



Oldsmar / Tampa / St. Petersburg

727-785-4447  
813-498-1294  
F: 727-784-5491

[www.pdr-cpa.com](http://www.pdr-cpa.com)

February 15, 2022

American Association of Kidney Patients,  
Inc.  
14440 Bruce B Downs Blvd  
Tampa, FL 33613  
Attention: Diana Clynes

Dear Diana:

Enclosed are the organization's 2020 Exempt Organization returns.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS. Return Form 8879-EO to us as soon as possible.

FORM 990-T RETURN:

No amount is due on Form 990-T.

Please sign and mail as soon as possible.

Mail to - Department of the Treasury  
Internal Revenue Service Center  
Ogden, UT 84201-0027

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Sincerely,

A handwritten signature in cursive script that reads "Mary Brown".

Mary Brown  
Certified Public Accountant

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

# 2020

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.**

Name of exempt organization or person subject to tax

**American Association of Kidney Patients, Inc.**

Taxpayer identification number

**11-2306416**

Name and title of officer or person subject to tax

**Diana Clynes  
Executive Director**

## Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, 5a, 6a, or 7a** below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, 5b, 6b, or 7b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

|   |   |                             |
|---|---|-----------------------------|
| <b>1a</b> Form 990 check here ▶ <input checked="" type="checkbox"/> | <b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) ..... | <b>1b</b> <u>2,054,593.</u> |
| <b>2a</b> Form 990-EZ check here ▶ <input type="checkbox"/>         | <b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....                      | <b>2b</b> _____             |
| <b>3a</b> Form 1120-POL check here ▶ <input type="checkbox"/>       | <b>b</b> Total tax (Form 1120-POL, line 22) .....                               | <b>3b</b> _____             |
| <b>4a</b> Form 990-PF check here ▶ <input type="checkbox"/>         | <b>b</b> Tax based on investment income (Form 990-PF, Part VI, line 5) .....    | <b>4b</b> _____             |
| <b>5a</b> Form 8868 check here ▶ <input type="checkbox"/>           | <b>b</b> Balance due (Form 8868, line 3c) .....                                 | <b>5b</b> _____             |
| <b>6a</b> Form 990-T check here ▶ <input type="checkbox"/>          | <b>b</b> Total tax (Form 990-T, Part III, line 4) .....                         | <b>6b</b> _____             |
| <b>7a</b> Form 4720 check here ▶ <input type="checkbox"/>           | <b>b</b> Total tax (Form 4720, Part III, line 1) .....                          | <b>7b</b> _____             |

## Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize PDR CPAS + Advisors to enter my PIN 12345  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

## Part III Certification and Authentication

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**59903787531**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.**

ERO's signature ▶ PDR CPAS + Advisors Date ▶ 02/15/22

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

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

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

|  |  |   |
|--|--|---|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>American Association of Kidney Patients, Inc.</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>14440 Bruce B Downs Blvd</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>Tampa, FL 33613</b><br><b>F</b> Name and address of principal officer: <b>Diana Clynes</b><br><b>14440 Bruce B. Downs Blvd, Tampa, FL 33613</b> | <b>D</b> Employer identification number<br><br><b>11-2306416</b><br><b>E</b> Telephone number<br><b>813-636-8100</b><br><b>G</b> Gross receipts \$ <b>2,057,743.</b><br><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions<br><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.aakp.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>1969</b>  |  | <b>M</b> State of legal domicile: <b>FL</b>   |

**Part I Summary**

|                                    |  |  |
|------------------------------------|--|--|
| <b>Activities &amp; Governance</b> | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>AAKP is dedicated to improving the lives and long-term outcome of kidney patients. Cont on Sch O.</b><br><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.<br><b>3</b> Number of voting members of the governing body (Part VI, line 1a) ..... <b>3</b> <b>15</b><br><b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) ..... <b>4</b> <b>15</b><br><b>5</b> Total number of individuals employed in calendar year 2020 (Part V, line 2a) ..... <b>5</b> <b>6</b><br><b>6</b> Total number of volunteers (estimate if necessary) ..... <b>6</b> <b>200</b><br><b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 ..... <b>7a</b> <b>31,040.</b><br><b>7b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 ..... <b>7b</b> <b>0.</b> |  |
| <b>Revenue</b>                     | <b>8</b> Contributions and grants (Part VIII, line 1h) ..... <b>990,174.</b> <b>Prior Year</b> <b>1,196,542.</b> <b>Current Year</b><br><b>9</b> Program service revenue (Part VIII, line 2g) ..... <b>353,280.</b> <b>858,386.</b><br><b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) ..... <b>0.</b> <b>0.</b><br><b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) ..... <b>9,805.</b> <b>-335.</b><br><b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ..... <b>1,353,259.</b> <b>2,054,593.</b>  |  |
| <b>Expenses</b>                    | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) ..... <b>17,729.</b> <b>21,040.</b><br><b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) ..... <b>0.</b> <b>0.</b><br><b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) ..... <b>443,539.</b> <b>508,743.</b><br><b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) ..... <b>0.</b> <b>0.</b><br><b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>27,580.</b><br><b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) ..... <b>867,797.</b> <b>744,028.</b><br><b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) ..... <b>1,329,065.</b> <b>1,273,811.</b><br><b>19</b> Revenue less expenses. Subtract line 18 from line 12 ..... <b>24,194.</b> <b>780,782.</b>  |  |
| <b>Net Assets or Fund Balances</b> | <b>20</b> Total assets (Part X, line 16) ..... <b>748,390.</b> <b>Beginning of Current Year</b> <b>1,743,144.</b> <b>End of Year</b><br><b>21</b> Total liabilities (Part X, line 26) ..... <b>501,539.</b> <b>715,511.</b><br><b>22</b> Net assets or fund balances. Subtract line 21 from line 20 ..... <b>246,851.</b> <b>1,027,633.</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. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|   |   |                                |                         |   |                          |
|---|---|--------------------------------|-------------------------|---|--------------------------|
| <b>Sign Here</b>  | Signature of officer<br><br><b>Diana Clynes, Executive Director</b><br>Type or print name and title | Date<br><b>4.1.22</b>          |                         |   |                          |
| <b>Paid Preparer Use Only</b>   | Print/Type preparer's name<br><b>Mary Brown</b>   | Preparer's signature<br>       | Date<br><b>02/15/22</b> | Check if self-employed <input type="checkbox"/> | PTIN<br><b>P01892845</b> |
| Firm's name ▶ <b>PDR CPAS + Advisors</b>                              |   | Firm's EIN ▶ <b>59-1687531</b> |                         | Phone no. <b>727-785-4447</b>                   |                          |
| Firm's address ▶ <b>4023 Tampa Road, Suite 2000 Oldsmar, FL 34677</b> |   |                                |                         |   |                          |

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: See Schedule O

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 281,310. including grants of \$ ) (Revenue \$ ) Fabry: While a variety of factors may cause an individual to be diagnosed with kidney disease, genetic causes are especially difficult, since an individual may not be aware they have a gene mutation predisposing them to a disease, they may not understand how early detection can help identify interventions and treatment options and they may not understand if or how other family members may be at risk for the same diagnosis. Recognizing the need to support individuals who have kidney disease caused by a genetic condition, AAKP developed, under its Center for Patient Research and Education, the Fabry Disease Testing and Education Program. Since 2007, AAKP has provided free genetic tests to more than 4,000 individuals. Over the years the program has expanded from familial testing to diagnostic testing,

4b (Code: ) (Expenses \$ 241,574. including grants of \$ ) (Revenue \$ ) Center for Patient Engagement and Advocacy: The AAKP has been a national leader in patient advocacy and education for over 50 years - and is the largest fully independent and patient-governed organization in the kidney ecosystem. AAKP is highly regarded across the Federal government among both career and appointed policymakers and our influence in the Executive Branch and the U.S. Congress transfers across transitions and elections cycles due to our massive network of relationships and long-held reputation as an independent voice for patients. AAKP believes that patients and industry must be at the table together and engaged at all levels of decision-making whenever the Federal government seeks to implement wide-ranging initiatives that impact innovation and shape future access to care options for

4c (Code: ) (Expenses \$ 187,713. including grants of \$ ) (Revenue \$ ) Patient Information and Education: AAKP is dedicated to improving the lives and long-term outcome of kidney patients through education, advocacy, patient engagement and the fostering of patient communities. AAKP fights for early disease detection and appropriate diagnosis of rare/genetic conditions; increased kidney transplantation and pre-emptive transplantation; full patient choice of either in-center or home dialysis; protection of the patient/physician relationship; promotion of research and innovation including artificial wearable and implantable kidneys and xenotransplantation; and the elimination of barriers for patient access to available treatment options. At AAKP, we: 1. Educate: patients & caregivers on important issues so patients can

4d Other program services (Describe on Schedule O.) (Expenses \$ 286,158. including grants of \$ 21,040.) (Revenue \$ 828,758.)

4e Total program service expenses 996,755.

**Part IV Checklist of Required Schedules**

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

**American Association of Kidney Patients,  
Inc.**

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

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

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

|            |  | Yes        | No |
|------------|--|------------|----|
| <b>2a</b>  | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  |            |    |
|            | <b>2a</b> 6  |            |    |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)         | X          |    |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year?  | X          |    |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O  | X          |    |
| <b>4a</b>  | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? |            | X  |
| <b>b</b>   | If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |            |    |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  |            | X  |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?   |            | X  |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T?  |            |    |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    |            | X  |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  |            |    |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |    |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  |            | X  |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided?  |            |    |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?   |            | X  |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year  |            |    |
|            | <b>7d</b>  |            |    |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  |            |    |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?   |            |    |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?   |            |    |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?   |            |    |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   |            |    |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |    |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966?   |            |    |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  |            |    |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |            |    |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12   | <b>10a</b> |    |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  | <b>10b</b> |    |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |            |    |
| <b>a</b>   | Gross income from members or shareholders  | <b>11a</b> |    |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)   | <b>11b</b> |    |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b> |    |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year  | <b>12b</b> |    |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |    |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.   | <b>13a</b> |    |
| <b>b</b>   | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  | <b>13b</b> |    |
| <b>c</b>   | Enter the amount of reserves on hand   | <b>13c</b> |    |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year?   | <b>14a</b> | X  |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  | <b>14b</b> |    |
| <b>15</b>  | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see instructions and file Form 4720, Schedule N.                   | <b>15</b>  | X  |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.   | <b>16</b>  | X  |

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

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

**Section A. Governing Body and Management**

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

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **FL**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **Diana Clynes - 813-636-8100**  
**14440 Bruce B. Downs Blvd, Tampa, FL 33613**



**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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

| (A)<br>Name and title                          | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>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) Diana Clynes<br>Executive Director         | 40.00   | X   |                       | X       |              |                              |        | 149,975.   | 0.  | 0.  |
| (2) Richard Knight<br>President                | 1.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (3) Edward V. Hickey<br>Vice President         | 1.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (4) Suzanne Ruff<br>Treasurer                  | 1.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (5) Dale Rogers<br>Secretary                   | 1.00  | X   |                       | X       |              |                              |        | 0.   | 0.  | 0.  |
| (6) Kent Bressler<br>Board Member              | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (7) Jennifer L Jones<br>Board Member           | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (8) Paul T. Conway<br>Past President           | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (9) Sara E Schaeffer<br>Board Member           | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (10) Barry H Smith, MD, PhD<br>Board Member    | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (11) Patrick Gee, PhD<br>Board Member          | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (12) Douglas S. Johnson, MD<br>Board Member    | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (13) Janice Lea, MD, MSC, FASN<br>Board Member | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (14) James W. Myers III<br>Board Member        | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (15) David Rodriguez<br>Board Member           | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (16) Lana Schmidt, MBA<br>Board Member         | 1.00  | X   |                       |         |              |                              |        | 0.   | 0.  | 0.  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |          | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|----------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former   |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
|  |   |   |                       |         |              |                              |          |  |   |   |
| <b>1b Subtotal</b> .....   |   |   |                       |         |              |                              | 149,975. | 0.   | 0.  |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |   |   |                       |         |              |                              | 0.       | 0.   | 0.  |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |   |   |                       |         |              |                              | 149,975. | 0.   | 0.  |   |

**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 **1**

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

**Part VIII Statement of Revenue**

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

|   |   |               | (A)            | (B)                                | (C)                        | (D)  |  |
|---|---|---------------|----------------|------------------------------------|----------------------------|--|--|
|   |   |               | Total revenue  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>   | <b>1 a</b> Federated campaigns  | <b>1a</b>     |                |                                    |                            |  |  |
|   | <b>b</b> Membership dues  | <b>1b</b>     | 371,823.       |                                    |                            |  |  |
|   | <b>c</b> Fundraising events   | <b>1c</b>     | 19,500.        |                                    |                            |  |  |
|   | <b>d</b> Related organizations  | <b>1d</b>     |                |                                    |                            |  |  |
|   | <b>e</b> Government grants (contributions)  | <b>1e</b>     | 68,900.        |                                    |                            |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>     | 736,319.       |                                    |                            |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f                                  | <b>1g</b>     | \$             |                                    |                            |  |  |
|   | <b>h Total.</b> Add lines 1a-1f   |               |                | 1,196,542.                         |                            |  |  |
| <b>Program Service Revenue</b>  | <b>2 a</b> Annual Meeting   | Business Code | 900099         | 338,911.                           | 338,911.                   |  |  |
|   | <b>b</b> Policy Summit  |               | 900099         | 280,000.                           | 280,000.                   |  |  |
|   | <b>c</b> Global Summit  |               | 900099         | 185,000.                           | 185,000.                   |  |  |
|   | <b>d</b> Advertising and Magazi   |               | 900099         | 31,040.                            |                            | 31,040.  |  |
|   | <b>e</b> Inventory Sale   |               | 900099         | 23,435.                            | 23,435.                    |  |  |
|   | <b>f</b> All other program service revenue  |               |                |                                    |                            |  |  |
|   | <b>g Total.</b> Add lines 2a-2f   |               |                | 858,386.                           |                            |  |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts)   |               |                |                                    |                            |  |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds                             |               |                |                                    |                            |  |  |
|   | <b>5</b> Royalties  |               |                |                                    |                            |  |  |
|   | <b>6 a</b> Gross rents  | <b>6a</b>     | (i) Real       |                                    |                            |  |  |
|   |   |               | (ii) Personal  |                                    |                            |  |  |
|   |   |               |                |                                    |                            |  |  |
|   | <b>b</b> Less: rental expenses  | <b>6b</b>     |                |                                    |                            |  |  |
|   | <b>c</b> Rental income or (loss)  | <b>6c</b>     |                |                                    |                            |  |  |
|   | <b>d</b> Net rental income or (loss)  |               |                |                                    |                            |  |  |
|   | <b>7 a</b> Gross amount from sales of assets other than inventory                       | <b>7a</b>     | (i) Securities |                                    |                            |  |  |
|   |   |               | (ii) Other     |                                    |                            |  |  |
|   |   |               |                |                                    |                            |  |  |
|   |   |               |                |                                    |                            |  |  |
|   | <b>b</b> Less: cost or other basis and sales expenses                                   | <b>7b</b>     |                |                                    |                            |  |  |
| <b>c</b> Gain or (loss)   | <b>7c</b>   |               |                |                                    |                            |  |  |
| <b>d</b> Net gain or (loss)   |   |               |                |                                    |                            |  |  |
| <b>8 a</b> Gross income from fundraising events (not including \$ 19,500. of contributions reported on line 1c). See Part IV, line 18 | <b>8a</b>   |               | 1,403.         |                                    |                            |  |  |
|   |   |               | 3,150.         |                                    |                            |  |  |
|   |   |               |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses  | <b>8b</b>   |               |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from fundraising events   |   |               | -1,747.        |                                    | -1,747.                    |  |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19  | <b>9a</b>   |               |                |                                    |                            |  |  |
|   |   |               |                |                                    |                            |  |  |
|   |   |               |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses  | <b>9b</b>   |               |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from gaming activities  |   |               |                |                                    |                            |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances   | <b>10a</b>  |               |                |                                    |                            |  |  |
|   |   |               |                |                                    |                            |  |  |
|   |   |               |                |                                    |                            |  |  |
| <b>b</b> Less: cost of goods sold   | <b>10b</b>  |               |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from sales of inventory   |   |               |                |                                    |                            |  |  |
| <b>Miscellaneous Revenue</b>  | <b>11 a</b> Other   | Business Code | 900099         | 1,412.                             | 1,412.                     |  |  |
|   | <b>b</b>  |               |                |                                    |                            |  |  |
|   | <b>c</b>  |               |                |                                    |                            |  |  |
|   | <b>d</b> All other revenue  |               |                |                                    |                            |  |  |
|   | <b>e Total.</b> Add lines 11a-11d   |               |                | 1,412.                             |                            |  |  |
| <b>12 Total revenue.</b> See instructions   |   |               | 2,054,593.     | 828,758.                           | 31,040.                    | -1,747.  |  |

**American Association of Kidney Patients,  
Inc.**

Form 990 (2020)

11-2306416 Page **10**

**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

| <i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>   | <b>(A)</b><br>Total expenses | <b>(B)</b><br>Program service expenses | <b>(C)</b><br>Management and general expenses | <b>(D)</b><br>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  | 21,040.                      | 21,040.                                |   |                                    |
| <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   | 149,975.                     | 103,483.                               | 44,993.                                       | 1,499.                             |
| <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   | 287,328.                     | 196,500.                               | 84,496.                                       | 6,332.                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                              |  |   |                                    |
| <b>9</b> Other employee benefits  | 37,286.                      | 25,578.                                | 11,040.                                       | 668.                               |
| <b>10</b> Payroll taxes   | 34,154.                      | 21,991.                                | 11,589.                                       | 574.                               |
| <b>11</b> Fees for services (nonemployees):   |                              |  |   |                                    |
| <b>a</b> Management   |                              |  |   |                                    |
| <b>b</b> Legal  |                              |  |   |                                    |
| <b>c</b> Accounting   | 97,786.                      | 47,304.                                | 50,482.                                       |                                    |
| <b>d</b> Lobbying   |                              |  |   |                                    |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                              |  |   |                                    |
| <b>f</b> Investment management fees   |                              |  |   |                                    |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)  |                              |  |   |                                    |
| <b>12</b> Advertising and promotion   | 80,576.                      | 79,476.                                | 600.  | 500.                               |
| <b>13</b> Office expenses   |                              |  |   |                                    |
| <b>14</b> Information technology  |                              |  |   |                                    |
| <b>15</b> Royalties   |                              |  |   |                                    |
| <b>16</b> Occupancy   | 38,310.                      | 26,280.                                | 11,344.                                       | 686.                               |
| <b>17</b> Travel  | 76.                          |  | 76.   |                                    |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials  |                              |  |   |                                    |
| <b>19</b> Conferences, conventions, and meetings  |                              |  |   |                                    |
| <b>20</b> Interest  |                              |  |   |                                    |
| <b>21</b> Payments to affiliates  |                              |  |   |                                    |
| <b>22</b> Depreciation, depletion, and amortization   | 8,440.                       | 5,790.                                 | 2,499.  | 151.                               |
| <b>23</b> Insurance   | 2,396.                       |  | 2,396.  |                                    |
| <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 Annual meeting and prog</b>  | 344,974.                     | 344,567.                               |   | 407.                               |
| <b>b Printing and Publicatio</b>  | 61,525.                      | 60,952.                                | 573.  |                                    |
| <b>c Postage and shipping</b>   | 39,986.                      | 28,050.                                | 11,086.                                       | 850.                               |
| <b>d Equipment rental and ma</b>  | 28,862.                      | 19,799.                                | 8,546.  | 517.                               |
| <b>e All other expenses</b>   | 41,097.                      | 15,945.                                | 9,756.  | 15,396.                            |
| <b>25 Total functional expenses.</b> Add lines 1 through 24e  | 1,273,811.                   | 996,755.                               | 249,476.                                      | 27,580.                            |
| <b>26 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  if following SOP 98-2 (ASC 958-720)

**American Association of Kidney Patients,  
Inc.**

**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |            | (B)<br>End of year |        |
|---|--|--------------------------|------------|--------------------|--------|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 678,655.                 | 1          | 1,573,305.         |        |
|   | <b>2</b> Savings and temporary cash investments .....  |                          | 2          |                    |        |
|   | <b>3</b> Pledges and grants receivable, net .....  |                          | 3          |                    |        |
|   | <b>4</b> Accounts receivable, net .....  | 13,700.                  | 4          | 116,516.           |        |
|   | <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 ..... |                          |            | 5                  |        |
|   | <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) .....   |                          |            | 6                  |        |
|   | <b>7</b> Notes and loans receivable, net .....   |                          |            | 7                  |        |
|   | <b>8</b> Inventories for sale or use .....   | 32,922.                  | 8          | 30,715.            |        |
|   | <b>9</b> Prepaid expenses and deferred charges .....   | 6,873.                   | 9          | 13,553.            |        |
|   | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | 10a 51,128.              |            |                    |        |
|   | <b>b</b> Less: accumulated depreciation .....  | 10b 45,198.              | 13,115.    | 10c                | 5,930. |
|   | <b>11</b> Investments - publicly traded securities .....   |                          |            | 11                 |        |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   |                          |            | 12                 |        |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          |            | 13                 |        |
|   | <b>14</b> Intangible assets .....  |                          |            | 14                 |        |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 3,125.                   | 15         | 3,125.             |        |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 748,390.   | 16                       | 1,743,144. |                    |        |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 30,189.                  | 17         | 41,458.            |        |
|   | <b>18</b> Grants payable .....   |                          | 18         |                    |        |
|   | <b>19</b> Deferred revenue .....   | 386,987.                 | 19         | 588,261.           |        |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | 20         |                    |        |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          |            | 21                 |        |
|   | <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 .....     |                          |            | 22                 |        |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   | 68,900.                  | 23         | 79,116.            |        |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | 24         |                    |        |
|   | <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 .....  | 15,463.                  | 25         | 6,676.             |        |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 501,539.                 | 26         | 715,511.           |        |
| <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 .....  | 99,509.                  | 27         | 872,031.           |        |
|   | <b>28</b> Net assets with donor restrictions .....   | 147,342.                 | 28         | 155,602.           |        |
|   | <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 .....   |                          | 29         |                    |        |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | 30         |                    |        |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | 31         |                    |        |
|   | <b>32</b> Total net assets or fund balances .....  | 246,851.                 | 32         | 1,027,633.         |        |
| <b>33</b> Total liabilities and net assets/fund balances .....            | 748,390.   | 33                       | 1,743,144. |                    |        |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12) .....  | <b>1</b>  | 2,054,593. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25) .....   | <b>2</b>  | 1,273,811. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1 .....   | <b>3</b>  | 780,782.   |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....                      | <b>4</b>  | 246,851.   |
| <b>5</b>  | Net unrealized gains (losses) on investments .....   | <b>5</b>  |            |
| <b>6</b>  | Donated services and use of facilities .....   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses .....  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments .....   | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O) .....   | <b>9</b>  | 0.         |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) ..... | <b>10</b> | 1,027,633. |

**Part XII Financial Statements and Reporting**

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

|  |           | Yes | No |
|--|-----------|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.                           |           |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....  | <b>2a</b> |     | X  |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |           |     |    |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? .....  | <b>2b</b> | X   |    |
| 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:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis   |           |     |    |
| <b>c</b> 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? .....  | <b>2c</b> | X   |    |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  |           |     |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....   | <b>3a</b> |     | X  |
| <b>b</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 .....  | <b>3b</b> |     |    |

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public Inspection

Name of the organization **American Association of Kidney Patients, Inc.** Employer identification number **11-2306416**

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|----------|---|---|----|---|---|
|                                    |          |   | Yes   | No |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
|                                    |          |   |   |    |   |   |
| <b>Total</b>                       |          |   |   |    |   |   |

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2016 | (b) 2017 | (c) 2018   | (d) 2019 | (e) 2020   | (f) Total  |
|--|----------|----------|------------|----------|------------|------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 454,193. | 573,211. | 1,151,107. | 990,174. | 1,196,542. | 4,365,227. |
| <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 .....  | 454,193. | 573,211. | 1,151,107. | 990,174. | 1,196,542. | 4,365,227. |
| <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) ..... |          |          |            |          |            |            |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |            |          |            | 4,365,227. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2016 | (b) 2017 | (c) 2018   | (d) 2019 | (e) 2020   | (f) Total                |
|---|----------|----------|------------|----------|------------|--------------------------|
| <b>7</b> Amounts from line 4 .....  | 454,193. | 573,211. | 1,151,107. | 990,174. | 1,196,542. | 4,365,227.               |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  |          |          |            |          |            |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   | 63,760.  | 58,432.  | 82,732.    | 39,648.  | 26,852.    | 271,424.                 |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   |          | 3,677.   | 1,471.     | 355.     | 1,412.     | 6,915.                   |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |            |          |            | 4,643,566.               |
| <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 2020 (line 6, column (f), divided by line 11, column (f)).....  | <b>14</b> | 94.01 %                             |
| <b>15</b> Public support percentage from 2019 Schedule A, Part II, line 14 .....  | <b>15</b> | 92.40 %                             |
| <b>16a 33 1/3% support test - 2020.</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 - 2019.</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 - 2020.</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 - 2019.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... |           | <input type="checkbox"/>            |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |           | <input type="checkbox"/>            |



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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

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

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

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2019 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

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

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2019 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2020.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 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 or 990-EZ).</i>  |     |    |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     |    |
| <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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     |    |
| <b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>   |     |    |
| <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 in lines 11b and 11c below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described in line 11a above?  |     |    |
| <b>c</b> A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .                             |     |    |
| <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? If "No," describe in <b>Part VI</b> 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. |     |    |
| <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? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |     |    |
| <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)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |
| <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? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   |     |    |
| <b>3</b> By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.  |     |    |
| <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 entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).  |  |     |    |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |  | Yes | No |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. |  |     |    |
| <b>b</b> Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |  |     |    |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in <b>Part VI</b> .  |  |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.   |  |     |    |
| <b>2a</b>   |  |     |    |
| <b>2b</b>   |  |     |    |
| <b>3a</b>   |  |     |    |
| <b>3b</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)

| Section D - Distributions |  | Current Year |
|---------------------------|--|--------------|
| <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 - provide details in Part VI)   | <b>5</b>     |
| <b>6</b>                  | Other distributions (describe in Part VI). See instructions.   | <b>6</b>     |
| <b>7</b>                  | <b>Total annual distributions.</b> Add lines 1 through 6.  | <b>7</b>     |
| <b>8</b>                  | Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. | <b>8</b>     |
| <b>9</b>                  | Distributable amount for 2020 from Section C, line 6   | <b>9</b>     |
| <b>10</b>                 | Line 8 amount divided by line 9 amount   | <b>10</b>    |

| Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2020 | (iii)<br>Distributable<br>Amount for 2020 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2020 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.   |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2020   |                             |  |   |
| <b>a</b> From 2015   |                             |  |   |
| <b>b</b> From 2016   |                             |  |   |
| <b>c</b> From 2017   |                             |  |   |
| <b>d</b> From 2018   |                             |  |   |
| <b>e</b> From 2019   |                             |  |   |
| <b>f</b> Total of lines 3a through 3e  |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2020 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2015 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                             |  |   |
| <b>4</b> Distributions for 2020 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2020 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.                        |                             |  |   |
| <b>7</b> Excess distributions carryover to 2021. Add lines 3j and 4c.  |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2016  |                             |  |   |
| <b>b</b> Excess from 2017  |                             |  |   |
| <b>c</b> Excess from 2018  |                             |  |   |
| <b>d</b> Excess from 2019  |                             |  |   |
| <b>e</b> Excess from 2020  |                             |  |   |

Part VI

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

Lined area for supplemental information.

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

American Association of Kidney Patients,  
Inc.

Employer identification number

11-2306416

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private 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**

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

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

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

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

|  |   |
|--|---|
| Name of organization<br><b>American Association of Kidney Patients, Inc.</b> | Employer identification number<br><b>11-2306416</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                                      | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 1          | Amgen<br>One Amgen Center Drive<br>Newbury Park, CA 91320              | \$ 62,500.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | Amicus Therapeutics, Inc.<br>1 Cedar Brook Drive<br>Cranbury, NJ 08512 | \$ 86,393.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | Relypsa<br>100 Cardinal Way<br>Redwood City, CA 94063                  | \$ 140,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | Otsuka America<br>508 Carnegie Center Drive<br>Princeton, NJ 08540     | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          | AstraZeneca<br>1800 Concord Pike<br>Wilmington, DE 19850               | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          | Horizon Pharma<br>150 S. Saunders Road<br>Lake Forest, IL 60045        | \$ 85,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |



|  |   |
|--|---|
| Name of organization<br><b>American Association of Kidney Patients, Inc.</b> | Employer identification number<br><b>11-2306416</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4   | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|---|----------------------------|---|
| 7          | Bayer<br>PO BOX 207<br>Pittsburgh, PA 15230   | \$ 25,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          | Patient Centered Outcomes Research Institute<br>1828 L Street NW, Suite 900<br>Washington, DC 20036 | \$ 59,241.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 9          | Vertex Pharmaceuticals<br>50 Northern Avenue<br>Boston, MA 02210                                    | \$ 99,850.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 10         | Sanofi Genzyme'<br>50 Binney St<br>Cambridge, MA 02142  | \$ 62,500.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 11         | Akebia Therapeutics<br>Akebia Therapeutics<br>Cambridge, MA 02142                                   | \$ 26,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 12         | Natera<br>13011 McCallen Pass Building A Suite 100<br>Austin, TX 78753                              | \$ 35,000.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><b>American Association of Kidney Patients, Inc.</b> | Employer identification number<br><b>11-2306416</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4  | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|--|----------------------------|---|
| 13         | Travers Therapeutics<br>3611 Valley Centre Dr Suite 300<br>San Diego, CA 92130                       | \$ 42,500.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 14         | Sanifit Therapeutics S.A.<br>Ctra. Valldemossa, km7. 4, Building Europa, 2nd Floor,<br>Palma , SPAIN | \$ 26,005.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 15         | SBA - PPP Round 1<br>409 Third Street, SW<br>Washington, DC 20416                                    | \$ 68,900.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | _____<br>_____<br>_____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | _____<br>_____<br>_____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | _____<br>_____<br>_____  | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|  |   |
|--|---|
| Name of organization<br><b>American Association of Kidney Patients, Inc.</b> | Employer identification number<br><b>11-2306416</b> |
|--|---|

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

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

|  |   |
|--|---|
| Name of organization<br><b>American Association of Kidney Patients, Inc.</b> | Employer identification number<br><b>11-2306416</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)**

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

**2020**

**Open to Public Inspection**

Name of the organization **American Association of Kidney Patients, Inc.**

Employer identification number  
**11-2306416**

**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 in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register ..... | 2d                              |

3 Number of 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 2(d) 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 .....

▶ \$ \_\_\_\_\_

**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):
- |   |  |
|---|--|
| <p><b>a</b> <input type="checkbox"/> Public exhibition</p> <p><b>b</b> <input type="checkbox"/> Scholarly research</p> <p><b>c</b> <input type="checkbox"/> Preservation for future generations</p> | <p><b>d</b> <input type="checkbox"/> Loan or exchange program</p> <p><b>e</b> <input type="checkbox"/> Other _____</p> |
|---|--|
- 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 on Part XIII

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

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance .....                     |                  |                |                    |                      |                     |
| <b>b</b> Contributions .....                                  |                  |                |                    |                      |                     |
| <b>c</b> Net investment earnings, gains, and losses .....     |                  |                |                    |                      |                     |
| <b>d</b> Grants or scholarships .....                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs ..... |                  |                |                    |                      |                     |
| <b>f</b> Administrative expenses .....                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance .....                            |                  |                |                    |                      |                     |

- 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 ▶ \_\_\_\_\_ %
- c** Term endowment ▶ \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   |               |    |
|---|---------------|----|
|   | Yes           | No |
| <b>(i)</b> Unrelated organizations .....  | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations .....   | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ..... | <b>3b</b>     |    |
- 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 .....  |                                      |                                 |                              |                |
| <b>d</b> Equipment .....   |                                      | 51,128.                         | 45,198.                      | 5,930.         |
| <b>e</b> Other .....   |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ..... |                                      |                                 |                              | 5,930.         |

**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, col. (B) line 12.) ▶ |                |   |

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2) <b>Current installment capital lease</b>                                | <b>6,676.</b>  |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ | <b>6,676.</b>  |

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      | 2,064,486. |
| 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:             |    |        |            |
| a Net unrealized gains (losses) on investments                                    | 2a |        |            |
| b Donated services and use of facilities  | 2b | 9,893. |            |
| c Recoveries of prior year grants   | 2c |        |            |
| d Other (Describe in Part XIII.)  | 2d |        |            |
| e Add lines 2a through 2d   | 2e |        | 9,893.     |
| 3 Subtract line 2e from line 1  |    | 3      | 2,054,593. |
| 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:            |    |        |            |
| a Investment expenses not included on Form 990, Part VIII, line 7b                | 4a |        |            |
| b Other (Describe in Part XIII.)  | 4b |        |            |
| c Add lines 4a and 4b   | 4c |        | 0.         |
| 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) |    | 5      | 2,054,593. |

**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      | 1,283,704. |
| 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:                |    |        |            |
| a Donated services and use of facilities   | 2a | 9,893. |            |
| b Prior year adjustments   | 2b |        |            |
| c Other losses   | 2c |        |            |
| d Other (Describe in Part XIII.)   | 2d |        |            |
| e Add lines 2a through 2d  | 2e |        | 9,893.     |
| 3 Subtract line 2e from line 1   |    | 3      | 1,273,811. |
| 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:               |    |        |            |
| a Investment expenses not included on Form 990, Part VIII, line 7b                 | 4a |        |            |
| b Other (Describe in Part XIII.)   | 4b |        |            |
| c Add lines 4a and 4b  | 4c |        | 0.         |
| 5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) |    | 5      | 1,273,811. |

**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 X, Line 2:**

The Organization accounts for the effect of any uncertain tax positions based on a "more likely than not" threshold to the recognition of the tax positions being sustained based on the technical merits of the position under scrutiny by the applicable taxing authority. If a tax position or positions are deemed to result in uncertainties of those positions, the unrecognized tax benefit is estimated based on a "cumulative probability assessment" that aggregates the estimated tax liability for all uncertain tax positions. The Organization has identified its tax status as a tax-exempt entity as its only significant tax position; however, the Organization has determined that such tax position does not result in an uncertainty



**Part XIII** **Supplemental Information** *(continued)*

requiring recognition. The Organization is not currently under examination by any taxing jurisdiction. The Organization's federal returns are generally open for examination for three years following the date filed.

(This area contains horizontal lines for supplemental information.)

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

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

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.

**2020**

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

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

Name of the organization **American Association of Kidney Patients, Inc.**

Employer identification number  
**11-2306416**

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

**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 |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
|   |               |  |    |                                   |   |   |
| <b>Total</b> .....  |               |  |    | ▶                                 |   |   |

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**American Association of Kidney Patients,**

**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<br>(add col. (a) through<br>col. (c)) |
|--|---|--|--|------------------------|--|
|  |   | Medal of<br>Excellence<br>(event type) | Annaul Walk<br>for Fun<br>(event type) | None<br>(total number) |  |
| Revenue  | <b>1</b> Gross receipts .....   | 10,000.                                | 10,903.                                |                        | 20,903.  |
|  | <b>2</b> Less: Contributions .....  | 10,000.                                | 9,500.                                 |                        | 19,500.  |
|  | <b>3</b> Gross income (line 1 minus line 2) .....                           |  | 1,403.                                 |                        | 1,403.   |
| Direct Expenses  | <b>4</b> Cash prizes .....  |  |  |                        |  |
|  | <b>5</b> Noncash prizes .....   |  |  |                        |  |
|  | <b>6</b> Rent/facility costs .....  |  |  |                        |  |
|  | <b>7</b> Food and beverages .....   |  |  |                        |  |
|  | <b>8</b> Entertainment .....  |  |  |                        |  |
|  | <b>9</b> Other direct expenses .....  | 2,449.                                 | 701.                                   |                        | 3,150.   |
|  | <b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) ..... |  |  |                        | 3,150.   |
| <b>11</b> Net income summary. Subtract line 10 from line 3, column (d) ..... |   |  |  | -1,747.                |  |

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

American Association of Kidney Patients, Inc.

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

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

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

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

16 Gaming manager information:

Name ▶ \_\_\_\_\_

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

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

Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

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

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

---

---

---

---

---

---

---

---

---

---

---



SCHEDULE I  
(Form 990)

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 the latest information.

OMB No. 1545-0047

2020

Open to Public  
Inspection

Name of the organization **American Association of Kidney Patients,  
Inc.**

Employer identification number  
**11-2306416**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

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

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

**American Association of Kidney Patients,  
Inc.**

**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 |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| Scholarships                    | 9                        | 21,040.                  | 0.                                |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

American Association of Kidney Patients,  
Inc.

Employer identification number  
11-2306416

Form 990, Part III, Line 1, Description of Organization Mission:

AAKP is dedicated to improving the lives and long-term outcome of kidney patients through education, advocacy, patient engagement and the fostering of patient communities. AAKP is the oldest and largest, fully independent kidney patient organization in the U.S. AAKP fights for early disease detection; increased kidney transplantation and pre-emptive transplantation; full patient choice of either in-center or home dialysis; protection of the patient/physician relationship; promotion of research and innovation including artificial implantable and wearable kidneys and xenotransplantation; and the elimination of barriers for patient access to available treatment options.

In 2021, AAKP volunteers continued to accelerate the organization's national and global reach through sophisticated virtual platforms, international patient group partnerships, clinical journal editorials, television, radio, social media, and a growing Patient Ambassador Initiative. As a continued response to the ongoing COVID-19 pandemic, AAKP held all 2021 events online and provided free virtual access, prioritized COVID-19 topics, and leveraged tactics to engage a wider audience. AAKP has broadcasted expert COVID-19 insights through one global and two national virtual events, dozens webinars, and launched advocacy campaigns to highlight disparities in minority and kidney patient representation in COVID-19 clinical trials and vaccine distribution protocols. Viewership for 2021 AAKP programs exceeds 80,000 people across more than 80 countries and is growing rapidly.

International and national program faculty has included 90 medical



|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | American Association of Kidney Patients, Inc. | Employer identification number | 11-2306416 |
|--------------------------|---|--------------------------------|------------|

practitioners and researchers, and 60 patient experts.

Form 990, Part III, Line 4a, Program Service Accomplishments:

targeting individuals with no known family history of Fabry Disease, but presenting signs, symptoms, and markers for the condition. This has increased the population this testing and education program reaches, successfully helping those get diagnosed earlier in the disease state so interventions can take place to help reduce or stop the disease effects. Data collected from this program is also helping researchers identify markers for earlier diagnosis and improving treatment options.

Form 990, Part III, Line 4b, Program Service Accomplishments:

individuals affected by kidney diseases. AAKP fundamentally understands that kidney disease and the health and treatment of kidney patients pose a significant impact on the American taxpayer and the national economy. The cost of kidney disease alone invites constant and intense interest and concern within the Federal government and the U.S. Congress. The costs associated with the disease have spurred multiple Federal initiatives in the past several years designed to increase positive patient outcomes, reduce spending and increase efficiencies. The move by the Federal government to examine and re-examine many of the cost-drivers within healthcare spending, and specifically within the ESRD program, represents a key reason why AAKP is working aggressively to build our capacities to raise the independent patient voice throughout the Federal policy-making process. In order for AAKP to maintain our leadership in protecting patient interests, and the overlapping interests among allies throughout the broader kidney

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | American Association of Kidney Patients, Inc. | Employer identification number | 11-2306416 |
|--------------------------|---|--------------------------------|------------|

community including the pharmaceutical industry and providers, we intend to grow our membership numbers, advance our National AAKP Ambassador Initiative, expand our reach internationally and equip kidney patients across the globe with proven and cost-effective training and technologies that make an impact on the policy process. The Center for Patient Engagement and Advocacy was created to leverage AAKP's increased profile and influence in the national public policy process and to expedite implementation of our national strategy to vastly expand patient involvement in the decisions impacting their health outcomes. The AAKP Center for Patient Engagement and Advocacy was created in 2014 to leverage AAKP's increased profile and influence in the national public policy process and to expedite implementation of our National Strategy to vastly expand patient involvement in the decisions that impact their health outcomes. The Center for Patient Engagement and Advocacy brings, under one focused area, all AAKP efforts to build patient and family/caregiver membership in AAKP as well as their participation in existing and emerging AAKP patient health engagement and advocacy programs. At the heart of this Center is the AAKP Ambassador Initiative, launched in 2017, the program has grown to more than 170 + Ambassadors across the U.S. In 2019, AAKP launched the AAKP Global, the global arm of this initiative, and now has Global Ambassadors in countries such as Ireland, Canada, Argentina, United Arab Emirates, Puerto Rico, and many more. Ambassadors are AAKP's most engaged volunteers who utilize their personal experiences and professional skills to contribute to both the AAKP mission and the larger kidney community based on their desire to serve a cause larger than themselves. These individuals also allow AAKP to expand our reach and resources to make a positive impact at the state and local level

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | American Association of Kidney Patients, Inc. | Employer identification number | 11-2306416 |
|--------------------------|---|--------------------------------|------------|

and globally. Major programs within this Center also include The Decade of the Kidney, the Global Summit on Kidney Innovation, the Public Policy Summit, and the AAKP Action Center. Additionally, as part of the AAKP National Strategy, the Center for Patient Engagement and Advocacy works to engage, train, certify and deploy kidney patients in ways that are the most effective at elevating the patient voice within Federal policy-making circles. This includes critical times when national legislation, health program implementation, regulations or potential delays in the pharmaceutical approval process pose a concern to patient access to quality care or their future healthcare outcomes. AAKP is engaging and encouraging kidney patients and caregivers to participate in substantive opportunities for effective patient engagement and advocacy. AAKP operates via key distinctives and principles:

1. Elevate patient voice in national issues and across drug, diagnostic and device development
2. Protect the unique relationship between patients and their doctors
3. Educate patients and preserve their access to choices as informed consumers of healthcare
4. Maintain full independence in all national policy and decisions - never surrender your letterhead
5. Honor the principle of "no surprises" among trusted allies and Federal government officials

AAKP has a history of advocating on important issues affecting patients' care, treatment, options, medications and such. The Advocacy Program helps support initiatives such as: Capitol Hill Day visits, participation in meetings/seminars/conventions, public policy,

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | American Association of Kidney Patients, Inc. | Employer identification number | 11-2306416 |
|--------------------------|---|--------------------------------|------------|

Communication, research issues affecting patients and practical tools that explain how to be more effective advocates.

Form 990, Part III, Line 4c, Program Service Accomplishments:

better understand their condition and make informed decisions on their care options which align with their life's goals and aspirations. AAKP is a recognized leader for patient-centered education - continually developing high quality, professionally written, edited and reviewed material.

2.Advocate: for policies that improve treatment and extend life for kidney disease patients - always defending patient choice. AAKP has been the independent patient voice - advocating for improved access to high-quality healthcare through regulatory and legislative reform at the Federal level. The Association's work has improved long-term outcomes in both quality of health and the ability for patients and family members affected by kidney diseases to lead a more productive and meaningful life.

3.Define: "patient engagement" as a substantive tool to impact policy & health outcomes.

4.Community: AAKP is leading the effort to bring kidney patients together to promote community, conversations and to seek out services that help maximize patients' everyday lives.

The AAKP fulfills our educational mission through an extensive patient education program to inform and educate kidney patients, their families, and the general public on kidney diseases. To meet the needs of all individuals, AAKP offers its programs in a variety of mediums: print, web-based and live (in-person). AAKP services more than one million individuals annually via its various educational programs and

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | American Association of Kidney Patients, Inc. | Employer identification number | 11-2306416 |
|--------------------------|---|--------------------------------|------------|

communication platforms.

AAKP's bimonthly magazine, aakpRENALIFE, averages more than 400,000 readers/views annually and includes information about the latest news, education, policy/legislative issues, innovations/research occurring in the kidney community and patient/caregiver/living donor profiles. The magazine is also distributed to over 7,000 dialysis centers nationwide and has a substantial afterlife as it remains in dialysis centers for quite some time after mailing. aakpRENALIFE is available via print/digital medium and is archived on [www.aakp.org](http://www.aakp.org) for a term of one year.

AAKP's monthly e-newsletters, collectively, were delivered more than 250,000 times during this year - including aakpRENALFLASH (designed for individuals on dialysis); Kidney Transplant Today (designed for individuals with or interested in a kidney transplant); Kidney Beginnings (designed for and new patients learning more about their disease; At Home with AAKP (designed for individuals on or interested in home dialysis therapies) and AAKP Pediatric Kidney Patients (designed for peds, adolescents and their families).

AAKP hosts its monthly HealthLine webinar series for patients and the public on timely and relevant topics such as managing risk factors for kidney disease (diabetes/hypertension); understanding dialysis options; kidney transplantation; how to choose/change treatment options; diet/nutrition; importance of exercise; coping with a chronic illness, advocacy and social media; and more. These webinars are recorded and made available OnDemand to accommodate all schedules and needs and

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | American Association of Kidney Patients, Inc. | Employer identification number | 11-2306416 |
|--------------------------|---|--------------------------------|------------|

reach thousands annually. AAKP has expanded this webinar program to include an Innovator series, which highlights the latest research and innovation occurring in the kidney space.

AAKP utilizes a variety of communication platforms to reach approximately one million individuals annually. Included in that reach is AAKP's social medial platforms: Facebook, Twitter, LinkedIn, Instagram, Pinterest, and YouTube Channel. AAKP's website ([www.aakp.org](http://www.aakp.org)) has over 420,000-page views annually. The website features the AAKP Center for Patient Research and Education and Center for Patient Engagement and Advocacy - including:

- education (CKD, dialysis, transplant, co-related health conditions; causes of kidney disease; rare disease; nutrition); clinical trials/market research opportunities; Action Center (advocacy initiatives; policy issues; voter registration); patient engagement (Ambassador Initiative; Speakers Bureau; Veterans Health initiative; KidneyWorks; Support Groups), programs/events (National Patient Meeting; Cystinosis Scholarship Program, Medal of Excellence; Policy Summit; Global Summit; Patient Safety Program), and online store to download/purchase materials.

Form 990, Part III, Line 4d, Other Program Services:

National Awards Program

AAKP's awards encompass two major categories. The first category includes Legacy Awards - awards that AAKP has extended to organizations and professionals for several decades. The second category encompasses Patient Engagement and Advocacy Awards - awards created over the course of the past several years through AAKP's new Center for Patient

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | American Association of Kidney Patients, Inc. | Employer identification number | 11-2306416 |
|--------------------------|---|--------------------------------|------------|

Engagement and Advocacy as a means of recognizing the increased influence patients have on national policymakers and healthcare deliberations.

Legacy Awards:

President's Award

Presented to an individual who made a long-term commitment toward advancement and evolvement of AAKP's national strategy.

Samuel J. Orenstein Award

Presented to an individual who consistently renders extraordinary service toward the achievement of AAKP's goals, objectives and national strategy.

Peter Lundin, MD Award

Presented to a renal physician who has made contributions to the care, welfare and well-being of patients over a lifetime of devoted service.

Dominick Gentile, MD Memorial Award

Presented to an ESRD Network that has developed and maintained a program which has significantly benefited patients and demonstrated sustainability.

Kidney Patient Support Group of the Year

Presented to a kidney patient support group that has been active within their local community. This support group should have hosted community educational programs and activities to support its local patients and raise awareness of kidney disease.

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | American Association of Kidney Patients, Inc. | Employer identification number | 11-2306416 |
|--------------------------|---|--------------------------------|------------|

---

New Patient Engagement and Advocacy Awards:

---

National Social Media Education and Advocacy Award

---

Presented to an individual and organization each who has demonstrated a national level of excellence through social media to either educate or advocate on behalf of kidney patients and their loved ones in the areas of disease awareness, policy advocacy or the creation of online communities. This highly competitive award will recognize excellence on a variety of social media platforms and will include video, bloggers and social media content and sites that have grown large audiences through creative and effective use of social media.

---

---

National Patient Engagement and Advocacy Award

---

Presented to an individual, organization and public servant each who are recognized leaders in the field of kidney patient education and advocacy and whose body of professional work and commitment to advance the interests of kidney patients through policy, education or activism.

---

---

National Journalism Award

---

Presented to a reporter or journalist whose work in either print, online, television or web arena(s) has brought the needs and interests of the kidney patient community to the national forefront through journalistic excellence. Presented either for a single compelling story with local, regional or national significance, or body of work, which over time has informed Americans of the critical needs and concerns of the kidney patient community.

---



|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | American Association of Kidney Patients, Inc. | Employer identification number | 11-2306416 |
|--------------------------|---|--------------------------------|------------|

### National Public Service Award

Presented to a public servant whose body of professional work and commitment to advance the interests and well-being of the Nation's kidney patient population through policy, education and activism. Past awardees include Dr. Carolyn Neuland, the U.S. Food and Drug Administration; Dr. Priti Patel, Centers for Disease Control and Prevention; Dr. Robert Star, National Institute of Health; and Elena Balovlenkov, MS, RN, CHH, Centers for Medicare and Medicaid Services; and Dr. Paul Kimmel, National Institute of Health.

### Medal of Excellence

The AAKP Medal of Excellence honors health care professionals who have made significant contributions to the advancement and evolution of direct patient care; encouraged the expansion of the patient engagement model within the renal community; and enhanced the quality of life for kidney patients and their families. The 2021 Medal of Excellence recipients are recognized throughout the calendar year.

### The 2020 Medal of Excellence Award recipients:

Janice Lea, MD, MSc, FASN - Physician Category

Michael Alan Rees, MD, PhD - Transplant Surgeon Category

Emily A. Blumberg, MD, FACP, FIDSA, FAST - Transplant Professional Category

Lillian Pryor, MSN, RN, CNN - Nursing Category

Shannon Wright, BSW - Social Work Category

Katy Wilkens, MS, RD; Kathy Schiro Harvey, MS, RDN, CSR; Jessie

Pavlinac, MS, RD, CSR, LD - Dietetic Category

Brenda Rickards, CHT, CCHT-A, FKNF - Dialysis Technician Category

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | American Association of Kidney Patients, Inc. | Employer identification number | 11-2306416 |
|--------------------------|---|--------------------------------|------------|

Barry Smith, MD, PhD - Special Recognition

AAKP Center for Patient Education and Research

AAKP firmly believes, as research has also shown, that patient and family member/caregiver education is an integral part of treatment and enhancing quality of life. Not educating a patient and their care partner about their condition and treatment options leaves the patient at risk for complications as well as the possibility of not selecting a course of treatment best suited for them. Education is a simple and effective way to improve overall health and achieve better outcomes. In the same vein, AAKP is uniquely positioned to ensure the patient has a central role in research and other activities that are designed to determine optimal approaches and strategies for providing healthcare services, assistance programs, access to new products and services, etc. AAKP constituents represent all ages, modalities, ethnicities, disease states, and a variety of demographic indicators. AAKP's research capabilities have grown rapidly, and the Association has created a sophisticated database and expansive social media channels which allow AAKP to better connect and learn from its constituents. In turn, AAKP provides education to patients and caregivers on what it means to be involved in research initiatives as well as opportunities to get involved. From online surveys, interviews, focus groups, and clinical trial awareness campaigns - AAKP is focused on inserting important patient insight and preferences into research to help inform innovation, advance care and make a meaningful impact to improve lives - this means AAKP members are helping shape the future policies and discoveries that characterize kidney care! AAKP is known within the renal community as a leader in quality education; taking time to

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | American Association of Kidney Patients, Inc. | Employer identification number | 11-2306416 |
|--------------------------|---|--------------------------------|------------|

produce programs and materials that are current, relevant and address the most pressing issues patients and their families face. AAKP is deliberate in its development of educational programs, working closely with its Medical Advisory Board, health educators and fellow patients to create unbiased, reliable resources that are easily understood and beneficial to patients. AAKP routinely uses matrices to measure program outcomes to assess effectiveness and success as well as opportunities for enhancement. AAKP offers its programs in a variety of mediums to ensure we reach as many patients as possible (print, online/web-based, smart devices, live/in-person).

#### Patient Pocket Guides:

This brochure series offers a template for AAKP to develop a number of convenient, pocket sized guides that focus on a variety of important healthcare topics that patients can keep with that list top questions to ask their healthcare team to better understand/manage conditions.

-AAKP Pocket Guide to Managing Kidney Disease: This Pocket Guide is a tool to help patients and caregivers have more effective dialogue with their healthcare teams. It includes 5 Key Questions to Ask your Doctor/Medical Specialist, as well as additional questions for each stage of Chronic Kidney Disease.

-AAKP Pocket Guide to Managing High Potassium: The Pocket Guide is a tool to help kidney patients and caregivers have more effective dialogue with their healthcare teams about the risks associated with high potassium levels and the best way to manage it.

-Pocket Guides (in development): Anemia in CKD / Anemia in ESRD

#### Cystinosis Patient Education and Activity Scholarship Program:

While a variety of factors may cause an individual to be diagnosed with

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | American Association of Kidney Patients, Inc. | Employer identification number | 11-2306416 |
|--------------------------|---|--------------------------------|------------|

kidney disease, genetic and rare causes can be especially difficult for patients and family members to manage. Understanding the need to support individuals who have kidney diseases caused by a genetic or rare condition, AAKP has expanded its education, advocacy efforts and services to those affected. In support of AAKP's Pediatric and Rare Disease Initiatives, AAKP launched its Cystinosis Patient Education and Activity Scholarship Program for those affected with cystinosis in 2019. The objective of the scholarship program is to provide an exclusive opportunity for people living with cystinosis to provide inspiration, further their education and pursue opportunities toward long-term career goals and life aspirations. This scholarship program is open to individuals diagnosed with cystinosis. Scholarship funds are available to age groups 5-17 years of age and 18+.

Expenses \$ 286,158. including grants of \$ 21,040. Revenue \$ 828,758.

Additional information for Part III line 4d (cont.)

**KidneyWorks:**

The KidneyWorks Initiative research and policy collaboration aims to help Americans with chronic kidney disease who are not on dialysis maintain their jobs and slow their disease. KidneyWorks seeks to reduce disability and dependency and help people with ND-CKD remain active, productive, taxpaying citizens by taking proactive steps to educate patients, families, clinicians, and lawmakers and enact work-friendly practices and policies.

-Phase One (Completed)

Phase One included a national stakeholder meeting, preparing and releasing a policy White Paper and Executive Summary, conducting

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | American Association of Kidney Patients, Inc. | Employer identification number | 11-2306416 |
|--------------------------|---|--------------------------------|------------|

national media rollout, and developing [www.kidneyworks.org](http://www.kidneyworks.org). The National Roundtable held in Washington, D.C. in June 2016 include sectors of the kidney community - patients, non-profits, professionals, members of industry and representatives from Federal government. The comprehensive KidneyWorks White Paper and Executive Summary was formally and publicly released in July 2017. The report identified barriers to patients' desire and ability to keep working and outlined a comprehensive strategy to remove them. The National Media rollout included more than 800 media websites and channels featuring KidneyWorks and the White Paper, including Fox Business News and Nephrology News & Issues.

-Phase Two (Underway)

Phase Two will use strategies identified in Phase One to develop interventions to help people with ND-CKD slow their disease progression and keep their jobs, including targeted messaging, tools and resources, telephone helpline support, and a robust database to track contacts and outcomes.

-Phase Three (2022+)

Phase Three will include evaluation of the impact of KidneyWorks by using the database and conducting outcomes research.

Fabry Disease Diagnostic and Education Project:

AAKP and Emory University have partnered to conduct an educational research project aimed at providing free genetic testing to individuals affected and at-risk for Fabry Disease. The research findings will help identify markers to Fabry that in turn will allow patients affected be diagnosed earlier in the disease state and begin intervention and treatment immediately. AAKP continues to develop many educational

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | American Association of Kidney Patients, Inc. | Employer identification number | 11-2306416 |
|--------------------------|---|--------------------------------|------------|

resources such as medical articles, brochures and webinars highlighting the advancements in Fabry Disease, best practices and the project's research findings.

#### AAKP National Patient Meeting:

The AAKP National Patient Meeting is the largest gathering of kidney patients and their care-partners in the U.S. Due to the Coronavirus pandemic, and for the safety of the AAKP professional team, speakers and audience (comprised of fellow kidney patients, healthcare professionals and industry/Federal agency partners), the 2021 National Patient Meeting was held online. The 2021 virtual patient meeting enabled AAKP to engage its national members and furthermore a global audience. The sophisticated platform AAKP used for the meeting allowed registrants to view general and breakout sessions; engage with speakers and fellow attendees; participate in a virtual exhibit hall and engage with vendor representatives in real-time; join virtual focus groups; and much more. AAKP featured several distinguished panelists and speakers, including but not limited to renowned healthcare professionals, researchers, patient experts, industry partners, and government agency representatives. All sessions are available post-event, OnDemand, for enduring education. AAKP is committed to making certain our events, like the Annual Patient Meeting, are disseminated to the widest audience of kidney consumers and decision-makers possible.

#### Patient Engagement & Awareness Program:

As a leading voice in the patient community, AAKP is uniquely positioned to assist companies interested in understanding the patient

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | American Association of Kidney Patients, Inc. | Employer identification number | 11-2306416 |
|--------------------------|---|--------------------------------|------------|

experience by connecting them directly to the thousands of patients, family members and caregivers in our database. AAKP's propriety database and engaged community of patients, creates a valuable resource to companies targeting the kidney patient population for market research and/or raising awareness on clinical trial opportunities.

**Medal of Excellence Award:**

The Medal of Excellence Award is the Association's highest honor for kidney healthcare professionals and is designed to elevate national and international figures who have been at the forefront of advancements in kidney care and patient empowerment. The award recognizes professionals who are committed to improving and extending the lives of all kidney patients through advocacy, research, technology and quality-driven treatments that protect patient dignity and fully align with patient aspirations. This prestigious award program recognizes a variety of professionals within the health care team including: nephrologists, transplant surgeons, transplant professionals, nurses, social workers, dietitians and dialysis technicians.

**Jenny Kitsen Patient Safety Award:**

Established in 2013 by the Network of New England Board of Directors to continue the patient safety work of the nonprofit organization led by Jenny Kitsen. That organization held the CMS contract for ESRD Network 1 for 35 years, from 1977-2012. The Network staff, patients and professional volunteers who supported Network activities made a number of innovative contributions to the ESRD Network Program. Under Ms. Kitsen's direction, with the Board guidance, the New England Network organization became known for its leadership in patient safety. The

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | American Association of Kidney Patients, Inc. | Employer identification number | 11-2306416 |
|--------------------------|---|--------------------------------|------------|

AAKP has accepted an endowment from the Network of New England Board of Directors to honor Ms. Kitsen through an annual lecture or program that will advance patient safety by exploring innovation in health systems management, education and best practices. Grant recipients have included: The Centers for Disease Control and Prevention; Satellite Healthcare; National Kidney Foundation; National Renal Administrators Association; A.T. Still University of Oral Health; All Kidney Patients Support Group; Renal Physicians Association; American Nephrology Nurses Association; and the Forum of ESRD Networks.

**AAKP Healthline Online Webinars:**

AAKP HealthLine is a one-hour FREE webinar program educating patients and caregivers on a variety of important topics all from the comfort of their home or office. A teleconference option is available for each program should the registrant not have computer access. All HealthLine programs are recorded and archived at [www.aakp.org/aakp-healthline](http://www.aakp.org/aakp-healthline). Webinars are hosted monthly, recorded and archived on the AAKP website for enduring education. The archived webinars continue to be in the top five visited pages of the website. Throughout 2021, AAKP hosted a number of COVID-19 focused webinars with allied partners including the Centers for Disease Control and Prevention; the Veterans Affairs Administration; the American Society of Transplantation; and the American Society of Transplant Surgeons. In 2020, AAKP expanded this webinar program to include an Innovator series, which highlights the latest in research and innovation in the kidney space.

**AAKP Nutrition Program:**

-The AAKP Delicious! Series features a variety of kidney-friendly



|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | American Association of Kidney Patients, Inc. | Employer identification number | 11-2306416 |
|--------------------------|---|--------------------------------|------------|

recipes for patients at all stages of kidney disease. All recipes have been carefully reviewed by renal dietitians and provide indications on what type of patient these recipes are most suited for. This recipe program has been favorably reviewed by the renal practice group of the Academy of Nutrition and Dietetics. Five editions of AAKP Delicious! are available featuring more than 100 kidney-friendly recipes. The 6th edition is in development, scheduled to be released in 2022.

-AAKP Nutrition Counter is a pocket-sized guide that lists the nutrient values for standard portions of more than 300 commonly used foods. Nutrient values listed include: carbohydrates, fat, saturated fat, protein, calorie, sodium, potassium, and phosphorus levels - dietary values that must be closely monitored in kidney patients.

#### Pocket Guides:

This new brochure series offers a template for AAKP to develop a number of convenient, pocket sized guides that focus on a variety of important healthcare topics that patients can keep with that list top questions to ask their healthcare team to better understand/manage conditions.

#### "Understanding" Series:

This workbook series covers a variety of important topics such as: Hemodialysis Options, Access Options, PD Options, Home Hemodialysis, Anemia, Iron, Depression, Fabry Disease, Hepatitis C, Kidney Transplantation, Gout and Proteinuria. All brochures are available in print and online pdf.

Additional information for Part III line 4d (cont.)

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | American Association of Kidney Patients, Inc. | Employer identification number | 11-2306416 |
|--------------------------|---|--------------------------------|------------|

**Kidney Beginnings:**

This workbook provides an introduction to chronic kidney disease and is designed for individuals recently diagnosed or with risk factors such as diabetes and hypertension. The various chapters address common topics for individuals with or at-risk for kidney disease such as: diabetes, hypertension, common medical test, common medications, emotional issues, diet/nutrition, exercise, employment and much more.

**Patient Plan Series:**

These four phased workbook series are designed to provide individuals with the information they need as they progress through kidney disease. The information is divided among the four books to allow a patient to advance when they are ready and learn information in a manageable way that allows for the greatest impact on behavioral changes.

**aakpRENALIFE:**

aakpRENALIFE is the official flagship magazine of the Association. Produced bi-monthly, the articles and information are educational in nature and designed to be relevant for patients regardless of stage of kidney disease or modality option. Content is made available online as well so that patients and caregivers have access to specialty articles at any time post-production.

**E-newsletters:**

are distributed monthly and cover current news and issues for individuals with chronic kidney disease, regardless of stage or modality.

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | American Association of Kidney Patients, Inc. | Employer identification number | 11-2306416 |
|--------------------------|---|--------------------------------|------------|

AAKP Center for Patient Engagement and Advocacy:

The AAKP has been a national leader in patient advocacy and education for over 50 years - and is the largest fully independent and patient-governed organization in the kidney ecosystem. AAKP is highly regarded across the Federal government among both career and appointed policy-makers and our influence in the Executive Branch and the U.S. Congress transfers across transitions and elections cycles due to our massive network of relationships and long-held reputation as an independent voice for patients. AAKP believes that patients and industry must be at the table together and engaged at all levels of decision-making whenever the Federal government seeks to implement wide-ranging initiatives that impact innovation and shape future access to care options for individuals affected by kidney diseases. AAKP fundamentally understands that kidney disease and the health and treatment of kidney patients pose a significant impact on the American taxpayer and the national economy. The cost of kidney disease alone invites constant and intense interest and concern within the Federal government and the U.S. Congress. The costs associated with the disease have spurred multiple Federal initiatives in the past several years designed to increase positive patient outcomes, reduce spending and increase efficiencies. The move by the Federal government to examine and re-examine many of the cost-drivers within healthcare spending, and specifically within the ESRD program, represents a key reason why AAKP is working aggressively to build our capacities to raise the independent patient voice throughout the Federal policy-making process. In order for AAKP to maintain our leadership in protecting patient interests, and the overlapping interests among allies throughout the broader kidney community including the

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | American Association of Kidney Patients, Inc. | Employer identification number | 11-2306416 |
|--------------------------|---|--------------------------------|------------|

pharmaceutical industry and providers, we intend to grow our membership numbers, advance our National AAKP Ambassador Initiative, expand our reach internationally and equip kidney patients across the globe with proven and cost-effective training and technologies that make an impact on the policy process. The Center for Patient Engagement and Advocacy was created to leverage AAKP's increased profile and influence in the national public policy process and to expedite implementation of our national strategy to vastly expand patient involvement in the decisions impacting their health outcomes. The AAKP Center for Patient Engagement and Advocacy was created in 2014 to leverage AAKP's increased profile and influence in the national public policy process and to expedite implementation of our National Strategy to vastly expand patient involvement in the decisions that impact their health outcomes. The Center for Patient Engagement and Advocacy brings, under one focused area, all AAKP efforts to build patient and family/caregiver membership in AAKP as well as their participation in existing and emerging AAKP patient health engagement and advocacy programs. At the heart of this Center is the AAKP Ambassador Initiative, launched in 2017, the program has grown to more than 160 + Ambassadors in nearly all 50 states plus D.C. In 2019, AAKP launched the Global arm of this initiative and now has Global Ambassadors in countries such as Ireland, Canada, Argentina, United Arab Emirates and Puerto Rico. Ambassadors are AAKP's most engaged volunteers who utilize their personal experiences and professional skills to contribute to both the AAKP mission and the larger kidney community based on their desire to serve a cause larger than themselves. These individuals also allow AAKP to expand our reach and resources to make a positive impact at the state and local level and globally. Since 2018, AAKP has

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | American Association of Kidney Patients, Inc. | Employer identification number | 11-2306416 |
|--------------------------|---|--------------------------------|------------|

conducted the largest virtual kidney voter registration drive in America, the "I am a Kidney Voter" campaign, which has registered patients in every state. #IAmAKidneyVoter, #KidneyVoter. Major programs within this Center include the Decade of the Kidney, the Global Summit on Kidney Innovation, the Public Policy Summit, and the Ambassador Initiative. Additionally, as part of the AAKP National Strategy, the Center for Patient Engagement and Advocacy works to engage, train, certify and deploy kidney patients in ways that are the most effective at elevating the patient voice within Federal policy-making circles. This includes critical times when national legislation, health program implementation, regulations or potential delays in the pharmaceutical approval process pose a concern to patient access to quality care or their future healthcare outcomes. AAKP is engaging and encouraging kidney patients and caregivers to participate in substantive opportunities for effective patient engagement and advocacy. AAKP operates via key distinctives and principles:

1. Elevate patient voice in national issues and across drug, diagnostic and device development
2. Protect the unique relationship between patients and their doctors
3. Educate patients and preserve their access to choices as informed consumers of healthcare
4. Maintain full independence in all national policy and decisions - never surrender your letterhead
5. Honor the principle of "no surprises" among trusted allies and Federal government officials

AAKP has a history of advocating on important issues affecting

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | American Association of Kidney Patients, Inc. | Employer identification number | 11-2306416 |
|--------------------------|---|--------------------------------|------------|

patients' care, treatment, options, medications and such. The Advocacy Program helps support initiatives such as: Capitol Hill Day visits, participation in meetings/seminars/conventions, public policy, Communication, research issues affecting patients and practical tools that explain how to be more effective advocates.

### The Decade of the Kidney

The Decade of the Kidney is a transformative announcement AAKP made in June of 2019 at its 2nd Annual National Policy Summit in Washington, D.C. designed to unite the community around a central thought - or a "big idea." From 2020-2030, during the Decade of the Kidney, we will see even greater contributions from every sector of our society and every discipline. These include medicine, science, academia, elected officials, industry, media, entertainment, government, the military and insights from our veteran populations. These sweeping changes will not be limited to our shores as Americans - they will incorporate the vibrant contributions of scientists, researchers and clinicians around the world whose achievements are moving us closer to addressing the toughest kidney diseases. As patients we know that kidney disease affects people everywhere - it does not discriminate, it knows no political affiliation and it recognizes no border. To accelerate change, AAKP believes that a far larger strategic context and message is needed to unite a broader base of Americans and far more communities behind ongoing efforts to fight kidney disease and give hope to the 40 million Americans who suffer from kidney diseases. We believe that the Decade of the Kidney will do precisely that - help explain to the general public and national policy leaders that each of our singular efforts and innovations underway in kidney disease are in

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | American Association of Kidney Patients, Inc. | Employer identification number | 11-2306416 |
|--------------------------|---|--------------------------------|------------|

fact part of a far larger national effort to save and improve lives for those who suffer from kidney disease - and those yet to be diagnosed. AAKP recommitted itself to this original formula and strategy to gain new national relevance; exponentially greater engagement and growth among kidney patients and their families; and far greater influence to push for greater patient choice and more innovative care options for patients.

Additional information for Part III line 4d (cont.)

Working together, AAKP and its members and allies have achieved profound impacts in the past several years - including legislation that allows HIV to HIV organ transplants, lower prescription drug costs and, most recently, AAKP contributed to the White House Executive Order on Advancing American Kidney Health and the Department of Health and Human Services (HHS) initiatives to fight kidney disease. AAKP also believes that by uniting all sectors of the kidney community under one strategic theme - it will be far easier to secure additional media and grassroots support, national research funding and public understanding for kidney disease.

Global Summit on Kidney Innovation

The Global Summit is a two-day event in Washington, D.C. designed to engage the top international experts in the field of kidney care including healthcare professionals, academics, government leaders and regulators, industry experts, entrepreneurs and patient advocates. This event is a partnership of the George Washington University School of Medicine, one of the top medical schools in the nation with an internationally recognized kidney care program, and the American Association of Kidney Patients (AAKP), the oldest and largest fully

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | American Association of Kidney Patients, Inc. | Employer identification number | 11-2306416 |
|--------------------------|---|--------------------------------|------------|

independent kidney patient organization in the United States. The 2020 Global Summit hosted virtually in response to the Coronavirus pandemic, highlights include: Over thousands registrants, 20 special medical and patient expert sessions, 5 countries represented by speakers, and 70 countries reached via the live stream. Panel presentations and discussions were recorded and made available OnDemand on the AAKP website for enduring education.

#### Speakers Bureau

The AAKP Speakers Bureau, under the AAKP Center for Patient Engagement and Advocacy, provides the public, private sector companies and non-profit organizations with highly knowledgeable experts committed to advancing the AAKP mission through personal experiences and expertise. Speakers include AAKP National Board Members and National Ambassadors. Each speaker is well-prepared to talk before large and small audiences. Together, our speakers share a wide range of disease and treatment experiences and their combined professional portfolios include published articles and books, participation in key government initiatives, industry focus groups and clinical trials, and testimony before Federal agencies. The AAKP Speakers Bureau is AAKP's contribution to the growing movement to generate greater public understanding of kidney disease nationwide, from local towns to the corridors of government in our nation's capital.

#### AAKP Veterans Health Initiative

The AAKP Veterans Health Initiative (VHI), based within the AAKP Center for Patient Engagement and Advocacy, is designed to advance research, innovation and policies aimed at safeguarding the highest standards in



|   |   |
|---|---|
| Name of the organization <b>American Association of Kidney Patients, Inc.</b> | Employer identification number<br><b>11-2306416</b> |
|---|---|

kidney care and treatment for veterans managing kidney disease both inside and outside the VA medical system. AAKP utilizes sophisticated social media and grassroots technologies to engage patients, medical professionals, and the public and to voice their concerns among policymakers. Veterans and their families face many unique challenges related to managing their healthcare and this is especially true for veterans who suffer from kidney and other complex, chronic diseases. AAKP is committed to making its fellow veterans have their voice heard, retain access to the care they have earned and are legally entitled to at the VA and elsewhere and gain the benefit of new research and innovations in the realms of biologics, diagnostics and devices.

**Capitol Hill Day Visits:**

These educational visits, hosted virtually in 2020, engage patients, care partners and healthcare professionals with their legislative representatives and staff to discuss current policy issues that affect patient care and quality of life. Participants are provided training on how to conduct respectful and substantive meetings before ever visiting Capitol Hill. AAKP also partners with medical professional organizations when policy issues related to patient services overlap with our strategic issue agenda. These organizations include, but are not limited to the following:

- Alliance for Home Dialysis
- Alport Syndrome Foundation
- American Kidney Fund
- American Society of Nephrology
- American Society of Pediatric Nephrology
- American Society of Transplantation

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | American Association of Kidney Patients, Inc. | Employer identification number | 11-2306416 |
|--------------------------|---|--------------------------------|------------|

-American Society of Transplant Surgeons

-Kidney Community Hill Day (a collaborative effort of over twelve national organizations)

-Kidney Health Initiative

-Medical Education Institute

-National Kidney Foundation

-National Renal Administrators Association

-PKD Foundation

-Renal Physicians Association

-TransplantFirst Academy, and more. Contact AAKP for a full list of partners.

AAKP's Ambassador Initiative:

The AAKP Ambassador Initiative is part of our Center for Patient Engagement and Advocacy. Ambassadors are our most engaged volunteers - seasoned experts on kidney disease, dialysis, transplant, and living kidney donation. Ambassadors utilize their personal experiences and professional skills to contribute to both the AAKP mission and the larger kidney community based on their desire to serve a cause larger than themselves. AAKP helps provide Federal officials with the patient input they seek, through our Ambassadors' engagement. Ambassadors maintain relationships and communications with their elected leaders to be sure kidney disease is on their radar. They participate in focus groups, roundtables, Technical Evaluation Panels (TEPs), surveys, clinical trials, public testimony before Federal agencies, and more.

AAKP Policy Summit:

AAKP is a nationally recognized leader in patient education and

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | American Association of Kidney Patients, Inc. | Employer identification number | 11-2306416 |
|--------------------------|---|--------------------------------|------------|

advocacy and our independent insights are highly regarded and relied upon by government agencies, elected and appointed national policymakers and policy influencers. With 50 years of effective patient engagement experience, AAKP knows that patients, government, researchers, professionals and industry working collaboratively together is the fastest way to transplant new innovations in kidney care into care solutions that impact patient health outcomes. The Policy Summit brings together key influencers from across all sectors of the policy spectrum for a two-day Summit that addresses the current state of kidney care at the crossroads of innovation, regulation and payment.

#### Strategic Partnerships and Alliances:

AAKP has maintained our national reputation as a trusted and independent voice for patients by both maintain our independence and through a select and targeted series of collaborative relationships with other non-profit professional and patient organizations. Before AAKP collaborates with any organization, we pose several questions to assess their credibility in our order to protect our organization and the patient interests we represent. These questions include:

1. Will our association with this organization discredit the AAKP mission and legacy?

2. Will our association with this organization confuse or contradict the AAKP message?

3. Will our association with this organization turn away potential long-term allies?

4. Will our association with this organization discourage

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | American Association of Kidney Patients, Inc. | Employer identification number | 11-2306416 |
|--------------------------|---|--------------------------------|------------|

elected/career policy-maker interest or support of policy goal?

5. Will our association with this organization fulfill a negative narrative already underway about your issue/community?

Our current strategic partnerships and alliances include but are not limited to:

- Academy of Nutrition and Dietetics
- Alliance for Home Dialysis
- Alport Syndrome Foundation
- Alliance for Gout Awareness
- Alliance for a Stronger FDA
- American Kidney Fund
- American Nephrology Nurses Association
- American Society of Nephrology
- American Society of Pediatric Nephrology
- American Society of Transplant Surgeons
- American Society of Transplantation
- Dialysis Clinic, Inc.
- Emory University
- ESRD Rockstars
- For Kidney's Sake, Inc.
- Forum of ESRD Networks
- Friends of NIDDK
- Friends of HRSA
- Home Dialyzers United
- IGA Nephropathy Foundation of America
- International Home Dialysis Roundtable
- Kaiser Permanente GA

|   |   |
|---|---|
| Name of the organization <b>American Association of Kidney Patients, Inc.</b> | Employer identification number<br><b>11-2306416</b> |
|---|---|

-Kidney Health Initiative

-Making Dialysis Safer Coalition

-Medical Education Institute

-National Association of Nephrology Technicians

-National Kidney Foundation

-National Renal Administrators Association

-National Psoriasis Society

-NephCure Kidney International

-Oxalosis and Hyperoxaluria Foundation

-Patient Access to Pain Relief (PAPR)

-Patient Alliance for Drug Safety Protections

-Polycystic Kidney Disease Foundation

-Precision Medicine Coalition

-ReMend

-Renal Pathology Society

-Renal Physicians Association

-Renal Support Network

-Rogosin Institute

-Scientific Registry of Transplant Recipients

-Society of Transplant Social Workers

-Southeastern Kidney Transplant Coalition

-TRIO - Transplant Recipients

Additional information for Part III line 4d (cont.)

-Veterans Transplant Association, and more. Contact AAKP for a full list of partners.

Federal Agency Engagement:

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | American Association of Kidney Patients, Inc. | Employer identification number | 11-2306416 |
|--------------------------|---|--------------------------------|------------|

Over the course of the past year, and again as a result of our national engagement strategy, AAKP has been heavily involved with multiple Federal agencies. AAKP has traditionally worked very closely with Federal agencies since our organization leads national efforts to establish the End Stage Renal Disease Program (ESRD), administered since 1973 by Department of Health and Human Services under the Centers for Medicare and Medicaid Services (CMS). AAKP values the civil service of the United States and has maintained strong relationships with programs, agencies and personnel under every Presidential Administration since 1973 and is non-partisan in our engagements with the U.S. civil service. Below are just a few of the agencies AAKP engaged with:

- Center for Disease Control and Prevention (CDC)
- White House Office of Science and Technology Policy (OSTP)
- White House, National Economic Council (NEC)
- U.S. Department of Health and Human Services (HHS)
- U.S. Department of Labor (DOL)
- U.S. Department of Defense (DoD)
- DOL/Office of Disability Employment Programs (ODEP)
- HHS/Centers for Medicare and Medicaid Assistance (CMS)
- HHS/Center for Medicare and Medicaid Innovation (CMMI)
- HHS/Food and Drug Administration (FDA)
- HHS/National Institutes of Health (NIH)
- HHS/National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)
- HHS/Health Resources and Services Administration (HRSA)
- Veteran's Administration (VA)

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | American Association of Kidney Patients, Inc. | Employer identification number | 11-2306416 |
|--------------------------|---|--------------------------------|------------|

In addition to these agency engagements, AAKP has served as the Chair of the CMS Technical Evaluation Panel (TEP) for the CMS Dialysis Facility Compare 5 Star Rating Program as well as multiple other TEP's. AAKP also holds multiple seats on the Board and subcommittees of the Kidney Health Initiative - an FDA/ASN breakthrough collaborative and is actively involved as well in the Clinical Trials Transformation Initiative, another breakthrough collaborative between the FDA and Duke University. AAKP leadership holds positions within the NIH Kidney Precision Medicine Project, the FDA Patient Engagement Advisory Panel, and the CDC Healthcare Infection Control and Advisory Council.

Form 990, Part VI, Section B, line 11b:

The Form 990 is reviewed in detail by the Executive Committee and Finance Committee. Both Committees approve the return. Copies of the Form 990 are provided to all Board members prior to the return being filed.

Form 990, Part VI, Section B, Line 12c:

All members of the Board of Directors and employees of AAKP receive a copy of the conflict of interest policy. The Executive Director and all Board members are required to complete and sign the Conflict of Interest Questionnaire and Confidentiality Agreement indicating that they have been and are in compliance with this policy.

Form 990, Part VI, Section B, Line 15a:

The President conducts an annual review of the Executive Director's performance and recommends any adjustment to salary to the Executive

|   |   |
|---|---|
| Name of the organization <b>American Association of Kidney Patients, Inc.</b> | Employer identification number<br><b>11-2306416</b> |
|---|---|

Committee. The Executive Committee approves raises for the Executive Director and approves the overall salary levels for all employees.

Form 990, Part VI, Section C, Line 18:

The Form 990 is reviewed in detail by the Executive Committee and Finance Committee. Both Committees approve the return. Copies of the Form 990 are provided to all Board members prior to the return being filed. The Final 990 and Audit is made available on the organization website.

Form 990, Part VI, Section C, Line 19:

The Final 990 and Audit is made available on the organization website.



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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

|  |   |   |
|--|---|---|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>American Association of Kidney Patients, Inc.</b> | Taxpayer identification number (TIN)<br><b>11-2306416</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>14440 Bruce B Downs Blvd</b>             |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>Tampa, FL 33613</b>    |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**Diana Clynes**

- The books are in the care of ▶ **14440 Bruce B. Downs Blvd - Tampa, FL 33613**  
Telephone No. ▶ **813-636-8100** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until May 16, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning JUL 1, 2020, and ending JUN 30, 2021.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

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

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

|  |   |   |
|--|---|---|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>American Association of Kidney Patients, Inc.</b> | Taxpayer identification number (TIN)<br><b>11-2306416</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>14440 Bruce B Downs Blvd</b>             |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>Tampa, FL 33613</b>    |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**Diana Clynes**

- The books are in the care of ▶ **14440 Bruce B. Downs Blvd - Tampa, FL 33613**  
Telephone No. ▶ **813-636-8100** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until May 16, 2022, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning JUL 1, 2020, and ending JUN 30, 2021.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.                                   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

## 2020

For calendar year 2020 or other tax year beginning JUL 1, 2020, and ending JUN 30, 2021.

▶ **Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.**  
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Department of the Treasury  
Internal Revenue Service

Open to Public Inspection for  
501(c)(3) Organizations Only

|   |                              |  |  |
|---|------------------------------|--|--|
| <p><b>A</b> <input type="checkbox"/> Check box if address changed.</p> <p><b>B</b> Exempt under section<br/> <input checked="" type="checkbox"/> 501(c)(3) )<br/> <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br/> <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br/> <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S</p> | <p>Print<br/>or<br/>Type</p> | <p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br/> <b>American Association of Kidney Patients, Inc.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.<br/> <b>14440 Bruce B Downs Blvd</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code<br/> <b>Tampa, FL 33613</b></p> | <p><b>D</b> Employer identification number<br/><br/><b>11-2306416</b></p> <p><b>E</b> Group exemption number (see instructions)</p> <p><b>F</b> <input type="checkbox"/> Check box if an amended return.</p> |
| <p><b>C</b> Book value of all assets at end of year ..... ▶ <b>1,743,144.</b></p>   |                              |  |  |

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust  Applicable reinsurance entity

**H** Check if filing only to ▶  Claim credit from Form 8941  Claim a refund shown on Form 2439

**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ..... ▶

**J** Enter the number of attached Schedules A (Form 990-T) ..... ▶ **1**

**K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation. ▶

**L** The books are in care of ▶ **Diana Clynes** Telephone number ▶ **813-636-8100**

**Part I Total Unrelated Business Taxable Income**

|  |    |        |
|--|----|--------|
| 1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) .....               | 1  | 0.     |
| 2 Reserved .....   | 2  |        |
| 3 Add lines 1 and 2 .....  | 3  |        |
| 4 Charitable contributions (see instructions for limitation rules) .....   | 4  | 0.     |
| 5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 .....                             | 5  |        |
| 6 Deduction for net operating loss. See instructions .....   | 6  |        |
| 7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5 ..... | 7  |        |
| 8 Specific deduction (generally \$1,000, but see instructions for exceptions) .....  | 8  | 1,000. |
| 9 <b>Trusts.</b> Section 199A deduction. See instructions .....  | 9  |        |
| 10 <b>Total deductions.</b> Add lines 8 and 9 .....  | 10 | 1,000. |
| 11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero .....       | 11 | 0.     |

**Part II Tax Computation**

|   |   |    |
|---|---|----|
| 1 <b>Organizations taxable as corporations.</b> Multiply Part I, line 11 by 21% (0.21) .....  | 1 | 0. |
| 2 <b>Trusts taxable at trust rates.</b> See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) ..... | 2 |    |
| 3 <b>Proxy tax.</b> See instructions .....  | 3 |    |
| 4 Other tax amounts. See instructions .....   | 4 |    |
| 5 Alternative minimum tax (trusts only) .....   | 5 |    |
| 6 <b>Tax on noncompliant facility income.</b> See instructions .....  | 6 |    |
| 7 <b>Total.</b> Add lines 3 through 6 to line 1 or 2, whichever applies .....   | 7 | 0. |

LHA For Paperwork Reduction Act Notice, see instructions.

| <b>Part III Tax and Payments</b>   |           |           |    |
|--|-----------|-----------|----|
| 1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) .....   | <b>1a</b> |           |    |
| b Other credits (see instructions) .....   | <b>1b</b> |           |    |
| c General business credit. Attach Form 3800 (see instructions) .....   | <b>1c</b> |           |    |
| d Credit for prior year minimum tax (attach Form 8801 or 8827) .....   | <b>1d</b> |           |    |
| e <b>Total credits.</b> Add lines 1a through 1d .....  |           | <b>1e</b> |    |
| 2 Subtract line 1e from Part II, line 7 .....  |           | <b>2</b>  | 0. |
| 3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866<br><input type="checkbox"/> Other (attach statement) ..... |           | <b>3</b>  |    |
| 4 <b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here .....   |           | <b>4</b>  | 0. |
| 5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4 .....   |           | <b>5</b>  | 0. |
| 6a Payments: A 2019 overpayment credited to 2020 .....   | <b>6a</b> |           |    |
| b 2020 estimated tax payments. Check if section 643(g) election applies .....  | <b>6b</b> |           |    |
| c Tax deposited with Form 8868 .....   | <b>6c</b> |           |    |
| d Foreign organizations: Tax paid or withheld at source (see instructions) .....   | <b>6d</b> |           |    |
| e Backup withholding (see instructions) .....  | <b>6e</b> |           |    |
| f Credit for small employer health insurance premiums (attach Form 8941) .....   | <b>6f</b> |           |    |
| g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 .....   | <b>6g</b> |           |    |
| <input type="checkbox"/> Form 4136 .....   |           |           |    |
| 7 <b>Total payments.</b> Add lines 6a through 6g .....   |           | <b>7</b>  |    |
| 8 Estimated tax penalty (see instructions). Check if Form 2220 is attached .....   |           | <b>8</b>  |    |
| 9 <b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed .....  |           | <b>9</b>  |    |
| 10 <b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid .....  |           | <b>10</b> |    |
| 11 Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> ▶ .....   |           | <b>11</b> |    |

| <b>Part IV Statements Regarding Certain Activities and Other Information</b> (see instructions)  |  |     |    |
|--|--|-----|----|
| 1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here ▶ ..... |  | Yes | No |
| 2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? .....  |  |     | X  |
| 3 Enter the amount of tax-exempt interest received or accrued during the tax year .....  |  |     |    |
| 4a Did the organization change its method of accounting? (see instructions) .....  |  |     | X  |
| b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V .....  |  |     |    |

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

|                               |  |   |                                      |   |
|-------------------------------|--|---|--------------------------------------|---|
| <b>Sign Here</b>              | Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. |   |                                      |   |
|                               | ▶ _____<br>Signature of officer  | Date  | ▶ <b>Executive Director</b><br>Title | May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name   | Preparer's signature  | Date                                 | Check <input type="checkbox"/> if self-employed PTIN  |
|                               | Mary Brown   | <i>Mary Brown</i>   | 02/15/22                             | P01892845   |
|                               | Firm's name ▶ PDR CPAS + Advisors  | Firm's address ▶ 4023 Tampa Road, Suite 2000<br>Oldsmar, FL 34677 |                                      | Firm's EIN ▶ 59-1687531<br>Phone no. 727-785-4447   |

**SCHEDULE A  
(Form 990-T)**

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.  
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Entity **1**

OMB No. 1545-0047

**2020**

Open to Public Inspection for  
501(c)(3) Organizations Only

|  |  |
|--|--|
| <b>A</b> Name of the organization<br><b>American Association of Kidney Patients<br/>Inc.</b> | <b>B</b> Employer identification number<br><b>11-2306416</b> |
| <b>C</b> Unrelated business activity code (see instructions) ▶ <b>541800</b>                 | <b>D</b> Sequence: <b>1</b> of <b>1</b>                      |

**E** Describe the unrelated trade or business ▶ **Advertising**

| <b>Part I</b> Unrelated Trade or Business Income  | (A) Income | (B) Expenses | (C) Net |
|---|------------|--------------|---------|
| <b>1 a</b> Gross receipts or sales  |            |              |         |
| <b>b</b> Less returns and allowances <b>c</b> Balance ▶                                       | <b>1c</b>  |              |         |
| <b>2</b> Cost of goods sold (Part III, line 8)  | <b>2</b>   |              |         |
| <b>3</b> Gross profit. Subtract line 2 from line 1c   | <b>3</b>   |              |         |
| <b>4 a</b> Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions) | <b>4a</b>  |              |         |
| <b>b</b> Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)                    | <b>4b</b>  |              |         |
| <b>c</b> Capital loss deduction for trusts  | <b>4c</b>  |              |         |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement)              | <b>5</b>   |              |         |
| <b>6</b> Rent income (Part IV)  | <b>6</b>   |              |         |
| <b>7</b> Unrelated debt-financed income (Part V)  | <b>7</b>   |              |         |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Part VI)   | <b>8</b>   |              |         |
| <b>9</b> Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)        | <b>9</b>   |              |         |
| <b>10</b> Exploited exempt activity income (Part VIII)  | <b>10</b>  |              |         |
| <b>11</b> Advertising income (Part IX)  | 31,040.    | 4,188.       | 26,852. |
| <b>12</b> Other income (see instructions; attach statement)                                   |            |              |         |
| <b>13 Total.</b> Combine lines 3 through 12   | 31,040.    | 4,188.       | 26,852. |

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

|  |           |           |
|--|-----------|-----------|
| <b>1</b> Compensation of officers, directors, and trustees (Part X)  | <b>1</b>  |           |
| <b>2</b> Salaries and wages  | <b>2</b>  |           |
| <b>3</b> Repairs and maintenance   | <b>3</b>  |           |
| <b>4</b> Bad debts   | <b>4</b>  |           |
| <b>5</b> Interest (attach statement) (see instructions)  | <b>5</b>  |           |
| <b>6</b> Taxes and licenses  | <b>6</b>  |           |
| <b>7</b> Depreciation (attach Form 4562) (see instructions)  | <b>7</b>  |           |
| <b>8</b> Less depreciation claimed in Part III and elsewhere on return   | <b>8a</b> | <b>8b</b> |
| <b>9</b> Depletion   | <b>9</b>  |           |
| <b>10</b> Contributions to deferred compensation plans   | <b>10</b> |           |
| <b>11</b> Employee benefit programs  | <b>11</b> |           |
| <b>12</b> Excess exempt expenses (Part VIII)   | <b>12</b> |           |
| <b>13</b> Excess readership costs (Part IX)  | <b>13</b> | 26,852.   |
| <b>14</b> Other deductions (attach statement)  | <b>14</b> |           |
| <b>15 Total deductions.</b> Add lines 1 through 14   | <b>15</b> | 26,852.   |
| <b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C) | <b>16</b> | 0.        |
| <b>17</b> Deduction for net operating loss (see instructions)  | <b>17</b> | 0.        |
| <b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16   | <b>18</b> |           |

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

**Part III Cost of Goods Sold**

Enter method of inventory valuation

|   |  |   |  |
|---|--|---|--|
| 1 | Inventory at beginning of year .....   | 1 |  |
| 2 | Purchases .....  | 2 |  |
| 3 | Cost of labor .....  | 3 |  |
| 4 | Additional section 263A costs (attach statement) .....   | 4 |  |
| 5 | Other costs (attach statement) .....   | 5 |  |
| 6 | <b>Total.</b> Add lines 1 through 5 .....  | 6 |  |
| 7 | Inventory at end of year .....   | 7 |  |
| 8 | <b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2 .....                           | 8 |  |
| 9 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ..... |   | <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

|   | A  | B | C | D |
|---|----|---|---|---|
| 2 Rent received or accrued  |    |   |   |   |
| a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) .....                           |    |   |   |   |
| b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) ..... |    |   |   |   |
| c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D .....   |    |   |   |   |
| 3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)                                  | 0. |   |   |   |
| 4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) .....   |    |   |   |   |
| 5 <b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)   | 0. |   |   |   |

**Part V Unrelated Debt-Financed Income** (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A  \_\_\_\_\_

B  \_\_\_\_\_

C  \_\_\_\_\_

D  \_\_\_\_\_

|   | A  | B | C | D |
|---|----|---|---|---|
| 2 Gross income from or allocable to debt-financed property .....  |    |   |   |   |
| 3 Deductions directly connected with or allocable to debt-financed property   |    |   |   |   |
| a Straight line depreciation (attach statement) .....   |    |   |   |   |
| b Other deductions (attach statement) .....   |    |   |   |   |
| c Total deductions (add lines 3a and 3b, columns A through D) .....   |    |   |   |   |
| 4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) .....             |    |   |   |   |
| 5 Average adjusted basis of or allocable to debt-financed property (attach statement) .....                         |    |   |   |   |
| 6 Divide line 4 by line 5 .....   | %  | % | % | % |
| 7 Gross income reportable. Multiply line 2 by line 6 .....  |    |   |   |   |
| 8 <b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)         | 0. |   |   |   |
| 9 Allocable deductions. Multiply line 3c by line 6  |    |   |   |   |
| 10 <b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) | 0. |   |   |   |
| 11 <b>Total dividends-received deductions</b> included in line 10   | 0. |   |   |   |

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

| 1. Name of controlled organization |   | 2. Employer identification number   | Exempt Controlled Organizations  |  |   | 6. Deductions directly connected with income in column 5 |
|------------------------------------|---|-------------------------------------|--|--|---|--|
|                                    |   |                                     | 3. Net unrelated income (loss) (see instructions)                                    | 4. Total of specified payments made                                | 5. Part of column 4 that is included in the controlling organization's gross income |  |
| (1)                                |   |                                     |  |  |   |  |
| (2)                                |   |                                     |  |  |   |  |
| (3)                                |   |                                     |  |  |   |  |
| (4)                                |   |                                     |  |  |   |  |
| Nonexempt Controlled Organizations |   |                                     |  |  |   |  |
| 7. Taxable Income                  | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10         |   |  |
| (1)                                |   |                                     |  |  |   |  |
| (2)                                |   |                                     |  |  |   |  |
| (3)                                |   |                                     |  |  |   |  |
| (4)                                |   |                                     |  |  |   |  |
|                                    |   |                                     | Add columns 5 and 10. Enter here and on Part I, line 8, column (A)                   | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) |   |  |
| <b>Totals</b>                      |   |                                     | 0.   | 0.   |   |  |

**Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach statement)                   | 4. Set-asides (attach statement) | 5. Total deductions and set-asides (add cols 3 and 4)                 |
|--------------------------|---------------------|---|----------------------------------|---|
| (1)                      |                     |   |                                  |   |
| (2)                      |                     |   |                                  |   |
| (3)                      |                     |   |                                  |   |
| (4)                      |                     |   |                                  |   |
|                          |                     | Add amounts in column 2. Enter here and on Part I, line 9, column (A) |                                  | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| <b>Totals</b>            |                     | 0.  |                                  | 0.  |

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

|   |  |   |  |
|---|--|---|--|
| 1 | Description of exploited activity: _____   |   |  |
| 2 | Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....                                    | 2 |  |
| 3 | Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....                  | 3 |  |
| 4 | Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....                   | 4 |  |
| 5 | Gross income from activity that is not unrelated business income .....   | 5 |  |
| 6 | Expenses attributable to income entered on line 5 .....  | 6 |  |
| 7 | Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 ..... | 7 |  |

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

- A  E-Newsletter
- B  Renal Life Magazine
- C
- D

Enter amounts for each periodical listed above in the corresponding column.

|  | A       | B       | C | D       |
|--|---------|---------|---|---------|
| 2 Gross advertising income .....   | 15,735. | 15,305. |   |         |
| Add columns A through D. Enter here and on Part I, line 11, column (A) ..... |         |         |   | 31,040. |

|  |      |        |  |        |
|--|------|--------|--|--------|
| a  |      |        |  |        |
| 3 Direct advertising costs by periodical .....                                 | 750. | 3,438. |  |        |
| a Add columns A through D. Enter here and on Part I, line 11, column (B) ..... |      |        |  | 4,188. |

|   |         |         |  |         |
|---|---------|---------|--|---------|
| 4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8 ..... | 14,985. | 11,867. |  |         |
| 5 Readership costs .....  | 23,250. | 86,563. |  |         |
| 6 Circulation income .....  |         | 1,831.  |  |         |
| 7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero .....  | 23,250. | 84,732. |  |         |
| 8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 .....  | 14,985. | 11,867. |  |         |
| a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13 .....   |         |         |  | 26,852. |

**Part X Compensation of Officers, Directors, and Trustees** (see instructions)

| 1. Name  | 2. Title | 3. Percentage of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|---|--|
| (1)  |          | %   |  |
| (2)  |          | %   |  |
| (3)  |          | %   |  |
| (4)  |          | %   |  |
| Total. Enter here and on Part II, line 1 ..... |          |   | 0.   |

**Part XI Supplemental Information** (see instructions)

---



---



---



---



---



---



---



---



---





Oldsmar / Tampa / St. Petersburg

727-785-4447  
813-498-1294  
F: 727-784-5491

[www.pdr-cpa.com](http://www.pdr-cpa.com)

February 15, 2022

American Association of Kidney Patients,  
Inc.  
14440 Bruce B Downs Blvd  
Tampa, FL 33613  
Attention: Diana Clynes

Dear Diana:

We have prepared and enclosed your 2020 Florida return.

FLORIDA FORM F-1120 RETURN:

The Florida Form F-1120 return has been prepared for electronic filing. If you wish to have it transmitted electronically to the Florida DOR, please contact our office and we will submit the electronic return to the Florida DOR. Do not mail the paper copy of the return to the Florida DOR.

No payment is required.

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

A handwritten signature in cursive script that reads "Mary Brown".

Mary Brown  
Certified Public Accountant



Florida Corporate Income/Franchise Tax Return

F-1120, R. 01/20 1019

FEIN 11-2306416

For calendar year 2020 or tax year beginning JUL 1, 2020 ending JUN 30, 2021

Rule 12C-1.051 Florida Administrative Code Effective 01/21 Page 1 of 6

813302021063000020050372311230641600007

Name American Association of Kidney Patients, Inc.
Address 14440 Bruce B Downs Blvd
City/State/ZIP Tampa, FL 33613

Check here if any changes have been made to name or address

Computation of Florida Net Income Tax

- 1. Federal taxable income (see instructions) - Attach pages 1-5 of federal return
2. State income taxes deducted in computing federal taxable income
3. Additions to federal taxable income (from Schedule I)
4. Total of Lines 1, 2 and 3
5. Subtractions from federal taxable income (from Schedule II)
6. Adjusted federal income (Line 4 minus Line 5)
7. Florida portion of adjusted federal income (see instructions)
8. Nonbusiness income allocated to Florida (from Schedule R)
9. Florida exemption
10. Florida net income (Line 7 plus Line 8 minus Line 9)
11. Tax due: 4.458% of Line 10
12. Credits against the tax (from Schedule V)
13. Total corporate income/franchise tax due (Line 11 minus Line 12)
14. a) Penalty: F-2220 b) Other
15. Total of Lines 13 and 14
16. Payment credits: Estimated tax payments 16a \$ Tentative tax payment 16b \$
17. Total amount due: Subtract Line 16 from Line 15. If positive, enter amount due here and on payment coupon.
18. Credit: Enter amount of overpayment credited to next year's estimated tax here and on payment coupon
19. Refund: Enter amount of overpayment to be refunded here and on payment coupon

044081 10-20-20

Payment Coupon for Florida Corporate Income Tax Return

1019 F-1120 R. 01/20

Do Not Detach

YEAR ENDING 06/30/21

To ensure proper credit to your account, enclose your check with tax return when mailing.

Name American Association of Kidne Inc.
Address 14440 Bruce B Downs Blvd
City/State/ZIP Tampa, FL 33613

If 6/30 year end, return is due 1st day of the 4th month after the close of the taxable year, otherwise return is due 1st day of the 5th month after the close of the taxable year.

112306416 0 0 0
20200701 0 0 0
20210630 0 0 0
00000000 0.000000 0 0
012 0 0 0
202 0 0 0
0 0 0 0
0 0 0 0

0

8133 0 20210630 0002005037 2 3112306416 0000 7



American Association of Kidney Patie

FEIN 11-2306416

1019
F-1120
R. 01/20
Page 2 of 6
06/30/21

This return is considered incomplete unless a copy of the federal return is attached.
If your return is not signed, or improperly signed and verified, it will be subject to a penalty. The statute of limitations will not start until your return is properly signed and verified. Your return must be completed in its entirety.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.
Sign here: Signature of officer (must be an original signature) Date Title Executive Director
Paid preparers only: Preparer's signature Mary Brown Date 02/15/22 Preparer check if self-employed Preparer's PTIN P01892845
Firm's name (or yours if self-employed) and address 4023 Tampa Road, Suite 2000 Oldsmar, FL FEIN 59-1687531 ZIP 34677

All Taxpayers Must Answer Questions A through M Below - See Instructions

- A. State of incorporation:
B. Florida Secretary of State document number:
C. Florida consolidated return? YES NO X
D. Initial return Final return (final federal return filed)
E. Principal Business Activity Code (as pertains to Florida) 485000
F. A Florida extension of time was timely filed? YES NO X
G-1. Corporation is a member of a controlled group? YES NO X If yes, attach list.
G-2. Part of a federal consolidated return? YES NO X If yes, provide: FEIN from federal consolidated return: Name of corporation:
G-3. The federal common parent has sales, property, or payroll in Florida? YES NO X
H. Location of corporate books: 14440 Bruce B. Downs Blvd Tampa, FL 33613
I. Taxpayer is a member of a Florida partnership or joint venture? YES NO X
J. Enter date of latest IRS audit:
a) List years examined:
K. Contact person concerning this return: Diana Clynes
a) Contact person telephone number: 813-636-8100
b) Contact person e-mail address: dclynes@aakp.org
L. Type of federal return filed 1120 1120S or 990-T

L

T

Online Information Reporting Requirement

Visit the Department website to obtain a list of the required information, due date, penalty rate and application to enter the information. (See section 220.27, Florida Statutes)

Where to Send Payments and Returns

Make check payable to and mail with return to:

Florida Department of Revenue
5050 W Tennessee Street
Tallahassee FL 32399-0135

If you are requesting a refund (Line 19), send your return to:

Florida Department of Revenue
PO Box 6440
Tallahassee FL 32314-6440

Remember:

- Make your check payable to the Florida Department of Revenue.
Write your FEIN on your check.
Sign your check and return.
Attach a copy of your federal return.
Attach a copy of your Florida Form F-7004 (extension of time) if applicable.



NAME American Association of Kidney Patien FEIN 11-2306416 TAXABLE YEAR ENDING 06/30/21

| <b>Schedule I - Additions and/or Adjustments to Federal Taxable Income</b>                  |     |
|---|-----|
| 1. Interest excluded from federal taxable income (see instructions)                         | 1.  |
| 2. Undistributed net long-term capital gains (see instructions)                             | 2.  |
| 3. Net operating loss deduction (attach schedule)   | 3.  |
| 4. Net capital loss carryover (attach schedule)   | 4.  |
| 5. Excess charitable contribution carryover (attach schedule)                               | 5.  |
| 6. Employee benefit plan contribution carryover (attach schedule)                           | 6.  |
| 7. Enterprise zone jobs credit (Florida Form F-1156Z)                                       | 7.  |
| 8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z) | 8.  |
| 9. Guaranty association assessment(s) credit  | 9.  |
| 10. Rural and/or urban high crime area job tax credits                                      | 10. |
| 11. State housing tax credit  | 11. |
| 12. Florida Tax Credit Scholarship Program Credits  | 12. |
| 13. Florida Renewable energy production tax credit  | 13. |
| 14. New markets tax credit  | 14. |
| 15. Entertainment industry tax credit   | 15. |
| 16. Research and Development tax credit   | 16. |
| 17. Energy Economic Zone tax credit   | 17. |
| 18. s. 168(k) IRC special bonus depreciation  | 18. |
| 19. Other additions (attach schedule)   | 19. |
| 20. Total Lines 1 through 19. Enter total on Line 20 and on Page 1, Line 3.                 | 20. |

| <b>Schedule II - Subtractions from Federal Taxable Income</b>   |     |
|---|-----|
| 1. Gross foreign source income less attributable expenses<br>(a) Enter s. 78, IRC income \$ _____<br>(b) plus s. 862, IRC dividends \$ _____<br>(c) plus s. 951A, IRC, income \$ _____<br>(d) less direct and indirect expenses<br>and related amounts deducted<br>under s. 250, IRC \$ _____ | 1.  |
| 2. Gross subpart F income less attributable expenses<br>(a) Enter s. 951, IRC subpart F income \$ _____<br>(b) less direct and indirect expenses \$ _____   | 2.  |
| Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.   |     |
| 3. Florida net operating loss carryover deduction (see instructions)  | 3.  |
| 4. Florida net capital loss carryover deduction (see instructions)  | 4.  |
| 5. Florida excess charitable contribution carryover (see instructions)  | 5.  |
| 6. Florida employee benefit plan contribution carryover (see instructions)  | 6.  |
| 7. Nonbusiness income (from Schedule R, Line 3)   | 7.  |
| 8. Eligible net income of an international banking facility (see instructions)  | 8.  |
| 9. s. 179, IRC expense (see instructions)   | 9.  |
| 10. s. 168(k), IRC special bonus depreciation (see instructions)  | 10. |
| 11. Other subtractions (attach statement)   | 11. |
| 12. Total Lines 1 through 11. Enter total on Line 12 and on Page 1, Line 5.   | 12. |



NAME American Association of Kidney Patien FEIN 11-2306416 TAXABLE YEAR ENDING 06/30/21

| <b>Schedule III - Apportionment of Adjusted Federal Income</b>  |  |  |   |  |   |
|---|--|--|---|--|---|
| <b>III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.</b>    |  |  |   |  |   |
|   | (a)<br>WITHIN FLORIDA<br>(Numerator)       | (b)<br>TOTAL EVERYWHERE<br>(Denominator) | (c)<br>Col. (a) ÷ Col. (b)<br>Rounded to Six Decimal<br>Places    | (d)<br>Weight<br><small>If any factor in Column (b) is zero,<br/>see note on Pg 9 of the instructions.</small> | (e)<br>Weighted Factors<br>Rounded to Six Decimal<br>Places |
| 1. Property (Schedule III-B below)  |  |  |   | X 25% or   |   |
| 2. Payroll  |  |  |   | X 25% or   |   |
| 3. Sales (Schedule III-C below)   |  |  |   | X 50% or   |   |
| 4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column (e). Enter here and on Schedule IV, Line 2.                           |  |  |   |  | <b>1.000000</b>   |
| <b>III-B For use in computing average value of property<br/>(use original cost).</b>  | WITHIN FLORIDA                             |  | TOTAL EVERYWHERE  |  |   |
|   | a. Beginning of year                       | b. End of year                           | c. Beginning of year  | d. End of year   |   |
| 1. Inventories of raw material, work in process, finished goods   |  |  |   |  |   |
| 2. Buildings and other depreciable assets   |  |  |   |  |   |
| 3. Land owned   |  |  |   |  |   |
| 4. Other tangible and intangible (financial org. only) assets (attach schedule)   |  |  |   |  |   |
| 5. Total (Lines 1 through 4)  |  |  |   |  |   |
| 6. Average value of property  |  |  |   |  |   |
| a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) ..... 6a.   | _____                                      |  |   |  |   |
| b. Add Line 5, Columns (c) and (d) and divide by 2 (for total everywhere) .....   | 6b. _____                                  |  |   |  |   |
| 7. Rented property (8 times net annual rent)  |  |  |   |  |   |
| a. Rented property in Florida .....   | 7a. _____                                  |  |   |  |   |
| b. Rented property Everywhere .....   | 7b. _____                                  |  |   |  |   |
| 8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b).   |  |  |   |  |   |
| a. Enter Lines 6 a. plus 7 a. and also enter on Schedule III-A, Line 1,<br>Column (a) for total average property in Florida ..... | 8a. _____                                  |  |   |  |   |
| b. Enter Lines 6 b. plus 7 b. and also enter on Schedule III-A, Line 1,<br>Column (b) for total average property Everywhere ..... | 8b. _____                                  |  |   |  |   |
| <b>III-C Sales Factor</b>   | (a)<br>TOTAL WITHIN FLORIDA<br>(Numerator) |  | (b)<br>TOTAL EVERYWHERE<br>(Denominator)                          |  |   |
| 1. Sales (gross receipts)   | <b>N/A</b>                                 |  |   |  |   |
| 2. Sales delivered or shipped to Florida purchasers   |  |  | <b>N/A</b>  |  |   |
| 3. Other gross receipts (rents, royalties, interest, etc. when applicable)  |  |  |   |  |   |
| 4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns (a) and (b))   |  |  |   |  |   |
| <b>III-D Special Apportionment Fractions (see instructions)</b>   | (a) WITHIN FLORIDA                         | (b) TOTAL EVERYWHERE                     | (c) FLORIDA Fraction ((a) ÷ (b))<br>Rounded to Six Decimal Places |  |   |
| 1. Insurance companies (attach copy of Schedule T - Annual Report)  |  |  |   |  |   |
| 2. Transportation services  |  |  |   |  |   |

| <b>Schedule IV - Computation of Florida Portion of Adjusted Federal Income</b>                             |    |
|--|----|
| 1. Apportionable adjusted federal income from Page 1, Line 6   | 1. |
| 2. Florida apportionment fraction (Schedule III-A, Line 4)   | 2. |
| 3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)                               | 3. |
| 4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)                 | 4. |
| 5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)                   | 5. |
| 6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)     | 6. |
| 7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions) | 7. |
| 8. Total carryovers apportioned to Florida (add Lines 4 through 7)   | 8. |
| 9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)                   | 9. |



NAME American Association of Kidney Patien FEIN 11-2306416 TAXABLE YEAR ENDING 06/30/21

| <b>Schedule V - Credits Against the Corporate Income/Franchise Tax</b>   |     |
|--|-----|
| 1. Florida health maintenance organization credit (attach assessment notice)   | 1.  |
| 2. Capital investment tax credit (attach certification letter)   | 2.  |
| 3. Enterprise zone jobs credit (from Florida Form F-1156Z attached)  | 3.  |
| 4. Community contribution tax credit (attach certification letter)   | 4.  |
| 5. Enterprise zone property tax credit (from Florida Form F-1158Z attached)  | 5.  |
| 6. Rural job tax credit (attach certification letter)  | 6.  |
| 7. Urban high crime area job tax credit (attach certification letter)  | 7.  |
| 8. Hazardous waste facility tax credit   | 8.  |
| 9. Florida alternative minimum tax (AMT) credit  | 9.  |
| 10. Contaminated site rehabilitation tax credit (attach tax credit certificate)  | 10. |
| 11. State housing tax credit (attach certification letter)   | 11. |
| 12. Florida Tax Credit: Scholarship Program Credits. (attach certificate)  | 12. |
| 13. Florida renewable energy production tax credit   | 13. |
| 14. New markets tax credit   | 14. |
| 15. Entertainment industry tax credit  | 15. |
| 16. Research and Development tax credit  | 16. |
| 17. Energy Economic Zone tax credit  | 17. |
| 18. Other credits (attach schedule)  | 18. |
| 19. Total credits against the tax (sum of Lines 1 through 18 not to exceed the amount on Page 1, Line 11).<br>Enter total credits on Page 1, Line 12 | 19. |

**Schedule R - Nonbusiness Income**

**Line 1. Nonbusiness income (loss) allocated to Florida**

| <u>Type</u>                         | <u>Amount</u> |
|-------------------------------------|---------------|
| _____                               | _____         |
| _____                               | _____         |
| _____                               | _____         |
| Total allocated to Florida ..... 1. | _____         |
| (Enter here and on Page 1, Line 8)  |               |

**Line 2. Nonbusiness income (loss) allocated elsewhere**

| <u>Type</u>                        | <u>State/country allocated to</u> | <u>Amount</u> |
|------------------------------------|-----------------------------------|---------------|
| _____                              | _____                             | _____         |
| _____                              | _____                             | _____         |
| _____                              | _____                             | _____         |
| Total allocated elsewhere ..... 2. |                                   | _____         |

**Line 3. Total nonbusiness income**

|  |       |
|--|-------|
| Grand total. Total of Lines 1 and 2 ..... 3. | _____ |
| (Enter here and on Schedule II, Line 7)      |       |



NAME American Association of Kidney Patien FEIN 11-2306416 TAXABLE YEAR ENDING 06/30/21

**Estimated Tax Worksheet  
For Taxable Years Beginning On or After January 1,**

|  |     |    |       |
|--|-----|----|-------|
| 1. Florida income expected in taxable year .....   | 1.  | \$ | _____ |
| 2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N) ..... | 2.  | \$ | _____ |
| 3. Estimated Florida net income (Line 1 less Line 2) .....   | 3.  | \$ | _____ |
| 4. Total Estimated Florida tax (4.458% of Line 3) .....  |     | \$ | _____ |
| Less: Credits against the tax .....  | 4.  | \$ | _____ |
| 5. Computation of installments:  |     |    |       |
| Payment due dates and  |     |    |       |
| payment amounts:   |     |    |       |
| If 6/30 year end, last day of 4th month,   |     |    |       |
| otherwise last day of 5th month - Enter 0.25 of Line 4 .....   | 5a. |    | _____ |
| Last day of 6th month - Enter 0.25 of Line 4 .....   | 5b. |    | _____ |
| Last day of 9th month - Enter 0.25 of Line 4 .....   | 5c. |    | _____ |
| Last day of fiscal year - Enter 0.25 of Line 4 .....   | 5d. |    | _____ |

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

|   |        |    |       |
|---|--------|----|-------|
| 1. Amended estimated tax .....  | 1.     | \$ | _____ |
| 2. Less:  |        |    |       |
| (a) Amount of overpayment from last year elected for credit                     |        |    |       |
| to estimated tax and applied to date .....                                      | 2a. -- | \$ | _____ |
| (b) Payments made on estimated tax declaration (Florida Form F-1120ES) .....    | 2b. -- | \$ | _____ |
| (c) Total of Lines 2(a) and 2(b) .....  | 2c.    | \$ | _____ |
| 3. Unpaid balance (Line 1 less Line 2(c)) .....                                 | 3.     | \$ | _____ |
| 4. Amount to be paid (Line 3 divided by number of remaining installments) ..... | 4.     | \$ | _____ |

**References**

*The following documents were mentioned in this form and are incorporated by reference in the rules indicated below. The forms are available online at [floridarevenue.com/forms](http://floridarevenue.com/forms).*

|               |  |                        |
|---------------|--|------------------------|
| Form F-2220   | Underpayment of Estimated Tax on Florida Corporate Income/Franchise Tax                            | Rule 12C-1.051, F.A.C. |
| Form F-7004   | Florida Tentative Income/Franchise Tax Return and Application for Extension of Time to File Return | Rule 12C-1.051, F.A.C. |
| Form F-1156Z  | Florida Enterprise Zone Jobs Credit Certificate of Eligibility for Corporate Income Tax            | Rule 12C-1.051, F.A.C. |
| Form F-1158Z  | Enterprise Zone Property Tax Credit  | Rule 12C-1.051, F.A.C. |
| Form F-1120N  | Instructions for Corporate Income/Franchise Tax Return   | Rule 12C-1.051, F.A.C. |
| Form F-1120ES | Declaration/Installment of Florida Estimated Income/Franchise Tax                                  | Rule 12C-1.051, F.A.C. |



FEIN 11-2306416  
DATA Page 1 of 2

|           |   |   |     |
|-----------|---|---|-----|
| 112306416 | 0 | 0 | 0   |
| 0         | 0 | 0 | 0   |
| 0         | 0 | 0 | 0   |
| 0         | 0 | 0 | 0   |
| 0         | 0 | 0 | 0   |
| 0         | 0 | 0 | 0   |
| 0         | 0 | 0 | 0   |
| 0         | 0 | 0 | 0   |
| 0         | 0 | 0 | 0   |
| 0         | 0 | 0 | 0   |
| 0         | 0 | 0 | 0   |
| 2         | 0 | 0 | 0   |
| 2         | 0 | 0 | 0   |
| 2         | 0 | 0 | 0   |
| 2         | 0 | 0 | 0   |
| 00000000  | 0 | 0 | 0   |
| 0         | 0 | 0 | 0   |
| 0         | 0 | 0 | 0   |
| 0         | 0 | 0 | 0   |
| 0         | 0 | 0 | 0   |
| 0         | 0 | 0 | 0   |
| 0         | 0 | 0 | 0   |
| 0         | 0 | 0 | 100 |





FEIN 11-2306416

DATA Page 2 of 2

|           |          |   |   |
|-----------|----------|---|---|
| 112306416 | 0        | 0 | 0 |
| 0         | 0        | 0 | 0 |
| 0         | 0        | 0 | 0 |
| 0         | 0        | 0 | 0 |
| 0         | 0        | 0 | 0 |
| 0         | 0        | 0 | 0 |
| 0         | 0        | 0 | 0 |
| 0         | 0        | 0 | 0 |
| 0         | 0.000000 | 0 | 0 |
| 0         | 0.000000 | 0 | 0 |
| 0         | 0        | 0 | 0 |
| 0         | 0        | 0 | 0 |
| 0         | 0        | 0 | 0 |
| 0         | 0        | 0 | 0 |
| 0         | 0        | 0 | 0 |
| 0         | 0        | 0 | 0 |
| 0         | 0        | 0 | 0 |
| 0         | 0        | 0 | 0 |
| 0         | 0        | 0 | 0 |
| 0         | 0        | 0 | 0 |
| 0         | 0        | 0 | 0 |
| 0         | 0        | 0 | 0 |
| 0         | 0        | 0 | 0 |

**Florida Tentative Income / Franchise Tax Return  
and Application for Extension of Time to File Return**

**1019**  
F-7004  
R. 01/17  
Rule 12C-1.051  
Florida Administrative Code  
Effective 01/17

**Information for Filing Florida Form F-7004**

F-7004  
R. 01/17

**When to file** - File this application on or before the original due date of the taxpayer's corporate income tax or partnership return. Do not file before the end of the tax year.

To file online go to [www.floridarevenue.com](http://www.floridarevenue.com)

**Penalties** - If you are required to pay tax with this application, failure to pay will void any extension of time and subject the taxpayer to penalties and interest. There is also a penalty for late-file return when no tax is due.

**Signature** - A person authorized by the taxpayer must sign Florida Form F-7004. They must be an officer or partner of the taxpayer; a person currently enrolled to practice before the Internal Revenue Service (IRS); or attorney or Certified Public Accountant qualified to practice before the IRS under Public Law 89-332.

**The Florida Form F-7004 must be filed** - To receive an extension of time to file your Florida return, Florida Form F-7004 must be timely filed, even if you have already filed a federal extension request. A federal extension by itself does not extend the time to file a Florida return.

An extension for Florida tax purposes may be granted, even though no federal extension was granted. See Rule 12C-1.0222, F.A.C., for information on the requirements that must be met for your request for an extension of time to be valid.

A. If applicable, state the reason you need the extension:

Additional time needed.

B. Type of federal return filed: 990-T

Contact person for questions: Diana Clynes

Telephone number: 813-636-8100

Contact Person email address: dclynes@aakp.org

| Extension of Time Request   | Florida Income/Franchise Tax Due |
|---|----------------------------------|
| 1. Tentative amount of Florida tax for the taxable year   | 1. 0.00                          |
| 2. LESS: Estimated tax payments for the taxable year  | 2. 0.00                          |
| 3. Balance due - You must pay 100% of the tax tentatively determined due with this extension request. | 3. 0.00                          |

Transfer the amount on Line 3 to **Tentative tax due**.

**Make checks payable and mail to:**

FLORIDA DEPARTMENT OF REVENUE, 5050 W TENNESSEE STREET, TALLAHASSEE FL 32399-0135

044961  
10-20-20

**Florida Department of Revenue - Corporate Income Tax  
Florida Tentative Income / Franchise Tax Return  
and Application for Extension of Time to File Return**

**1019**  
F-7004  
R. 01/17

Name American Association of Kidney Patients, Inc.  
Address 14440 Bruce B Downs Blvd  
City/State/ZIP Tampa, FL 33613

FEIN 11-2306416  
Taxable Year End 06/30/21  
FILING STATUS Partnership  S-corporation   
All other federal returns to be filed  X  
Tentative Tax Due \$ 0.00

Under penalties of perjury, I declare that I have been authorized by the above named taxpayer to make this application, that to the best of my knowledge and belief the statements herein are true and correct:

Sign Here: \_\_\_\_\_

Date: \_\_\_\_\_

|           |   |   |   |
|-----------|---|---|---|
| 112306416 | 0 | 0 | 0 |
| 3         | 0 | 0 | 0 |
| 20210630  | 0 | 0 | 0 |
| 0         | 0 | 0 | 0 |
| 012       | 0 | 0 | 0 |
| 0         | 0 | 0 | 0 |
| 0         | 0 | 0 | 0 |
| 0         | 0 | 0 | 0 |

0

8133 0 20210630 0002005030 9 3112306416 0000 7