

Form **990**

# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2025**  
Open to Public Inspection

**A** For the **2025** calendar year, or tax year beginning and ending

<b>B</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	<b>C</b> Name of organization <b>AMERICAN KIDNEY FUND, INC.</b>		<b>D</b> Employer identification number <b>23-7124261</b>
	Doing business as		<b>E</b> Telephone number <b>301-881-3052</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>334,302,124.</b>
	<b>11921 ROCKVILLE PIKE</b>	<b>300</b>	<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <b>ROCKVILLE, MD 20852</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>F</b> Name and address of principal officer: <b>LAVARNE A. BURTON</b> <b>SAME AS C ABOVE</b>			<b>H(c)</b> Group exemption number
<b>I</b> 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			
<b>J</b> Website: <b>WWW.KIDNEYFUND.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			<b>L</b> Year of formation: <b>1971</b> <b>M</b> State of legal domicile: <b>DC</b>

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>WE HELP PEOPLE FIGHT KIDNEY DISEASE AND LIVE HEALTHIER LIVES.</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>22</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>22</b>
	<b>5</b> Total number of individuals employed in calendar year 2025 (Part V, line 2a)	<b>5</b>	<b>131</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>500</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>295,834,492.</b>	<b>315,819,478.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>8,726,665.</b>	<b>8,434,441.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>413,355.</b>	<b>390,131.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>304,974,512.</b>	<b>324,644,050.</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>256,814,302.</b>	<b>263,928,593.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>17,420,943.</b>	<b>19,836,888.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>541,574.</b>	<b>490,681.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>9,164,987.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>18,835,025.</b>	<b>18,462,552.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>293,611,844.</b>	<b>302,718,714.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>11,362,668.</b>	<b>21,925,336.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>175,543,171.</b>	<b>End of Year</b> <b>199,248,874.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>10,628,918.</b>	<b>10,565,279.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>164,914,253.</b>	<b>188,683,595.</b>

**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. This declaration is based on all information of which preparer has any knowledge.

DocuSigned by:  
*Lavarne Burton*  
949DD4CE161E4E9...  
Date: 4/24/2026 | 2:41 PM EDT

**Sign Here** **LAVARNE A. BURTON, PRESIDENT & CHIEF EXECUTIVE OF**  
Type or print name and title

<b>Paid</b>	Preparer's name <b>TOBI HOLLANDER</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P03218061</b>
<b>Preparer Use Only</b>	Firm's name <b>SB &amp; COMPANY, LLC</b>	Firm's EIN <b>20-2153727</b>	Firm's address <b>10200 GRAND CENTRAL AVE., SUITE 250 OWINGS MILLS, MD 21117</b>	Phone no. <b>410-584-0060</b>	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE MISSION OF THE AMERICAN KIDNEY FUND IS TO FIGHT KIDNEY DISEASE AND HELP PEOPLE LIVE HEALTHIER LIVES. FOUNDED IN 1971, AKF FIGHTS KIDNEY DISEASE ON ALL FRONTS WITH A COMPREHENSIVE SCOPE OF PROGRAMS THAT SUPPORT PEOPLE ACROSS THE SPECTRUM FROM DISEASE AWARENESS AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ 268,855,777. including grants of \$ 263,568,593. ) (Revenue \$ ) PATIENT ASSISTANCE: IN 2025, WE HELPED MORE THAN 73,500 LOW-INCOME PEOPLE WITH KIDNEY FAILURE IN ALL 50 STATES GAIN ACCESS TO LIFESAVING HEALTHCARE, INCLUDING DIALYSIS AND TRANSPLANT, BY PROVIDING NEED-BASED GRANTS TO PAY FOR HEALTH INSURANCE PREMIUMS, TRANSPORTATION TO TREATMENT, PRESCRIPTION MEDICATIONS AND NUTRITIONAL PRODUCTS, AND EMERGENCY ASSISTANCE IN THE WAKE OF NATURAL DISASTERS. WITH AKF'S SUPPORT FOR HEALTH COVERAGE THEY OTHERWISE COULD NOT AFFORD, NEARLY 1,700 DIALYSIS PATIENTS HAD LIFESAVING KIDNEY TRANSPLANTS AND POST-TRANSPLANT CARE, REPRESENTING NEARLY 6% OF ALL U.S. KIDNEY TRANSPLANTS PERFORMED IN 2025. WE PROVIDED 76 DIALYSIS AND POST-TRANSPLANT PATIENTS WITH DISASTER RELIEF ASSISTANCE IN THE WAKE OF FLOODS, AND WILDFIRES. WITH THE EXCEPTION OF DISASTER RELIEF, OUR GRANT

4b (Code: ) (Expenses \$ 19,551,570. including grants of \$ ) (Revenue \$ ) PUBLIC EDUCATION, AWARENESS AND PREVENTION ACTIVITIES: AWARENESS AND PREVENTION 35.5 MILLION AMERICANS 1 IN 7 ADULTS HAVE CHRONIC KIDNEY DISEASE (CKD), AND MOST DON'T REALIZE THEY HAVE IT. AKF'S EDUCATION PROGRAMS HELP INDIVIDUALS IDENTIFY THEIR RISKS FOR CKD AND MANAGE CKD, KIDNEY FAILURE AND CO-MORBIDITIES. A HALLMARK OF OUR AWARENESS-BUILDING WORK WAS OUR SIXTH ANNUAL KIDNEY ACTION WEEK, HELD FROM MARCH 3-7, 2025. THE VIRTUAL EDUCATIONAL EVENT WAS STREAMED THROUGH A DIGITAL CONFERENCE PLATFORM AND SIMULCASTED THROUGH AKF'S FACEBOOK AND YOUTUBE SOCIAL CHANNELS. APPROXIMATELY 3,000 PEOPLE PREREGISTERED FOR THE EVENT, WITH MORE THAN 150,000 PEOPLE VIEWING THE COMBINED LIVE AND ARCHIVED SESSIONS THROUGHOUT THE YEAR. WE PROVIDED PREVENTION AND AWARENESS MESSAGING

4c (Code: ) (Expenses \$ 472,855. including grants of \$ 360,000. ) (Revenue \$ ) RESEARCH: ESTABLISHED IN 1988, AKF'S CLINICAL SCIENTIST IN NEPHROLOGY PROGRAM HAS PROVIDED RESEARCH FUNDING TO MANY OF NEPHROLOGY'S BRIGHTEST SCHOLARS. MANY FORMER CSN FELLOWS HAVE GONE ON TO DISTINGUISHED CAREERS IN THE FIELD, CONDUCTING GROUNDBREAKING RESEARCH THAT ADVANCES KNOWLEDGE AND TREATMENT OF KIDNEY DISEASE. IN 2025, AKF SELECTED TWO NEW FELLOWS: DR. MOMEN ABBASI, FROM THE UNIVERSITY OF CHICAGO, WILL BE LOOKING TO FIND ANY VARIANCES IN KIDNEY MRIS OF PATIENTS WITH VARYING LEVELS OF CKD TO LOOK FOR SUBTYPES OR IMAGING MARKERS; AND DR. API CHEWCHARAT, FROM BRIGHAM AND WOMEN'S HOSPITAL IN BOSTON, WHO WILL BE LOOKING FOR CIRCULATING INFLAMMATION BIOMARKERS IN PATIENTS AFTER STEM-CELL TRANSPLANTS.

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

4e Total program service expenses 288,880,202.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Description, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and business transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Description, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (22), 1b (22), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI
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.
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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LAVARNE BURTON PRESIDENT & CHIEF EXECUTIVE OFFICER	50.00			X			998,628.	0.	67,493.	
(2) TARA BUNCH EVP, AND COO	50.00			X			589,010.	0.	48,940.	
(3) MARSHALL STRISIK VP AND GENERAL COUNSEL	50.00				X		524,020.	0.	56,241.	
(4) JULIE PUZZO CHIEF DEVELOPMENT OFFICER	50.00				X		526,393.	0.	40,404.	
(5) MICHAEL SPIGLER VP OF PATIENT SVCS/KIDNEY	50.00				X		496,738.	0.	54,733.	
(6) HOLLY BODE VP OF GOVERNMENT AFFAIRS	50.00				X		428,349.	0.	41,704.	
(7) TAMARA RUGGIERO VP OF COMMUNICATIONS AND MARKETING	50.00				X		410,014.	0.	29,995.	
(8) BAMBI W. GADDIST, DRPH TRUSTEE	2.00	X					0.	0.	0.	
(9) BRIAN KREX, ESQ MEMBER-AT-LARGE	2.00	X					0.	0.	0.	
(10) CHARLOTTE JONES-BURTON, MD SECRETARY	2.00	X		X			0.	0.	0.	
(11) ELENA M. PAUL, ESQ. TRUSTEE	2.00	X					0.	0.	0.	
(12) FRANCES E. ASHE-GOINS, RN, BSN, TRUSTEE	2.00	X					0.	0.	0.	
(13) GAIL S. WICK, MHSA, BSN, RN, CN NON-VOTING MEMBER	2.00	X					0.	0.	0.	
(14) JAMIE A. GREEN, MD CHAIR, MEDICAL AFFAIRS	2.00	X		X			0.	0.	0.	
(15) JEFFREY S. PEARSON, CFA TREASURER	2.00	X		X			0.	0.	0.	
(16) JERRY D. KLEPNER NON-VOTING MEMBER	2.00	X					0.	0.	0.	
(17) JOHN D. RING, CPA TRUSTEE	2.00	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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JOHN P. BUTLER MEMBER-AT-LARGE	2.00	X						0.	0.	0.
(19) KATIE B. SPILLANE, CPA TRUSTEE	2.00	X						0.	0.	0.
(20) KENNETH R. BRIDGES, MD TRUSTEE	2.00	X						0.	0.	0.
(21) LAURA A. WILLIAMS, MD TRUSTEE	2.00	X						0.	0.	0.
(22) LYDIA H. LANDESBERG TRUSTEE	2.00	X						0.	0.	0.
(23) MARIA A. GRASSO TRUSTEE	2.00	X						0.	0.	0.
(24) MELANIE J. TURIEO TRUSTEE	2.00	X						0.	0.	0.
(25) OLIVER T. BROOKS, MD TRUSTEE	2.00	X						0.	0.	0.
(26) PAMELA W. MCNAMARA CHAIR-ELECT	2.00	X		X				0.	0.	0.
<b>1b Subtotal</b>								3,973,152.	0.	339,510.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								3,973,152.	0.	339,510.

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 52

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	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>	4	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>	5	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
INTERACTIVE STRATEGIES, 1133 CONNECTICUT AVE, SUITE 600, WASHINGTON DC, DC 20036	DIGITAL FUNDRAISING STRATEGY	647,510.
COLONET PRINTING AND GRAPHICS 22570 GLENN DR., STERLING, VA 20164	PRINT MATERIALS AND COLLATERAL FOR EVENT	539,965.
CORCENTRIC, 200 LAKE DRIVE EAST, STE 200, CHERRY HILL, NJ 08002	GRANT PAYMENT VENDOR	521,018.
THE CAUSEWAY AGENCY LLC, 1127 HIGH RIDGE ROAD, SUITE 336, STAMFORD, CT 06905	CREATIVE DESIGN AND MEDIA PLANNING	366,667.
ORASES 5728 INDUSTRY LANE, FREDERICK, MD 21704	SOFTWARE DEVELOPMENT/HOSTING	358,208.

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 27

SEE PART VII, SECTION A CONTINUATION SHEETS

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	213,571.				
	<b>1 b</b>	Membership dues .....					
	<b>1 c</b>	Fundraising events .....	1,154,818.				
	<b>1 d</b>	Related organizations .....					
	<b>1 e</b>	Government grants (contributions) .....					
	<b>1 f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	314,451,089.				
	<b>1 g</b>	Noncash contributions included in lines 1a-1f	\$ 7,896,434.				
	<b>1 h</b>	<b>Total.</b> Add lines 1a-1f .....		315819478.			
Program Service Revenue	<b>2 a</b>	_____					
	<b>2 b</b>	_____					
	<b>2 c</b>	_____					
	<b>2 d</b>	_____					
	<b>2 e</b>	_____					
	<b>2 f</b>	All other program service revenue .....					
	<b>2 g</b>	<b>Total.</b> Add lines 2a-2f .....					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		7,044,359.		7044359.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....		94,627.		94,627.	
	<b>6 a</b>	Gross rents .....	(i) Real				
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses ...					
	<b>6 c</b>	Rental income or (loss)					
	<b>6 d</b>	Net rental income or (loss) .....					
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	(i) Securities	10,757,712.	290,444.		
			(ii) Other				
	<b>7 b</b>	Less: cost or other basis and sales expenses .....	9,342,152.	315,922.			
	<b>7 c</b>	Gain or (loss) .....	1,415,560.	-25,478.			
	<b>7 d</b>	Net gain or (loss) .....		1,390,082.		1390082.	
<b>8 a</b>	Gross income from fundraising events (not including \$ 1,154,818. of contributions reported on line 1c). See Part IV, line 18 .....						
			0.				
			0.				
<b>8 b</b>	Less: direct expenses .....						
<b>8 c</b>	Net income or (loss) from fundraising events .....		0.				
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....						
<b>9 b</b>	Less: direct expenses .....						
<b>9 c</b>	Net income or (loss) from gaming activities .....						
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....						
<b>10 b</b>	Less: cost of goods sold .....						
<b>10 c</b>	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b>	ADVERTISING IN NEWSLETTERS	541800	295,504.		295,504.	
	<b>11 b</b>	_____					
	<b>11 c</b>	_____					
	<b>11 d</b>	All other revenue .....					
	<b>11 e</b>	<b>Total.</b> Add lines 11a-11d .....		295,504.			
<b>12</b>	<b>Total revenue.</b> See instructions .....		324644050.	0.	0.	8824572.	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....	263,928,593.	263,928,593.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,820,506.	770,156.	1,050,350.	
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	14,480,250.	9,801,151.	2,171,683.	2,507,416.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	804,586.	494,887.	174,189.	135,510.
<b>9</b> Other employee benefits .....	1,717,946.	1,111,339.	341,184.	265,423.
<b>10</b> Payroll taxes .....	1,013,600.	655,698.	201,301.	156,601.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	340,256.	237,295.	50,766.	52,195.
<b>c</b> Accounting .....	69,001.	48,121.	10,295.	10,585.
<b>d</b> Lobbying .....	663,156.	663,156.		
<b>e</b> Professional fundraising services. See Part IV, line 17	490,681.			490,681.
<b>f</b> Investment management fees .....	127,931.		127,931.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	4,921,479.	3,881,403.	59,737.	980,339.
<b>12</b> Advertising and promotion .....	2,627,919.	1,530,588.	3,342.	1,093,989.
<b>13</b> Office expenses .....	4,596,274.	2,027,341.	42,421.	2,526,512.
<b>14</b> Information technology .....	1,743,239.	1,292,051.	197,154.	254,034.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	818,349.	570,766.	122,059.	125,524.
<b>17</b> Travel .....	733,670.	587,421.	24,845.	121,404.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	387,534.	319,582.	307.	67,645.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	418,198.	291,677.	62,375.	64,146.
<b>23</b> Insurance .....	143,273.	99,917.	21,376.	21,980.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>FAIRS AND EXHIBITS</b>	298,023.	290,865.	3,529.	3,629.
<b>b</b> <b>MAILING LIST RENTAL</b>	238,535.	72,434.		166,101.
<b>c</b> <b>DUES AND SUBSCRIPTIONS</b>	177,584.	149,720.	5,092.	22,772.
<b>d</b> <b>DATA PROCESSING</b>	158,131.	56,041.	3,589.	98,501.
<b>e</b> All other expenses .....				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	302,718,714.	288,880,202.	4,673,525.	9,164,987.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	3,814,341.	1,158,416.	0.	2,655,925.

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>	
	<b>2</b> Savings and temporary cash investments .....	130,678,655.	<b>2</b>	138,941,294.
	<b>3</b> Pledges and grants receivable, net .....	3,101,779.	<b>3</b>	3,301,047.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	819,821.	<b>9</b>	777,967.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 5,424,460.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 4,503,454.	775,339.	<b>10c</b> 921,006.
	<b>11</b> Investments - publicly traded securities .....	32,852,720.	<b>11</b>	48,481,022.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	7,314,857.	<b>15</b>	6,826,538.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	175,543,171.	<b>16</b>	199,248,874.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,285,491.	<b>17</b>	3,621,871.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	7,343,427.	<b>25</b>	6,943,408.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	10,628,918.	<b>26</b>	10,565,279.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	158,480,350.	<b>27</b>	183,009,555.
	<b>28</b> Net assets with donor restrictions .....	6,433,903.	<b>28</b>	5,674,040.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	164,914,253.	<b>32</b>	188,683,595.
	<b>33</b> Total liabilities and net assets/fund balances .....	175,543,171.	<b>33</b>	199,248,874.

**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	324,644,050.
2	Total expenses (must equal Part IX, column (A), line 25)	2	302,718,714.
3	Revenue less expenses. Subtract line 2 from line 1	3	21,925,336.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	164,914,253.
5	Net unrealized gains (losses) on investments	5	2,377,764.
6	Donated services and use of facilities	6	-533,758.
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	188,683,595.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 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.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- 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 .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2025)



**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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	47630148.	50131495.	47342289.	50765323.	52020521.	247889776
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	47630148.	50131495.	47342289.	50765323.	52020521.	247889776
<b>5</b> 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) .....						114120446
<b>6 Public support.</b> Subtract line 5 from line 4.						133769330

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
<b>7</b> Amounts from line 4 .....	47630148.	50131495.	47342289.	50765323.	52020521.	247889776
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	428,255.	488,087.	3213526.	6387530.	7138986.	17656384.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						265546160
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2025 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	50.38	%
<b>15</b> Public support percentage from 2024 Schedule A, Part II, line 14 .....	<b>15</b>	52.13	%
<b>16a 33 1/3% support test - 2025.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2024.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2025.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2024.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2021, (b) 2022, (c) 2023, (d) 2024, (e) 2025, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2025; Row 16: Public support percentage from 2024 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2025; Row 18: Investment income percentage from 2024 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2025. 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.

b 33 1/3% support tests - 2024. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here.

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</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>		
<b>c</b> 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>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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>		
<b>7</b> 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).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> 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 line 10b below.</i>		
<b>b</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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>		
<b>1</b>		

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

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental supported organization. Describe in Part VI how you supported a governmental supported organization (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? <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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below.			
<b>a</b> Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? <i>If "Yes," provide details in Part VI.</i>			
<b>b</b> Did the organization direct 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>			
<b>c</b> Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			
<b>3c</b>			

**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	<b>Adjusted Net Income</b> (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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	<b>Total annual distributions.</b> Add lines 1 through 5.	<b>6</b>
<b>7</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>7</b>
<b>8</b>	Distributable amount for 2025 from Section C, line 6	<b>8</b>
<b>9</b>	Line 7 amount divided by line 8 amount	<b>9</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2025</b>	<b>(iii) Distributable Amount for 2025</b>
<b>1</b> Distributable amount for 2025 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2025 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2025			
<b>a</b> From 2020			
<b>b</b> From 2021			
<b>c</b> From 2022			
<b>d</b> From 2023			
<b>e</b> From 2024			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2025 distributable amount			
<b>i</b> Carryover from 2020 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2025 from Section D, line 6: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2025 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2026.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2021			
<b>b</b> Excess from 2022			
<b>c</b> Excess from 2023			
<b>d</b> Excess from 2024			
<b>e</b> Excess from 2025			

Schedule A (Form 990) 2025



Schedule B (Form 990)

(Rev. December 2024) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

AMERICAN KIDNEY FUND, INC.

Employer identification number

23-7124261

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

[ ] 527 political organization

Form 990-PF

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

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

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

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

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

General Rule

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

Special Rules

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

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

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

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

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization  <b>AMERICAN KIDNEY FUND, INC.</b>	Employer identification number  <b>23-7124261</b>
---	---

**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	<hr/> <hr/> <hr/>	\$ <u>157,621,833.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>104,785,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>20,575,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>AMERICAN KIDNEY FUND, INC.</b>	Employer identification number  <b>23-7124261</b>
---	---

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

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

Name of organization  <b>AMERICAN KIDNEY FUND, INC.</b>	Employer identification number  <b>23-7124261</b>
---	---

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

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

**SCHEDULE D**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

AMERICAN KIDNEY FUND, INC.

Employer identification number

23-7124261

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education)     Preservation of a historically important land area

Protection of natural habitat     Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register .....	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year \_\_\_\_\_

4 Number of states where property subject to conservation easement is located \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes     No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \_\_\_\_\_

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes     No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ..... \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... \$ \_\_\_\_\_

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 532051 04-01-25

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	191,050.	191,353.	189,687.	189,113.	187,968.
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses	2,200.	2,197.	1,666.	3,074.	4,007.
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs		2,500.		2,500.	2,862.
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	193,250.	191,050.	191,353.	189,687.	189,113.

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment \_\_\_\_\_%
  - b** Permanent endowment 100 %
  - c** Term endowment .0000 %
- 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       |
|---|-----|----------|
| <b>(i)</b> Unrelated organizations?   |     | <b>X</b> |
| <b>(ii)</b> Related organizations?  |     | <b>X</b> |
| <b>b</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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		260,073.	260,073.	0.
<b>d</b> Equipment		5,164,387.	4,243,381.	921,006.
<b>e</b> Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 921,006.

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets**

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

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

**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) <b>ANNUITIES PAYABLE</b>	192,234.
(3) <b>AMOUNTS HELD FOR OTHERS</b>	1,057,368.
(4) <b>LEASE LIABILITY</b>	5,693,806.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	6,943,408.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1	333,604,782.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
	a Net unrealized gains (losses) on investments	2a	2,377,764.	
	b Donated services and use of facilities	2b	7,362,676.	
	c Recoveries of prior year grants	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	9,740,440.	
3	Subtract line 2e from line 1		3	323,864,342.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	127,931.	
	b Other (Describe in Part XIII.)	4b	651,777.	
	c Add lines 4a and 4b	4c	779,708.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	324,644,050.

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

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

1	Total expenses and losses per audited financial statements		1	309,835,440.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	2a	7,896,434.	
	b Prior year adjustments	2b		
	c Other losses	2c		
	d Other (Describe in Part XIII.)	2d		
	e Add lines 2a through 2d	2e	7,896,434.	
3	Subtract line 2e from line 1		3	301,939,006.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	a Investment expenses not included on Form 990, Part VIII, line 7b	4a	127,931.	
	b Other (Describe in Part XIII.)	4b	651,777.	
	c Add lines 4a and 4b	4c	779,708.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	302,718,714.

**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.

**PART V, LINE 4:**

INTEREST EARNED FROM ENDOWMENTS ARE TO SUPPORT RESEARCH AND PATIENT SERVICES PROGRAMS.

**PART X, LINE 2:**

AKF IS GENERALLY EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, AKF QUALIFIES UNDER SECTION 509(A)(2) AS A PUBLICLY SUPPORTED ORGANIZATION. INCOME, WHICH IS NOT RELATED TO EXEMPT PURPOSES, LESS APPLICABLE DEDUCTIONS, MAY BE SUBJECT TO FEDERAL AND STATE CORPORATE INCOME TAXES (UNRELATED BUSINESS INCOME).

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA PROVIDE CONSISTENT GUIDANCE FOR THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND PRESCRIBE A THRESHOLD OF "MORE LIKELY THAN NOT" FOR RECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. AKF PERFORMED AN EVALUATION OF UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2025 AND 2024, AND DETERMINED THAT THERE WERE NO MATTERS THAT WOULD REQUIRE RECOGNITION IN THE ACCOMPANYING FINANCIAL STATEMENTS OR WHICH MAY HAVE ANY EFFECT ON ITS TAX-EXEMPT STATUS. AS OF DECEMBER 31, 2025, THE STATUTE OF LIMITATIONS FOR FISCAL YEARS 2022 THROUGH 2025 REMAINS OPEN WITH THE U.S. FEDERAL JURISDICTION FOR WHICH AKF FILES TAX RETURNS. IT IS AKF'S POLICY TO RECOGNIZE INTEREST AND/OR PENALTIES RELATED TO UNCERTAIN TAX POSITIONS, IF ANY, IN INCOME TAX EXPENSE.



**SCHEDULE G  
(Form 990)**

(Rev. December 2024)  
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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **AMERICAN KIDNEY FUND, INC.** Employer identification number **23-7124261**

**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 nongovernment grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a 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			
ROBBINSKERSTEN DIRECT - 201 SUMMER STREET, HOLLISTON, MA	DIRECT MAIL COUNSEL		X	4,087,725.	250,631.	3,837,094.
INTERACTIVE STRATEGIES - 133 CONNECTICUT AVENUE, CHARITABLE ADULT RIDES & SERVICES, INC. - 4669 MURPHY	DIGITAL FUNDRAISING VEHICLE ADMINISTER		X	2,050,000. 191,294.	168,960. 71,270.	1,881,040. 120,024.
<b>Total</b>				6,329,019.	490,861.	5,838,158.

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.  
AL, AK, AZ, AR, CA, CO, CT, DC, DE, FL, GA, HI, ID, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WI, WV, WY

**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 (add col. (a) through col. (c))	
		THE HOPE AFFAIR (event type)	NY GOLF EVENT (event type)	2 (total number)		
Revenue	1	Gross receipts	586,272.	263,829.	304,717.	1,154,818.
	2	Less: Contributions	586,272.	263,829.	304,717.	1,154,818.
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1	Gross revenue				
	2	Cash prizes				
Direct Expenses	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: \_\_\_\_\_

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

c If "Yes," enter the name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer       Employee       Independent contractor

- 17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

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

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: ROBBINSKERSTEN DIRECT

(I) ADDRESS OF FUNDRAISER: 201 SUMMER STREET, HOLLISTON, MA 01746

(I) NAME OF FUNDRAISER: INTERACTIVE STRATEGIES

(I) ADDRESS OF FUNDRAISER: 133 CONNECTICUT AVENUE, WASHINGTON, DC 20036

(I) NAME OF FUNDRAISER: CHARITABLE ADULT RIDES & SERVICES, INC.

(I) ADDRESS OF FUNDRAISER: 4669 MURPHY CANYON ROAD, SUITE 200, SAN DIEGO, CA 92123



**SCHEDULE I  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

**AMERICAN KIDNEY FUND, INC.**

Employer identification number

**23-7124261**

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

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) (Rev. 12-2024)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
KIDNEY PATIENT ASSISTANCE GRANTS	73545	263,568,593.	0.	N/A	N/A
EDUCATIONAL STIPENDS	4	360,000.	0.	N/A	N/A

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

**PART I, LINE 2:**

1) AMERICAN KIDNEY FUND, INC. (AKF) PROVIDES GRANTS THAT HELP KIDNEY PATIENTS WHO DEMONSTRATE FINANCIAL NEED. PATIENTS OR CAREGIVERS MAY APPLY ON THEIR OWN BEHALF. PATIENTS AND CAREGIVERS APPLY ONLINE. PATIENTS DEMONSTRATE NEED BY WORKING WITH THEIR SOCIAL WORKER AND RENAL PROFESSIONALS TO COMPLETE AN APPLICATION FOR FINANCIAL AID. GRANTS FROM AKF ARE USED FOR TRANSPORTATION, MEDICATION, HEALTH INSURANCE OR NUTRITIONAL PRODUCTS RELATED TO PATIENTS' KIDNEY DISEASE. AKF REQUIRES PROOF THE PATIENT HAS A CURRENT HEALTH INSURANCE PLAN IN PLACE.

2) AKF GRANTS THE CLINICAL SCIENTIST IN NEPHROLOGY FELLOWSHIP YEARLY. THE MAXIMUM DURATION OF EACH FELLOWSHIP IS TWO YEARS. THE LEVEL OF FUNDING IS UP TO \$90,000 PER YEAR AND SHALL BE USED PRINCIPALLY TO SUPPORT THE CANDIDATE AND HIS/HER CAREER DEVELOPMENT. THIS SUM IS EXPECTED TO COVER THE INDIVIDUAL FELLOW'S SALARY (WHICH WILL FOLLOW NIH GUIDELINES ACCORDING TO THE POST-GRADUATE YEAR PLUS COMPARABLE FRINGE BENEFITS AT THE INSTITUTION, NOT TO EXCEED \$50,000) AS WELL AS TRAINING-RELATED EXPENSES. AKF MAKES PAYMENTS TO THE EDUCATIONAL INSTITUTIONS WHERE THE CANDIDATE IS COMPLETING HIS/HER STUDIES AND AKF RECEIVES REPORTS ON THE CANDIDATE'S STUDIES DURING

**Part IV** Supplemental Information

HIS/HER SUPPORTED PERIOD.

**SCHEDULE J  
(Form 990)**

(Rev. December 2024)  
Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

Open to Public  
Inspection

Name of the organization <b>AMERICAN KIDNEY FUND, INC.</b>	Employer identification number <b>23-7124261</b>
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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 checked="" 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 checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

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

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

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

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

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

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

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

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

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

	Yes	No
<b>1b</b>		X
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LAVARNE BURTON PRESIDENT & CHIEF EXECUTIVE OFFICER	(i)	804,357.	193,800.	471.	48,000.	19,493.	1,066,121.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TARA BUNCH EVP, AND COO	(i)	494,972.	92,625.	1,413.	24,500.	24,440.	637,950.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) MARSHALL STRISIK VP AND GENERAL COUNSEL	(i)	449,332.	73,275.	1,413.	24,500.	31,741.	580,261.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JULIE PUZZO CHIEF DEVELOPMENT OFFICER	(i)	448,034.	77,700.	659.	24,500.	15,904.	566,797.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MICHAEL SPIGLER VP OF PATIENT SVCS/KIDNEY	(i)	429,161.	67,200.	377.	24,500.	30,233.	551,471.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) HOLLY BODE VP OF GOVERNMENT AFFAIRS	(i)	369,190.	58,500.	659.	24,500.	17,204.	470,053.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) TAMARA RUGGIERO VP OF COMMUNICATIONS AND MARKETING	(i)	353,668.	55,700.	646.	7,000.	22,995.	440,009.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

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

**PART I, LINE 1A:**

THE CEO FLEW FIRST-CLASS TO A CONFERENCE IN 2025. THE BOARD CHAIR APPROVED THE EXPENDITURE TO ALLOW FOR HEALTH AND SAFETY ACCOMODATIONS.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2025**

Open to Public Inspection

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

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **AMERICAN KIDNEY FUND, INC.** Employer identification number **23-7124261**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	293	191,294.	COST & SELLING PRICE
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	15	236,636.	AVERAGE SELL PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgment **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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**

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

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

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

b If "Yes," describe in Part II.

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

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2025 Created 12/29/25

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

**SCHEDULE M, PART I, LINE 32B:**

AKF HAS A CONTRACT WITH AUTOMOTIVE RECOVERY SERVICES (THE CAR PROGRAM, LLC AND CHARITABLE ADULT RIDES & SERVICES DBA CARS, INC.). CARS, INC. PROVIDES THE ADMINISTRATIVE SERVICES ASSOCIATED WITH VEHICLE PICK UP REQUESTS, COORDINATES TOWING AND DISPOSAL OF VEHICLES. THE PROGRAM IS RUN THROUGHOUT THE YEAR. CARS, INC. MAINTAINS A WEBSITE THAT LISTS AKF AS ONE OF MANY CHARITIES ELIGIBLE FOR CONTRIBUTIONS.

**SCHEDULE O  
(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

AMERICAN KIDNEY FUND, INC.

Employer identification number

23-7124261

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
PREVENTION THROUGH POST-TRANSPLANT LIVING.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:  
PROGRAMS ARE NEEDS-BASED AND PATIENTS MUST COMPLETE A GRANT APPLICATION  
TO RECEIVE ASSISTANCE. ON AVERAGE, OUR GRANT RECIPIENTS HAVE TOTAL  
HOUSEHOLD INCOMES LESS THAN \$31,000 PER YEAR.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:  
THROUGHOUT THE YEAR ON OUR SOCIAL MEDIA CHANNELS, WHICH GREW TO 245,000  
FOLLOWERS IN 2025.

**PUBLIC EDUCATION**

WE CONTINUALLY ENHANCE OUR EDUCATION CONTENT AND OFFERINGS. OUR WEBSITE  
HAD MORE THAN 12 MILLION VIEWS IN 2025 FROM PEOPLE LOOKING FOR KIDNEY  
HEALTH INFORMATION. AS PART OF OUR WEB STRATEGY, WE CONTINUED TO ENRICH  
OUR AWARD-WINNING KIDNEY KITCHEN WEBSITE, A COMPREHENSIVE RESOURCE FOR  
PLANNING A KIDNEY-FRIENDLY DIET. KIDNEY KITCHEN CONTENT HAD NEARLY 2  
MILLION VIEWS IN 2025. OUR BLOG, KIDNEY TODAY, HAD MORE THAN 700,000  
VIEWS OF ARTICLES HIGHLIGHTING STORIES OF PATIENT EXPERIENCE,  
INNOVATION AND ADVOCACY. WE LAUNCHED OUR FIRST PODCAST, THE KIDNEY  
COLLECTIVE, WITH UNSCRIPTED CONVERSATIONS GIVING A GLIMPSE INTO THE  
PATIENT AND CAREGIVER EXPERIENCE; THE PODCAST HAD MORE THAN 53,000  
VIEWS ON YOUTUBE. WE CONTINUED OUR MAJOR NATIONAL AWARENESS CAMPAIGN  
FOCUSED ON REDUCING HEALTH DISPARITIES IN KIDNEY DISEASE, AND WE HELD  
THE SECOND ANNUAL NATIONWIDE AMKD AWARENESS DAY TO BRING ATTENTION TO A  
GENETIC VARIANT THAT CAN MAKE PEOPLE OF WEST AND CENTRAL AFRICAN  
ANCESTRY MORE SUSCEPTIBLE TO MORE SEVERE, RAPIDLY PROGRESSING KIDNEY  
DISEASE. WE CONTINUED TO RUN EDUCATION CAMPAIGNS AND PROGRAMS WHICH  
FOCUS ON MANAGING VARIOUS ASPECTS OF KIDNEY DISEASE AND ITS  
CO-MORBIDITIES. THESE INCLUDED THE KNOW YOUR KIDNEYS, KNOW YOUR CAUSE,  
KNOW YOUR PLAN PROGRAM; THE KIDNEY HEALTH FOR ALL HEALTH EQUITY  
PROGRAM; AND THE LAUNCH OF OUR STEP FORWARD EDUCATION MODULES. WE ALSO  
CONTINUED TO PROVIDE OUR KIDNEY HEALTH COACH PEER-TO-PEER COMMUNITY  
OUTREACH PROGRAM, WHICH NOW INCLUDES MORE THAN 8,000 COACHES NATIONWIDE  
WHO IN 2025 EDUCATED MORE THAN 27,000 PEOPLE IN LOCAL COMMUNITIES ABOUT  
KIDNEY DISEASE.

FOR CHILDREN, LIVING WITH KIDNEY DISEASE IS EXTREMELY CHALLENGING. AKF  
OFFERS A FREE, NATIONWIDE ONLINE VIRTUAL CAMP PROGRAM FOR PEDIATRIC  
KIDNEY PATIENTS. THE CAMPERS PARTICIPATE MONTHLY IN MODERATED  
ACTIVITIES AND DISCUSSIONS THAT ALLOW THEM TO CONNECT WITH OTHER  
CHILDREN AROUND THE COUNTRY WHO ARE EXPERIENCING THE SAME CHALLENGES.  
IN 2025, NEARLY 150 CHILDREN PARTICIPATED IN AKF'S VIRTUAL CAMP, CAMP  
CONNECTIONS, WHICH ALSO HOSTED A SPECIAL PROGRAM FOR CHILDREN LIVING  
WITH CYSTINOSIS, A RARE KIDNEY DISEASE.

AKF IS A STRONG AND INDEPENDENT VOICE ADVOCATING FOR POLICIES THAT  
IMPROVE ACCESS TO HEALTH CARE AND STRENGTHEN THE QUALITY OF CARE FOR  
INDIVIDUALS WITH KIDNEY DISEASE. WE WORK WITH CONGRESS, THE  
ADMINISTRATION, FEDERAL AGENCIES, AND STATE GOVERNMENTS TO ADVANCE  
LEGISLATION AND REGULATORY POLICIES IMPORTANT TO KIDNEY PATIENTS AND

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 532211 04-01-25

Name of the organization AMERICAN KIDNEY FUND, INC.	Employer identification number 23-7124261
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THEIR FAMILIES. ENGAGING PATIENTS AND CAREGIVERS AROUND ADVOCACY ISSUES IS CENTRAL TO THIS WORK. IN 2025, WE GREW OUR ADVOCACY NETWORK TO OVER 48,000 PATIENTS AND FAMILY MEMBERS AND PROVIDED OPPORTUNITIES FOR ENGAGEMENT, INCLUDING TWO IN-PERSON CONGRESSIONAL FLY-INS, INCLUDING ONE FOCUSED ON RARE KIDNEY DISEASES. IN NOVEMBER 2025 WE HELD OUR THIRD PATIENT ACCESS INITIATIVE SUMMIT, WHERE WE FOCUSED ON ISSUES SUCH AS ACCESS TO INNOVATION, USE OF AI TECHNOLOGY IN TREATING KIDNEY DISEASE, AS WELL AS EXPLORING WAYS TO CREATE INCENTIVES FOR SCREENING AND TREATMENT TO AVOID OR DELAY KIDNEY FAILURE. WE PUBLISHED OUR FIFTH ANNUAL "STATE OF THE STATES: LIVING DONOR PROTECTION REPORT CARD," WHICH HOLDS EACH STATE ACCOUNTABLE FOR THE LAWS IT HAS IN PLACE TO MAKE IT EASIER FOR PEOPLE TO BE LIVING KIDNEY DONORS. SINCE AKF BEGAN SPEARHEADING THE LIVING DONOR PROTECTION ADVOCACY WORK IN 2018, 41 STATES HAVE ENACTED LAWS THAT REMOVE ROADBLOCKS TO LIVING ORGAN DONATION.

#### PROFESSIONAL EDUCATION

AKF DEVELOPS COURSES THAT ARE PROVIDED ONLINE AND MEET THE CONTINUING EDUCATION REQUIREMENTS FOR PROFESSIONALS WHO TREAT KIDNEY PATIENTS. IN 2025, THERE WERE MORE THAN 380,000 AKF COURSES COMPLETED BY PHYSICIANS, NURSES, SOCIAL WORKERS, DIALYSIS TECHNICIANS, DIETITIANS, HEALTH EDUCATORS AND OTHER RENAL CARE PROFESSIONALS.

#### FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

AKF TOOK MAJOR STEPS IN ADDRESSING THE PROBLEM OF UNKNOWN CAUSES OF KIDNEY DISEASE (UCKD) BY CONTINUING THE IMPLEMENTATION OF ASPECTS OF AKF'S UCKD ROADMAP. THESE INCLUDED THE LAUNCH OF OUR PARTNERSHIP WITH THE MAVEN PROJECT TO BRING RESOURCES AND EDUCATION TO PRIMARY CARE PROFESSIONALS IN RURAL SETTINGS NATIONWIDE, HOSTING OUR THIRD RARE DISEASE FLY-IN, AND HOSTING OUR THIRD, IN-PERSON UCKD SUMMIT ON SEPTEMBER 12, 2025, BRINGING TOGETHER PATIENTS, FAMILY MEMBERS, AND RENAL PROFESSIONALS.

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

AMERICAN KIDNEY FUND'S MANAGEMENT PREPARES THE INFORMATION FOR THE 990, ENSURING ALL COMMUNICATIONS AND PROGRAMMATIC STAFF ARE INCLUDED IN THE PREPARATION AND THE REVIEW OF THE 990. THE AKF TRUSTEES HAVE TASKED THE AKF AMERICAN KIDNEY FUND, INC. 23-7124261 AUDIT AND COMPLIANCE COMMITTEE WITH THE DETAILED REVIEW OF THE FORM 990 PRIOR TO ITS FILING. THE AUDIT AND COMPLIANCE COMMITTEE REVIEWED 990 IS THEN PROVIDED TO THE FULL BOARD FOR FINAL REVIEW BEFORE IT IS FILED WITH THE IRS.

#### FORM 990, PART VI, SECTION B, LINE 12C:

AKF TRUSTEES ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST FORM ANNUALLY AT THE AKF SPRING BOARD MEETING. THE CONFLICT OF INTEREST FORM REQUIRES THE TRUSTEE TO ACKNOWLEDGE READING AND UNDERSTANDING AKF'S CONFLICT OF INTEREST STATEMENT AND MUST AFFIRMATIVELY NOTE ON FOUR SPECIFIC QUESTIONS REGARDING POTENTIAL CONFLICTS OF INTEREST. IF NONE EXIST, THE FORM MUST STILL BE COMPLETED AND NOTES MADE THAT NO CONFLICTS OF INTEREST EXIST. THE PRESIDENT AND CHIEF EXECUTIVE OFFICER (CEO) COUNTER-SIGN THE FORM AND THE DIRECTOR OF STRATEGIC OPERATIONS TABULATES THE FORMS AND IF ANY CONFLICTS OF INTEREST ARE NOTED ON THE FORMS, FURTHER ACTIONS WOULD BE TAKEN.

#### FORM 990, PART VI, SECTION B, LINE 15:

THE AKF TRUSTEES HAVE A COMPENSATION COMMITTEE COMPRISED OF INDEPENDENT

Name of the organization <b>AMERICAN KIDNEY FUND, INC.</b>	Employer identification number <b>23-7124261</b>
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TRUSTEES THAT ARE TASKED WITH REVIEW OF PERFORMANCE, EXECUTIVE COMPENSATION, AND INCENTIVE PLANS OF THE PRESIDENT AND CEO. ON A BI-ANNUAL BASIS, AKF HIRES AN INDEPENDENT SALARY CONSULTING FIRM TO CONDUCT A SURVEY OF THE NON-PROFIT COMMUNITY TO ENSURE AKF'S COMPENSATION AND BENEFITS FOR THE EXECUTIVE LEVEL (PRESIDENT AND CEO ALONG WITH THE VICE PRESIDENTS) ARE WITHIN INDUSTRY NORMS AND BEST PRACTICES. AKF COMPLETED ITS LATEST INDEPENDENT REVIEW OF EXECUTIVE COMPENSATION AND BENEFITS WITH A REPORT DATED DECEMBER, 2023.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AL, AK, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, ID, IN, IA, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, NC, ND, NE, NH, NJ, NV, NM, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

FORM 990, PART VI, SECTION C, LINE 19:  
AKF MAKES AVAILABLE ITS AUDITED FINANCIAL STATEMENTS, FORM 990, FINANCIAL INTEREST DISCLOSURE FORM AND ANNUAL REPORTS ON ITS WEBSITE UNDER THE "ABOUT US" TAB.

FORM 990, PART XII, LINE 2C:  
NO CHANGES SINCE PRIOR YEAR

**SCHEDULE R  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **AMERICAN KIDNEY FUND, INC.** Employer identification number **23-7124261**

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
AMERICAN KIDNEY FUND SERVICE ORGANIZATION - 30-0013495, 11921 ROCKVILLE PIKE, SUITE 300, ROCKVILLE, MD 20852	SUPPORT AMERICAN KIDNEY FUND, INC.	MARYLAND	501(C)(3)	LINE 12A, I	AMERICAN KIDNEY FUND, INC.	X	

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....		X
<b>o</b> Sharing of paid employees with related organization(s) .....		X
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				



