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Form **990EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**

▶ **Go to *www.irs.gov/Form990EZ* for instructions and the latest information.**

OMB No. 1545-1150

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:
- ☑ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
NEW MEXICO KIDNEY FOUNDATION

Number and street (or P. O. box, if mail is not delivered to street address) | Room/suite
PO BOX 92437

City or town, state or province, country, and ZIP or foreign postal code
ALBUQUERQUE, NM 87199

D Employer identification number
47-5504391

E Telephone number
(505) 369-6788

F Group Exemption Number ▶

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶NMKIDNEY.ORG

J Tax-exempt status (check only one) - ☑ 501(c)(3) ☐ 501(c)( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ . . . . . ▶ $ 61,438

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I . . . . . ☑

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	49,948
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ 49,948 of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	11,232	
	c	Less: direct expenses from gaming and fundraising events	6c	16,327	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	-5,095
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	258
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	45,111
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	7,759
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	3,172
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	
	17	**Total expenses.** Add lines 10 through 16		17	10,931
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	34,180
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	101,121
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20		21	135,301

Part II **Balance Sheets** (see the instructions for Part II)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	101,121	22	135,301
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 **Total assets**	101,121	25	135,301
26 **Total liabilities** (describe in Schedule O)		26	
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	101,121	27	135,301

Part III **Statement of Program Service Accomplishments** (see the instructions for Part III)
Check if the organization used Schedule O to respond to any question in this Part III . . ☑

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

What is the organization's primary exempt purpose?
NEW MEXICO KIDNEY FOUNDATION IS A NONPROFIT ORGANIZATION DEDICATED TO KIDNEY DISEASE PREVENTION BY ENHANCING AWARENESS AND IMPROVING THE QUALITY OF LIFE OF PEOPLE WITH OR AT RISK OF KIDNEY DISEASE THROUGH EDUCATION, RESEARCH, AND PHILANTHROPIC PROJECTS.

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28
See Additional Data Table

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **28a**

29

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **30a**

31 Other program services (describe in Schedule O) . . . . . .
(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) . . . . . ▶ **32** 7,759

Part IV **List of Officers, Directors, Trustees, and Key Employees** (list each one even if not compensated — see the instructions for Part IV)
Check if the organization used Schedule O to respond to any question in this Part IV. . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) **(if not paid, enter -0-)**	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
BARBARA WORTHEN BOARD MEMBER	2.00	0		
RON RUYBAL BOARD MEMBER	2.00	0		
AMY HEFLIN BOARD MEMBER	2.00	0		
MARIA SANDERS BOARD MEMBER	2.00	0		
VALLABH O 'RAJ' SHAH PHD ADVISORY COM	2.00	0		
DR RODRIGO GAMARRA TREASURER	2.00	0		
FELICIA CDE VACA VICE PRESIDE	2.00	0		
FIDEL BARRANTES PRESIDENT	2.00	0		

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions.	34		No
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958 ▶			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed. ▶ NM			
42a	The organization's books are in care of ▶ FELICIA CDE VACA Telephone no. ▶ (505) 369-6788			
	Located at ▶ 3821 MASTHEAD ST NE ALBUQUERQUE , NM ZIP + 4 ▶ 87109			

			Yes	No
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)?	42b		No
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		No
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No

		Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.	46		No

Part VI Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47- 49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		No
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over $100,000. ▶

52 Did the organization complete Schedule A? **NOTE.** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☑ **Yes** ☐ **No**

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

Sign Here

****** Signature of officer — 2021-01-19 Date

FIDEL BARRANTES PRESIDENT Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
ROBERT A DEPASQUALE		2021-01-19		P00446108

Firm's name ▶ PULAKOS CPAS PC — Firm's EIN ▶ 85-0219147

Firm's address ▶ 5921 JEFFERSON ST NE ALBUQUERQUE, NM 87109 — Phone no. (505) 338-1500

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☑ **Yes** ☐ **No**

Additional Data

Software ID:

Software Version:

EIN: 47-5504391

Name: NEW MEXICO KIDNEY FOUNDATION

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations; optional for others.)	
28 TO PROVIDE EDUCATION OF KIDNEY DISEASE TO THE COMMUNITY AND TO PROVIDE ASSISTANCE FOR PATIENTS WITH KIDNEY DISEASE. (Grants $ 7,759) If this amount includes foreign grants, check here . . . ▶ ☐	**28a**	7,759

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SCHEDULE A (Form 990 or 990EZ)

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* for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
NEW MEXICO KIDNEY FOUNDATION

Employer identification number
47-5504391

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 **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 331/3% 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 331/3% 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	45,000	20,346	24,693	74,501	49,948	214,488
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3	45,000	20,346	24,693	74,501	49,948	214,488
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). .						146,960
6 **Public support.** Subtract line 5 from line 4.						67,528

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. .	45,000	20,346	24,693	74,501	49,948	214,488
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						214,488

12 Gross receipts from related activities, etc. (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . . **14** 31.480 %

15 Public support percentage for 2018 Schedule A, Part II, line 14 . . . . . **15**

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

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

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

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

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

19a **33 1/3% support tests—2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in* ***Part VI*** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* ***Part VI*** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer (a) and (b) below.**

			Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		

3 Parent of Supported Organizations. **Answer (a) and (b) below.**

a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* ***Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	**3b**		

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

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

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

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

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

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

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

Facts And Circumstances Test

10% FACTS-AND-CIRCUMSTANCES 990 DISCLOSURE: NEW MEXICO KIDNEY FOUNDATION IS DEDICATED TO KIDNEY DISEASE PREVENTION BY ENHANCING AWARENESS AND IMPROVING THE QUALITY OF LIFE OF PEOPLE WITH OR AT RISK OF KIDNEY DISEASE THROUGH EDUCATION, RESEARCH, AND PHILANTHROPIC PROJECTS. NEW MEXICO KIDNEY FOUNDATION MEETS THE 10% FACTS AND CIRCUMSTANCES TEST AND QUALIFIES AS A PUBLICLY SUPPORTED ORGANIZATION. TREAS. REG. SECTION 1.170A-9(F)(3) PROVIDES THAT IN ORDER TO MEET THE "FACTS AND CIRCUMSTANCES" TEST, AN ORGANIZATION MUST NORMALLY RECEIVE SUBSTANTIAL SUPPORT (MORE THAN 10%) FROM CONTRIBUTIONS FROM GOVERNMENTAL UNITS, THE GENERAL PUBLIC, OR A COMBINATION OF THESE SOURCES. THE FOLLOWING FACTORS ESTABLISH THE PUBLICLY SUPPORTED NATURE OF NEW MEXICO KIDNEY FOUNDATION UNDER THE FACTS-AND-CIRCUMSTANCES TEST: NEW MEXICO KIDNEY FOUNDATION RECEIVES SUBSTANTIAL PUBLIC SUPPORT. NEW MEXICO KIDNEY FOUNDATION WAS FORMED IN 2015. THROUGH JUNE 30, 2020, NEW MEXICO KIDNEY FOUNDATION HAS RECEIVED APPROXIMATELY 100,000 ALONE FROM A CORPORATE DONOR, OUT OF ITS TOTAL SUPPORT OF APPROXIMATELY 214,000. ITS CALCULATED PUBLIC SUPPORT PERCENTAGE ACCORDING TO SCHEDULE A, PART II IS 31%, WHICH IS SUBSTANTIALLY ABOVE THE 10% THRESHOLD. NEW MEXICO KIDNEY FOUNDATION MAINTAINS A CONTINUOUS AND BONA FIDE PROGRAM TO ATTRACT NEW PUBLIC SUPPORT. THE FUNDS RAISED TO ESTABLISH NEW MEXICO KIDNEY FOUNDATION INCLUDED 60,000 IN "SEED" FUNDING FROM A CORPORATE DONOR. SINCE ITS INCEPTION, NEW MEXICO KIDNEY FOUNDATION'S AIM IS TO BUILD A BROADER NON-GOVERNMENTAL CONTRIBUTOR'S BASE AS IT CONTINUES TO GROW COLLABORATIONS WITH BOTH CORPORATE AND INDIVIDUAL DONORS. NEW MEXICO KIDNEY FOUNDATION VALIDATES ITS MODEL AND PRODUCES POSITIVE RESULTS/IMPACT. NEW MEXICO KIDNEY FOUNDATION CONTINUES TO SEEK ADDITIONAL PUBLIC SUPPORT FUNDING, INCLUDING, THROUGH AN AGGRESSIVE FUNDRAISING STRATEGY THAT INCLUDES, BUT NOT LIMITED TO: A COORDINATED APPROACH TO FOLLOW UP WITH ALL PROSPECTIVE INDIVIDUAL/CORPORATE DONORS TO BUILD AN ONGOING RELATIONSHIP THAT PRODUCES DONATIONS; TARGETING VARIOUS TYPES OF BUSINESSES (E.G. CAR DEALERSHIP, RESTAURANTS ,REAL ESTATE COMPANIES, LOCAL CASINOS) INCLUDING BIG-CHAIN RETAILERS SUCH AS COSTCO, SAM'S CLUB, LOWES, AND HOME DEPOT, ALL OF WHICH HAVE BEEN KNOWN TO BE ACTIVE SUPPORTERS OF CHARITABLE CAUSES THAT HELP A SIGNIFICANT NUMBER OF INDIVIDUALS WITH DIABETES; SEEKING LONG-TERM RELATIONSHIPS WITH NATIVE AMERICAN COMMUNITIES, WHICH HAVE A HIGHER PROPORTIONATE NUMBER OF INDIVIDUALS WITH DIABETES; SEEKING PARTNERSHIPS WITH THE MEDIA TO "TELL NEW MEXICO KIDNEY FOUNDATION'S STORY". NEW MEXICO KIDNEY FOUNDATION CARRIES ON ACTIVITIES DESIGNED TO ATTRACT SUPPORT FROM THE PUBLIC SOURCES. NEW MEXICO KIDNEY FOUNDATION CARRIES ON THE TYPE OF ACTIVITIES THAT ARE DESIGNED TO ATTRACT PUBLIC SUPPORT BECAUSE ONE OF ITS MAIN GOAL IS TO IMPROVE HEALTH LITERACY IN KIDNEY DISEASE PREVENTION IN THE STATE OF NEW MEXICO. THE FOUNDATION HAS EMBRACED ITS INVESTMENT IN PROVIDING FREE EDUCATION PROGRAMS IN THE COMMUNITY AND THE SCHOOLS AS DESCRIBED BELOW. EDUCATION IN THE COMMUNITY THE NEW MEXICO KIDNEY FOUNDATION IS INVESTED IN THE EDUCATION IN THE COMMUNITY. SINCE ITS INCEPTION WE HAD SEVERAL MEETINGS TO EDUCATE THE PUBLIC IN DISEASE PREVENTION IN THE ALBUQUERQUE AND SURROUNDING AREAS. THIS EDUCATION PROGRAM IS FREE AND IS OFFERED BY KIDNEY DOCTORS OR ADVANCED CARE PRACTITIONER WITH EXPERIENCE IN TREATING PATIENTS WITH KIDNEY DISEASES. WE HAVE EDUCATED APPROXIMATELY 1,000 COMMUNITY MEMBERS. SEE BELOW THE LIST OF OUR PREVIOUS COMMUNITY EDUCATIONS. CASA ESPERANZA (ALBUQUERQUE) 2017 BELEN COMMUNITY 2017, 2018 SILVER ELITE PROGRAM FROM LOVELACE (ALBUQUERQUE) 2018 SILVER ELITE PROGRAM FROM LOVELACE (ROSWELL) 2019 HEALTH EDUCATION FAIR (ALBUQUERQUE) 2019 SIMPLICITY HOME HEALTH CARE STAFF (ALBUQUERQUE) 2019 MEXICAN CONSULATE (ALBUQUERQUE) 2019 DINNER EDUCATIONS AT GOLF TOURNAMENTS 2016,2017, 2018, 2019 HEALTH FAIR EDUCATION 2019 EDUCATION IN THE SCHOOLS EDUCATION IN THE SCHOOLS HAS BECOME ONE OF THE MOST IMPORTANT PROJECTS OF THE FOUNDATION. IT AIMS TO PREVENT DISEASE AT EARLY AGE. BY PROMOTING HEATH LITERACY, FACTS, HEALTHY LIFESTYLE, AND REGULAR PEDIATRICIAN CHECK UP, KIDNEY DISEASE CAN BE REDUCED AND PREVENTED OR IDENTIFIED EARLY. PARTNERING WITH ALBUQUERQUE PUBLIC SCHOOLS IN 2017, NEW MEXICO KIDNEY FOUNDATION STARTED BRINGING HANDS ON HEALTH EDUCATION DIRECTLY TO THE CLASSROOM. WE BELIEVE THAT EARLY EDUCATION IS A KEY TO PREVENTION OUR GOAL IS TO EDUCATE STUDENTS ABOUT HEALTHY LIFESTYLE CHOICES, WHAT KIDNEYS DO AND THE RISKS OF KIDNEY DISEASES. NEW MEXICO KIDNEY FOUNDATION WELCOMED SIDNEY OUR HEALTHY KIDNEY MASCOT IN 2018.SIDNEY LIKES TO HELP OUR PROVIDERS TEACH YOUNG STUDENTS ABOUT HEALTHY LIFESTYLE CHOICES.DURING THE 2019 SCHOOL YEAR, SIDNEY VISITED LOCAL ELEMENTARY SCHOOLS TWICE A MONTH FOR EDUCATIONAL TALKS. A HEALTHCARE PROVIDER WILL COME TO INTERESTED SCHOOLS WITH SIDNEY AND OTHER EDUCATIONAL TOOLS TO TEACH ABOUT KIDNEYS. WITH THE CURRENT COVID-19 PANDEMIC, SIDNEY WAS NOT ABLE TO VISIT LOCAL ELEMENTARY SCHOOLS DURING 2020 TO PROVIDE EDUCATIONAL TALKS. SIDNEY IS LOOKING FORWARD TO RESUMING THESE SCHOOL TALKS WHEN THE PANDEMIC IS OVER. WE HAVE VISITED MANY SCHOOLS IN THE NEW MEXICO IN THE PAST YEARS WITH A VERY GOOD FEEDBACK FROM TEACHERS AND STUDENTS. VIRTUAL SESSION WITH HOME SCHOOLS (ALBUQUERQUE PUBLIC SCHOOLS) 2020 PAINTED SKY ELEMENTARY SCHOOL ALBUQUERQUE) 2020 VALLEY VISTA ELEMENTARY SCHOOL (ALBUQUERQUE) 2020 NORTH STAR ELEMENTARY (ALBUQUERQUE) 2019 ALICE KING CHARTER SCHOOL (ALBUQUERQUE) 2019, 2020 SANTA FE INDIAN SCHOOL (SANTA FE) 2018 INSTITUTE OF AMERICAN INDIAN ART'S (IAIA) CENTER FOR LIFELONG EDUCATION 2018 (SANTA FE) 2018 CHAPARRAL ELEMENTARY SCHOOL (ALBUQUERQUE) 2018 NORTH STAR ELEMENTARY (ALBUQUERQUE) 2018 SIEMBRA LEADERSHIP HIGH SCHOOL (ALBUQUERQUE) 2017 ALBUQUERQUE HIGH SCHOOL, AUGUST (ALBUQUERQUE) 2017 WE HAVE STARTED TO DEVELOP A REVISION OF THIS PROGRAM, AND THE FOUNDATION HAS CURRENTLY PARTNERED WITH TULANE UNIVERSITY MASTER OF PUBLIC HEALTH PROGRAM. CURRENTLY, WE HAVE 2 INTERN STUDENTS WORKING WITH BOARD MEMBERS TO DEVELOP A STRATEGY ON HOW TO BEST GROW, DEVELOP, AND SUSTAIN THE PROGRAM FOR THE LONG TERM. NEW MEXICO KIDNEY FOUNDATION IS INTERESTED IN WORKING WITH STUDENTS OF ALL AGES. TALKS ARE GIVEN TO ALL GRADE LEVELS IN A CLASSROOM SETTING. WE ARE ALSO CURRENTLY WORKING ON EDUCATING HEALTH SCIENCE STUDENTS BY OFFERING OPPORTUNITIES FOR STUDENTS TO SPEAK WITH PHYSICIANS AND LEARN FROM HANDS ON SETTINGS. IN 2021, THE NEW MEXICO KIDNEY FOUNDATION WILL MAKE AVAILABLE TO NEW MEXICO ELEMENTARY AND MIDDLE SCHOOLS A FREE EDUCATIONAL PROGRAM AIMED AT ENCOURAGING YOUNG PEOPLE TO MAKE LIFE-STYLE CHOICES THAT WILL DECREASE THE INCIDENCE OF KIDNEY DISEASE AND LEAD TO BETTER KIDNEY HEALTH. THE PROGRAM WILL INCLUDE A VIDEO ABOUT HOW THE KIDNEY'S WORK, THE CAUSES OF KIDNEY DISEASE AND THE MANY THINGS THAT WE CAN DO TO KEEP OUR KIDNEYS HEALTHY. IT WILL ALSO INCLUDE ADDITIONAL TOOLS, ACTIVITIES, AND WORKSHEETS FOR TEACHERS TO DOWNLOAD THAT WILL PROVIDE MORE STUDENT INVOLVEMENT AND ENCOURAGE ONGOING DISCUSSION ABOUT THIS IMPORTANT TOPIC. IT IS OUR HOPE THAT BY EDUCATING YOUNG PEOPLE AT AN EARLY AGE ABOUT THE IMPORTANCE OF MAKING HEALTHY CHOICES, THE INCIDENCE OF KIDNEY DISEASE IN NEW MEXICO WILL BE SIGNIFICANTLY REDUCED. DATA WILL CONTINUE TO BE COLLECTED AND REVIEWED THROUGHOUT THE COURSE OF THIS PROGRAM TO MAKE IT EVER MORE EFFECTIVE IN EDUCATING YOUNG PEOPLE ABOUT KIDNEY HEALTH. PROVIDER EDUCATION/ANNUAL SYMPOSIUM ACTIVITY THE NEW MEXICO KIDNEY FOUNDATION PROVIDES EDUCATION TO TECHNICIANS AND NURSES WHO ARE WORKING DIRECTLY WITH PEOPLE WITH END STAKE KIDNEY DISEASE/DIALYSIS. THE FOUNDATION CONDUCTS AN ANNUAL SYMPOSIUM, WITH TOPICS RELATED TO UPDATES THAT ENHANCE THE CARE OF INDIVIDUALS ON DIALYSIS. THE FOUNDATION IS PLANNING TO CONTINUE AS A VIRTUAL ACTIVITY DURING 2021, AND THE FOUNDATION IS PLANNING ON BROADENING THE EVENT FOR PATIENTS ON DIALYSIS. SYMPOSIUM ATTENDANCE HAD BEEN AROUND 100-170 PARTICIPANTS FROM THROUGHOUT THE STATE OF NEW MEXICO. DENTAL SCHOLARSHIP THE NEW MEXICO KIDNEY FOUNDATION IS INVESTED IN HELP WITH PHILANTHROPIC PROJECTS TO INDIVIDUALS AFFECTED WITH END STAGE KIDNEY DISEASE AND ARE SEEKING TO RECEIVE A KIDNEY TRANSPLANT. KIDNEY TRANSPLANTATION IS THE BEST OPTION TO REPLACE A FAILED KIDNEY. HOWEVER CANDIDATES MUST COMPLETE CERTAIN TESTS. MANY CANDIDATES NEED TO HAVE DENTAL HEALTH TO GET THEM IN THE NATIONAL TRANSPLANT LIST. DENTAL CARE IS EXPENSIVE, AND MANY PATIENTS CAN NOT AFFORD DENTAL INSURANCE. THE FOUNDATION HAS PROVIDED APPROXIMATELY 17 SCHOLARSHIPS TO PATIENTS TO DATE. THE FOUNDATION PAYS FOR EITHER THE REQUIED DENTAL INSURANCE OR THE FOUNDATION PAYS THE DENTAL OFFICES DIRECTLY WHERE THE DENTAL SERVIES WERE PROVIDED. THERAPY PROGRAM PHYSICAL ACTIVITY IS VERY IMPORTANT IN OUR LIVES. MEDICAL SPECIALISTS RECOMMEND AT LEAST 150 MINUTES OF MODERATE AEROBIC ACTIVITY, SUCH AS CYCLING OR BRISK WALKING, EVERY WEEK AND STRENGTH EXERCISES ON TWO OR MORE DAYS A

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 17A	10% FACTS-AND-CIRCUMSTANCES 990 DISCLOSURE: NEW MEXICO KIDNEY FOUNDATION IS DEDICATED TO K IDNEY DISEASE PREVENTION BY ENHANCING AWARENESS AND IMPROVING THE QUALITY OF LIFE OF PEOPL E WITH OR AT RISK OF KIDNEY DISEASE THROUGH EDUCATION, RESEARCH, AND PHILANTHROPIC PROJECT S. NEW MEXICO KIDNEY FOUNDATION MEETS THE 10% FACTS AND CIRCUMSTANCES TEST AND QUALIFIES A S A PUBLICLY SUPPORTED ORGANIZATION. TREAS. REG. SECTION 1.170A-9(F)(3) PROVIDES THAT IN O RDER TO MEET THE "FACTS AND CIRCUMSTANCES" TEST, AN ORGANIZATION MUST NORMALLY RECEIVE SUB STANTIAL SUPPORT (MORE THAN 10%) FROM CONTRIBUTIONS FROM GOVERNMENTAL UNITS, THE GENERAL P UBLIC, OR A COMBINATION OF THESE SOURCES. THE FOLLOWING FACTORS ESTABLISH THE PUBLICLY SUP PORTED NATURE OF NEW MEXICO KIDNEY FOUNDATION UNDER THE FACTS-AND-CIRCUMSTANCES TEST: NEW MEXICO KIDNEY FOUNDATION RECEIVES SUBSTANTIAL PUBLIC SUPPORT. NEW MEXICO KIDNEY FOUNDATION WAS FORMED IN 2015. THROUGH JUNE 30, 2020, NEW MEXICO KIDNEY FOUNDATION HAS RECEIVED APPR OXIMATELY 100,000 ALONE FROM A CORPORATE DONOR, OUT OF ITS TOTAL SUPPORT OF APPROXIMATELY 214,000. ITS CALCULATED PUBLIC SUPPORT PERCENTAGE ACCORDING TO SCHEDULE A, PART II IS 31%, WHICH IS SUBSTANTIALLY ABOVE THE 10% THRESHOLD. NEW MEXICO KIDNEY FOUNDATION MAINTAINS A CONTINUOUS AND BONA FIDE PROGRAM TO ATTRACT NEW PUBLIC SUPPORT. THE FUNDS RAISED TO ESTABL ISH NEW MEXICO KIDNEY FOUNDATION INCLUDED 60,000 IN "SEED" FUNDING FROM A CORPORATE DONOR. SINCE ITS INCEPTION, NEW MEXICO KIDNEY FOUNDATION'S AIM IS TO BUILD A BROADER NON-GOVERNM ENTAL CONTRIBUTOR'S BASE AS IT CONTINUES TO GROW COLLABORATIONS WITH BOTH CORPORATE AND IN DIVIDUAL DONORS. NEW MEXICO KIDNEY FOUNDATION VALIDATES ITS MODEL AND PRODUCES POSITIVE RE SULTS/IMPACT. NEW MEXICO KIDNEY FOUNDATION CONTINUES TO SEEK ADDITIONAL PUBLIC SUPPORT FUN DING, INCLUDING, THROUGH AN AGGRESSIVE FUNDRAISING STRATEGY THAT INCLUDES, BUT NOT LIMITED TO: A COORDINATED APPROACH TO FOLLOW UP WITH ALL PROSPECTIVE INDIVIDUAL/CORPORATE DONORS TO BUILD AN ONGOING RELATIONSHIP THAT PRODUCES DONATIONS; TARGETING VARIOUS TYPES OF BUSIN ESSES (E.G. CAR DEALERSHIP, RESTAURANTS ,REAL ESTATE COMPANIES, LOCAL CASINOS) INCLUDING B IG-CHAIN RETAILERS SUCH AS COSTCO, SAM'S CLUB, LOWES, AND HOME DEPOT, ALL OF WHICH HAVE BE EN KNOWN TO BE ACTIVE SUPPORTERS OF CHARITABLE CAUSES THAT HELP A SIGNIFICANT NUMBER OF IN DIVIDUALS WITH DIABETES; SEEKING LONG-TERM RELATIONSHIPS WITH NATIVE AMERICAN COMMUNITIES, WHICH HAVE A HIGHER PROPORTIONATE NUMBER OF INDIVIDUALS WITH DIABETES; SEEKING PARTNERSHI PS WITH THE MEDIA TO "TELL NEW MEXICO KIDNEY FOUNDATION'S STORY". NEW MEXICO KIDNEY FOUNDA TION CARRIES ON ACTIVITIES DESIGNED TO ATTRACT SUPPORT FROM THE PUBLIC SOURCES. NEW MEXICO KIDNEY FOUNDATION CARRIES ON THE TYPE OF ACTIVITIES THAT ARE DESIGNED TO ATTRACT PUBLIC S UPPORT BECAUSE ONE OF ITS MAIN GOAL IS TO IMPROVE HEALTH LITERACY IN KIDNEY DISEASE PREVEN TION IN THE STATE OF NEW MEXICO. THE FOUNDATION HAS EMBRACED ITS INVESTMENT IN PROVIDING F REE EDUCATION PROGRAMS IN THE

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 17A	COMMUNITY AND THE SCHOOLS AS DESCRIBED BELOW. EDUCATION IN THE COMMUNITY THE NEW MEXICO KI DNEY FOUNDATION IS INVESTED IN THE EDUCATION IN THE COMMUNITY. SINCE ITS INCEPTION WE HAD SEVERAL MEETINGS TO EDUCATE THE PUBLIC IN DISEASE PREVENTION IN THE ALBUQUERQUE AND SURROU NDING AREAS. THIS EDUCATION PROGRAM IS FREE AND IS OFFERED BY KIDNEY DOCTORS OR ADVANCED C ARE PRACTITIONER WITH EXPERIENCE IN TREATING PATIENTS WITH KIDNEY DISEASES. WE HAVE EDUCAT ED APPROXIMATELY 1,000 COMMUNITY MEMBERS. SEE BELOW THE LIST OF OUR PREVIOUS COMMUNITY EDU CATIONS. CASA ESPERANZA (ALBUQUERQUE) 2017 BELEN COMMUNITY 2017, 2018 SILVER ELITE PROGRAM FROM LOVELACE (ALBUQUERQUE) 2018 SILVER ELITE PROGRAM FROM LOVELACE (ROSWELL) 2019 HEALTH EDUCATION FAIR (ALBUQUERQUE) 2019 SIMPLICITY HOME HEALTH CARE STAFF (ALBUQUERQUE) 2019 ME XICAN CONSULATE (ALBUQUERQUE) 2019 DINNER EDUCATIONS AT GOLF TOURNAMENTS 2016,2017, 2018, 2019 HEALTH FAIR EDUCATION 2019 EDUCATION IN THE SCHOOLS EDUCATION IN THE SCHOOLS HAS BECO ME ONE OF THE MOST IMPORTANT PROJECTS OF THE FOUNDATION. IT AIMS TO PREVENT DISEASE AT EAR LY AGE. BY PROMOTING HEATH LITERACY, FACTS, HEALTHY LIFESTYLE, AND REGULAR PEDIATRICIAN CH ECK UP, KIDNEY DISEASE CAN BE REDUCED AND PREVENTED OR IDENTIFIED EARLY. PARTNERING WITH A LBUQUERQUE PUBLIC SCHOOLS IN 2017, NEW MEXICO KIDNEY FOUNDATION STARTED BRINGING HANDS ON HEALTH EDUCATION DIRECTLY TO THE CLASSROOM. WE BELIEVE THAT EARLY EDUCATION IS A KEY TO PR EVENTION OUR GOAL IS TO EDUCATE STUDENTS ABOUT HEALTHY LIFESTYLE CHOICES, WHAT KIDNEYS DO AND THE RISKS OF KIDNEY DISEASES. NEW MEXICO KIDNEY FOUNDATION WELCOMED SIDNEY OUR HEALTHY KIDNEY MASCOT IN 2018.SIDNEY LIKES TO HELP OUR PROVIDERS TEACH YOUNG STUDENTS ABOUT HEALT HY LIFESTYLE CHOICES.DURING THE 2019 SCHOOL YEAR, SIDNEY VISITED LOCAL ELEMENTARY SCHOOLS TWICE A MONTH FOR EDUCATIONAL TALKS. A HEALTHCARE PROVIDER WILL COME TO INTERESTED SCHOOLS WITH SIDNEY AND OTHER EDUCATIONAL TOOLS TO TEACH ABOUT KIDNEYS. WITH THE CURRENT COVID-19 PANDEMIC, SIDNEY WAS NOT ABLE TO VISIT LOCAL ELEMENTARY SCHOOLS DURING 2020 TO PROVIDE ED UCATIONAL TALKS. SIDNEY IS LOOKING FORWARD TO RESUMING THESE SCHOOL TALKS WHEN THE PANDEMI C IS OVER. WE HAVE VISITED MANY SCHOOLS IN THE NEW MEXICO IN THE PAST YEARS WITH A VERY GO OD FEEDBACK FROM TEACHERS AND STUDENTS. VIRTUAL SESSION WITH HOME SCHOOLS (ALBUQUERQUE PUB LIC SCHOOLS) 2020 PAINTED SKY ELEMENTARY SCHOOL ALBUQUERQUE) 2020 VALLEY VISTA ELEMENTARY SCHOOL (ALBUQUERQUE) 2020 NORTH STAR ELEMENTARY (ALBUQUERQUE) 2019 ALICE KING CHARTER SCHO OL (ALBUQUERQUE) 2019, 2020 SANTA FE INDIAN SCHOOL (SANTA FE) 2018 INSTITUTE OF AMERICAN I NDIAN ART'S (IAIA) CENTER FOR LIFELONG EDUCATION 2018 (SANTA FE) 2018 CHAPARRAL ELEMENTARY SCHOOL (ALBUQUERQUE) 2018 NORTH STAR ELEMENTARY (ALBUQUERQUE) 2018 SIEMBRA LEADERSHIP HIG H SCHOOL (ALBUQUERQUE) 2017 ALBUQUERQUE HIGH SCHOOL, AUGUST (ALBUQUERQUE) 2017 WE HAVE STA RTED TO DEVELOP A REVISION OF THIS PROGRAM, AND THE FOUNDATION HAS CURRENTLY PARTNERED WIT H TULANE UNIVERSITY MASTER OF

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 17A	PUBLIC HEALTH PROGRAM. CURRENTLY, WE HAVE 2 INTERN STUDENTS WORKING WITH BOARD MEMBERS TO DEVELOP A STRATEGY ON HOW TO BEST GROW, DEVELOP, AND SUSTAIN THE PROGRAM FOR THE LONG TERM . NEW MEXICO KIDNEY FOUNDATION IS INTERESTED IN WORKING WITH STUDENTS OF ALL AGES. TALKS A RE GIVEN TO ALL GRADE LEVELS IN A CLASSROOM SETTING. WE ARE ALSO CURRENTLY WORKING ON EDUC ATING HEALTH SCIENCE STUDENTS BY OFFERING OPPORTUNITIES FOR STUDENTS TO SPEAK WITH PHYSICI ANS AND LEARN FROM HANDS ON SETTINGS. IN 2021, THE NEW MEXICO KIDNEY FOUNDATION WILL MAKE AVAILABLE TO NEW MEXICO ELEMENTARY AND MIDDLE SCHOOLS A FREE EDUCATIONAL PROGRAM AIMED AT ENCOURAGING YOUNG PEOPLE TO MAKE LIFE-STYLE CHOICES THAT WILL DECREASE THE INCIDENCE OF KI DNEY DISEASE AND LEAD TO BETTER KIDNEY HEALTH. THE PROGRAM WILL INCLUDE A VIDEO ABOUT HOW THE KIDNEY'S WORK, THE CAUSES OF KIDNEY DISEASE AND THE MANY THINGS THAT WE CAN DO TO KEEP OUR KIDNEYS HEALTHY. IT WILL ALSO INCLUDE ADDITIONAL TOOLS, ACTIVITIES, AND WORKSHEETS FO R TEACHERS TO DOWNLOAD THAT WILL PROVIDE MORE STUDENT INVOLVEMENT AND ENCOURAGE ONGOING DI SCUSSION ABOUT THIS IMPORTANT TOPIC. IT IS OUR HOPE THAT BY EDUCATING YOUNG PEOPLE AT AN E ARLY AGE ABOUT THE IMPORTANCE OF MAKING HEALTHY CHOICES, THE INCIDENCE OF KIDNEY DISEASE I N NEW MEXICO WILL BE SIGNIFICANTLY REDUCED. DATA WILL CONTINUE TO BE COLLECTED AND REVIEWE D THROUGHOUT THE COURSE OF THIS PROGRAM TO MAKE IT EVER MORE EFFECTIVE IN EDUCATING YOUNG PEOPLE ABOUT KIDNEY HEALTH. PROVIDER EDUCATION/ANNUAL SYMPOSIUM ACTIVITY THE NEW MEXICO KI DNEY FOUNDATION PROVIDES EDUCATION TO TECHNICIANS AND NURSES WHO ARE WORKING DIRECTLY WITH PEOPLE WITH END STAKE KIDNEY DISEASE/DIALYSIS. THE FOUNDATION CONDUCTS AN ANNUAL SYMPOSIU M, WITH TOPICS RELATED TO UPDATES THAT ENHANCE THE CARE OF INDIVIDUALS ON DIALYSIS. THE FO UNDATION IS PLANNING TO CONTINUE AS A VIRTUAL ACTIVITY DURING 2021, AND THE FOUNDATION IS PLANNING ON BROADENING THE EVENT FOR PATIENTS ON DIALYSIS. SYMPOSIUM ATTENDANCE HAD BEEN A ROUND 100-170 PARTICIPANTS FROM THROUGHOUT THE STATE OF NEW MEXICO. DENTAL SCHOLARSHIP THE NEW MEXICO KIDNEY FOUNDATION IS INVESTED IN HELP WITH PHILANTHROPIC PROJECTS TO INDIVIDUA LS AFFECTED WITH END STAGE KIDNEY DISEASE AND ARE SEEKING TO RECEIVE A KIDNEY TRANSPLANT. KIDNEY TRANSPLANTATION IS THE BEST OPTION TO REPLACE A FAILED KIDNEY. HOWEVER CANDIDATES M UST COMPLETE CERTAIN TESTS. MANY CANDIDATES NEED TO HAVE DENTAL HEALTH TO GET THEM IN THE NATIONAL TRANSPLANT LIST. DENTAL CARE IS EXPENSIVE, AND MANY PATIENTS CAN NOT AFFORD DENTA L INSURANCE. THE FOUNDATION HAS PROVIDED APPROXIMATELY 17 SCHOLARSHIPS TO PATIENTS TO DATE . THE FOUNDATION PAYS FOR EITHER THE REQUIED DENTAL INSURANCE OR THE FOUNDATION PAYS THE D ENTAL OFFICES DIRECTLY WHERE THE DENTAL SERVIES WERE PROVIDED. THERAPY PROGRAM PHYSICAL AC TIVITY IS VERY IMPORTANT IN OUR LIVES. MEDICAL SPECIALISTS RECOMMEND AT LEAST 150 MINUTES OF MODERATE AEROBIC ACTIVITY, SUCH AS CYCLING OR BRISK WALKING, EVERY WEEK AND STRENGTH EX ERCISES ON TWO OR MORE DAYS A

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
NEW MEXICO KIDNEY FOUNDATION

Employer identification number
47-5504391

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

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? **Yes**	**No**	**(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
Total . . . . . ▶						

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

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

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 SYMPOSIUM (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	34,550	22,429		56,979
	2 Less: Contributions	27,318	18,429		45,747
	3 Gross income (line 1 minus line 2)	7,232	4,000		11,232
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs		2,853		2,853
	7 Food and beverages	10,243	2,157		12,400
	8 Entertainment				
	9 Other direct expenses	474	600		1,074
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				16,327
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-5,095

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ ----------

Address ▶ ----------

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

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

c If "Yes," enter 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 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.

Return Reference	Explanation

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
NEW MEXICO KIDNEY FOUNDATION

Employer identification number
47-5504391

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	OTHER 258 TOTAL 258

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 10	CASH CONTRIBUTION: 7,759

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART III	NEW MEXICO KIDNEY FOUNDATION IS A NONPROFIT ORGANIZATION DEDICATED TO KIDNEY DISEASE PREVE NTION BY ENHANCING AWARENESS AND IMPROVING THE QUALITY OF LIFE OF PEOPLE WITH OR AT RISK O F KIDNEY DISEASE THROUGH EDUCATION, RESEARCH, AND PHILANTHROPIC PROJECTS.