines of the following schedules. You must enter the end date of the accounting period being reported. Enter "0" or "none" where appropriate or if you had no financial activity in the period.

Enter the end date of the financial accounting period reported below: _____

Revenue		
A	Contributions and fundraising received	
B	All other revenue	
C	Total revenue (add lines A and B)	

Expenses		
D	Charitable program services expense	
E	All remaining expenses (supporting services)	
F	Total expense (Sum of lines D and E)	

G	Revenue less expenses (subtract line F from line C)	
---	---	--

Balance Sheet		
H	Total assets at end of fiscal period	
I	Liabilities at end of fiscal period	
J	Net assets (subtract line I from line H)	

13. Audited or reviewed financial statements requirement

Complete the following schedule to determine if audited or reviewed financial statements are required. If audited or reviewed financial statements are required, but they have not been prepared, see the instructions.

	Item	Where to Find it:	Amount
A.	Contributions from IRS return	Form 990: Part VIII, line 1h; Form 990-EZ: line 1; Form 990-PF: line 1	5,652,394
B.	Net income from special fundraising events	Form 990: Part VIII, line 8c; Form 990-EZ: line 6d	164,317
C.	Net income from gaming activities	Form 990: Part VIII, line 9c	
D.	Total contributions and fundraising	Add lines A, B, and C	5,816,711
E.	Governmental grants	Form 990: Part VIII, line 1e; Form 990-EZ: enter governmental grants included above on line A.	4,894,668
F.		Subtract line E from line D	922,043

After completing the schedule:

- If line F is \$550,000 or more, audited financial statements are required. They must be audited by an independent certified public accountant and prepared in accordance with generally accepted accounting principles.
- If line F is greater than \$300,000, but not greater than \$550,000, financial statements either reviewed or audited by a certified public accountant are required.

14. Do you have chapters in Michigan that are to be included in the solicitation registration?

Yes

No

Tip: If you have offices in Michigan with no separate reporting or filing requirements, answer "no."

If yes, provide the following:

- a listing of the names and addresses of all Michigan chapters to be included
- a financial report for each chapter (see instructions)
- a copy of your organization's IRS group return (if applicable)

Note – if you have chapters but have not previously informed us of your intent to include them, see the instructions.

15. I certify that I am an authorized representative of the organization and that to the best of my knowledge and belief the information provided, including all accompanying documents, is true, correct, and complete. False statements are prohibited by MCL 400.288(1)(u) and MCL 400.293(2)(c) and are punishable by civil and criminal penalties.

Type or print name (must be legible): Linda Smith-Wheelock

Title: President and CEO

Date: _____

Check here if you would like to request an automatic 5-month extension to your expiration date (this will not be reflected in your registration document, but can be verified online on our website at michigan.gov/charity).

THIS IS A PUBLIC RECORD, COPIES OF WHICH ARE SENT, UPON REQUEST, TO ANY INTERESTED PERSON.

National Kidney Foundation of MI 38-1559941

CHECKLIST:

- Have all parts of the form been fully completed unless instructed otherwise?
- Have you provided the name and Michigan street address of a resident agent in item 3?
- Is a list of the officers and directors provided or included with the IRS return?
- Have you provided a complete IRS 990, 990-EZ, OR 990-PF?
- If you file Form 990-PF, did you complete item 11?
- If you file Form 990-N, did you complete items 11 and 12?
- If audited or reviewed financial statements are required, are they provided? If not, have you requested a conditional registration or one-time waiver? (See instructions.)
- Are the Form 990 and financial statements prepared for the same reporting period?
- Have you submitted contracts and addenda to contracts with professional fundraisers that have not been previously submitted?
- Have you typed or printed your name, date, and title in Item 15 to certify the form?
- If you are requesting a 5-month extension, have you checked the box below item 15?

Return the completed registration form by:	
Email (preferred method):	ct_email@michigan.gov
1. Put the AG File Number and legal name of the organization in the email subject line.	
2. If your email with attachments exceeds 25 MB, submit two or more emails as necessary.	
Reference them as 1 of 2, 2 of 2, etc. Attachments must be PDF.	
3. Do not submit encrypted files.	
4. Do not share documents via links.	
Mail:	Attorney General Charitable Trust Section PO Box 30214 Lansing, MI 48909
Overnight mail:	Attorney General-Charitable Trust Section 525 West Ottawa Williams Building - 3rd Floor Lansing, MI 48933
Fax:	(517) 241-7074

Michigan Statements

Statement 1 - Renewal Solicitation Registration, Line 1-C - Addresses of Offices in Michigan

<u>Street Address</u>	<u>City</u>	<u>State</u>	<u>Zip Code</u>
1900 E. Jefferson, Suite 222	Detroit	MI	48207
411 East Third Street	Flint	MI	48503
260 Leonard NW, Ste. 260	Grand Rapids	MI	49504