# **KCA 2018 Annual Report**

## Our vision: A world without kidney cancer Our mission: The elimination of death and suffering from renal cancers

Since it was established in 1990, consistent with the vision of the organization's founder, Eugene P. Schonfeld, Ph.D., the KCA's plan of work continues to be executed in these primary areas:

- Education
- Research
- Advocacy

# 2018 Highlights – Program Accomplishments

## **Patient & Medical Education**

During the Fiscal Year ending October 31, 2018, we provided more than 25 education and support opportunities for patients, survivors, and caregivers in various U.S. cities, including national meetings featuring kidney cancer experts from across the nation, from which enduring educational materials were produced. We hosted online informal Facebook Group interactions for survivors and caregivers, and our Facebook presence grew to include more than 93,000 people around the globe. Our official Twitter account had over 10,000 followers. We host a growing patient community on the Inspire platform, a peer-to-peer collaboration website for patients, survivors, and caregivers. We sponsored a European Kidney Cancer Symposium in Munich, Germany that was attended by hundreds of medical professionals.

## Research

Our Nurse Advisory Board completed a review of *We Have Kidney Cancer*, our patient publication that has grown to more than 100 pages, and that is now distributed around the world. Our partnership with EmergingMed has resulted in the referral of patients to sites conducting clinical trials. Our Nurse Hotline answered hundreds of calls from patients. We made grants to the Conquer Cancer Foundation, MD Anderson Cancer Center, Institute for Cancer Research, and the Dana-Farber Cancer Institute to support the work of kidney cancer researchers. We also made a financial commitment to support projects associated with the Kidney Cancer SPOREs.

## **Advocacy**

In our role as an advocate on behalf of patients, we continued collaborations with organizations such as, Cancer Leadership Council, Foundation for NIH, National Cancer Comprehensive Network (for which we

sponsored NCCN Kidney Cancer Patient Guidelines<sup>®</sup>), Patient Advocate Foundation, the National Coalition for Cancer Research, and various groups concerned with improving the nation's health care. We continued highly effective collaborations with institutions interested in conducting cancer research, including our CEO's membership on NCI's Renal Cancer Task Force.

## **Thank You**

Our capacity to attain these objectives, as well as being able to identify new ones, relies primarily on the level of public support for our mission. Monetary contributions are essential to this accomplishment. Even in difficult times, we strive to find new sources of revenue, as well as identify new volunteers willing to assist us, so that our goals continue to be met. Our full-time staff is very small, so volunteers remain an essential asset.

This efficiency would not be possible without the dedication of our governing board, medical advisers, volunteers, and other collaborators who contribute selflessly to advance our objective: the elimination of death and suffering from renal cancers.

# **2018 Board of Directors**

Lisa Bemboon Past President & CEO

> Paula Bowen Past Vice Chair

William P. Bro Secretary

Ronald M. Bukowski, MD Director

> Noah Buntman Treasurer

Craig DePriester Director

Jamie Graves Director

James Larkin, PhD Director David Perry, Esq. Director

William J. Perry Director

Denise L. Richards Director

> Lois Stulberg Director

Gretchen E. Vaughan President & CEO

Nicholas J. Vogelzang, MD Director

Christopher G. Wood, MD Chairman

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## The Kidney Cancer Association

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building business value

## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors The Kidney Cancer Association 1608 S. Ashland Avenue #38269 Chicago, IL 60608

We have audited the accompanying financial statements of The Kidney Cancer Association (a nonprofit organization), which comprise the statements of financial position as of October 31, 2018 and 2017, and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

## Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

## Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatements.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

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## Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Kidney Cancer Association as of October 31, 2018 and 2017, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

#### Other Matter

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of functional expenses are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Respectfully submitted,

Northbrook, Illinois January 31, 2019

## The Kidney Cancer Association Statements of Financial Position As of October 31, 2018 and 2017

## Assets

		<u>2018</u>		<u>2017</u>
Current Assets Cash and Cash Equivalents Accounts Receivable Prepaid Expenses Investments Total Current Assets	\$	8,229,980 26,000 139,538 17,466,945 25,862,463	\$	6,035,909 358,481 141,632 17,627,130 24,163,152
<b>Other Assets</b> Assets Held In Remainder Trust Web Domain Security Deposit		503,434 36,000 3,213		521,323 36,000 649
Total Other Assets		542,647		557,972
Total Assets	\$	26,405,110	\$	24,721,124
Liabilities and Net A	sset	S		
Current Liabilities Accounts Payable Deferred Revenue Accrued Expenses	\$	156,751 690,000 8,425	\$	39,997 592,500 1,505
Total Current Liabilities		855,176		634,002
Total Liabilities		855,176	3	634,002
Net Assets Unrestricted Board-Designated Funds Undesignated		18,282,601 6,763,899		18,474,652 5,091,147
Total Unrestricted		25,046,500		23,565,799
Temporarily Restricted		503,434		521,323
Total Net Assets		25,549,934		24,087,122
Total Liabilities and Net Assets	\$	26,405,110	\$	24,721,124

## The Kidney Cancer Association Statements of Activities For The Years Ended October 31, 2018 and 2017

		<u>2018</u>	<u>%</u>	<u>2017</u>	<u>%</u>
Unrestricted Net Assets: Support and Revenue Contributions Sponsorships Symposium Registrations Other Net Investment Earnings	\$	663,042 2,268,033 265,143 99,465 (155,280)	21.23 72.63 8.49 3.19 (4.97)	\$ 686,878 1,817,554 298,980 96,000 2,223,687	13.30 35.19 5.79 1.86 43.05
Total Support and Revenue		3,140,403	<u>100.57</u>	5,123,099	99.18
<b>Expenses</b> Program Services Management and General Fundraising		1,429,040 113,820 <u>116,842</u>	45.77 3.65 <u>3.74</u>	1,520,398 76,287 96,752	29.44 1.48 <u>1.87</u>
Total Expenses		1,659,702	53.15	1,693,437	32.79
Increase (Decrease) in Unrestricted Net Assets		1,480,701	47.42	3,429,662	66.40
Temporarily Restricted Net Assets: Changes in Value of Split-Interest Agreement		(17,889)	_(0.57)	42,118	0.82
Increase (Decrease) in Temporarily Restricted Net Assets		(17,889)	(0.57)	42,118	0.82
Changes in Net Assets		1,462,812	46.85	3,471,780	<u>67.21</u>
Net Assets at Beginning of Year	_2	24,087,122		20,615,342	
Net Assets at End of Year	\$2	25,549,934_		\$24,087,122	

## The Kidney Cancer Association Statements of Cash Flows For the Years Ended October 31, 2018 and 2017

		<u>2018</u>	<u>2017</u>
Cash Flows From Operating Activities	¢	1 462 812	\$ 3,471,780
Changes in Net Assets	Ψ	1,402,012	φ 3,471,700
Adjustments to reconcile changes in Net Assets to net Cash			
Provided by (Used In) Operating Activities:		(00,000)	(10 704)
Donated Stocks		(22,223)	
Reinvested Interests and Dividends		(462,539)	(400,383)
Realized (Gain) Loss on Investments		(645,510)	(245,765)
Unrealized (Gain) Loss on Investments		1,290,455	(1,575,676)
Changes in Value of Split Interest Agreement		17,889	(42,118)
Decrease(Increase) in Operating Assets:			
Accounts Receivable		332,481	145,681
Prepaid Expenses		2,094	98,406
Security Deposit		(2,564)	(649)
Increase (Decrease) in Operating Liabilities:			
Accounts Payable		116,756	(29,065)
Deferred Revenue		97,500	492,500
Accrued Expenses		6,920	(1,904)
Total Adjustments		731,259	(1,569,697)
Net Cash Provided By (Used In) Operating Activities		2,194,071	1,902,083
Net Increase (Decrease) in Cash and Cash Equivalents		2,194,071	1,902,083
		6 025 000	1 122 826
Cash and Cash Equivalents at Beginning of Year		6,035,909	4,133,826
Cash and Cash Equivalents at End of Year	\$	8,229,980	<u>\$ 6,035,909</u>

See Accompanying Notes and Independent Auditor's Report.

## Note 1 - Nature of Operations

The Kidney Cancer Association (the "Association") was incorporated in 1990 as a tax-exempt nonprofit organization. Its purposes are educational and charitable, including providing information to kidney cancer patients and physicians, promoting and sponsoring kidney cancer education and research, and acting as an advocate with respect to the interest and needs of kidney cancer patients.

## Note 2 - Summary of Significant Accounting Policies

## **Basis of Accounting**

The financial statements of the Association have been prepared on the accrual basis of accounting and, accordingly, support is recognized when received, revenue is recognized when earned, and expenses are recognized when incurred.

## Financial Statement Presentation

The Association is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. Net assets, support, and gains and losses are classified based on the absence or existence and nature of donor imposed restrictions as follows:

- Unrestricted net assets Net assets that are not subject to donor-imposed stipulations.
- Temporarily restricted net assets Net assets subject to donor-imposed stipulations that can be fulfilled by actions of the Association pursuant to those stipulations or that expire by the passage of time.
- Permanently restricted net assets Net assets subject to donor-imposed stipulations that must be maintained permanently.

## Cash and Cash Equivalents

Cash and cash equivalents include funds deposited in checking and money market accounts and certificates of deposit with maturity dates of three months or less. Cash included in the investment portfolios is not included in cash and cash equivalents.

## Accounts Receivable

Management has elected to record bad debts using the direct write-off method. Generally accepted accounting principles require that the allowance method be used to reflect bad debts, however, the effect of the use of the direct write-off method is not materially different from the results that would have been obtained had the allowance method been followed. Management believes that substantially all accounts receivable are collectible.

## Investments

Investments are stated at fair value based on market quotations. Donated investments are recorded at the fair value as of the date of receipt. Unrealized gains or losses are based on the changes in market value of the investments from the beginning to the end of the fiscal year. Realized gains or losses are based on the original costs of the investments. Investment income or loss (including gains or losses on investments, interest and dividends, net of fees) is included in the statements of activities as increases or decreases in unrestricted net assets unless the income or loss is restricted by donor or law.

The Association has established investment policies that it believes are prudent for the long-term welfare of the Association. The Association engages investment custodians, advisors and managers to manage and oversee its investment portfolios.

Investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the Association and the amounts reported in the financial statements.

### Assets Held in Remainder Trust

The Association has been designated as one of three remaindermen of a charitable remainder trust. The assets of the trust are held by an outside trustee. The life-time beneficiary is entitled to the income of the trust and, if necessary, the trustee may distribute the principal of the trust. The contribution is recorded at fair value at the date the Association was notified and is reflected as temporarily restricted net assets.

Contributions of charitable remainder trusts and other similar split-interest agreements are measured by their present values using mortality tables, if applicable, and discount rates. Initial recognition of the charitable remainder trust and other similar split-interest agreement is reported as temporarily restricted contribution. Subsequent changes in the fair value of the charitable remainder trust are reflected as changes in value of split-interest agreement in temporarily restricted net assets on the statements of activities. The trust is stated at fair value as of October 31 on the statements of financial position.

#### Website Domain

The Association has two website domain addresses which are recorded at cost and evaluated annually for impairment based on the most recent information available. As of October 31, 2018 and 2017, the assets are not impaired.

## **Contributed Services**

Contributed services are recognized as contributions if the services (1) create or enhance nonfinancial assets or (2) require specialized skills, are performed by people with those skills, and would otherwise be purchased by the Association. Volunteers provide services that are not recognized as contributions in the financial statements since the revenue recognition criteria were not met. There were no contributed services that met the revenue recognition criteria during the years ended October 31, 2018 and 2017.

## Functional Allocation of Expenses

In the schedules of functional expenses, direct expenses are charged to programs or fundraising categories on the basis of actual expenses. Other costs, such as bank service charges and office expenses are charged to management and general unless related to a specific program. Additionally, certain costs have been allocated based on the time spent in these categories. These costs include travel and meetings, professional fees, salaries, payroll taxes and employee benefits.

## Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires the use of management's estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates.

Income Tax Status

The Association qualifies as a tax exempt organization under section 501(c)(3) of the Internal Revenue Code and, therefore, has no provision for federal income taxes. It is also exempt from state income tax under the Illinois Charitable Trust Act.

## **Reclassifications**

Certain accounts in the prior year financial statements may have been reclassified for comparative purposes to conform to the presentation in the current year financial statements.

## Note 3 - Net Investment Earnings

Investment income (net of fees) for the years ended October 31 is comprised of the following:

	 2018	 2017		
Interest and Dividends Realized Gains (Losses) Unrealized Gains (Losses) Investment Fees	\$ 489,666 645,510 (1,258,492) (31,964)	\$ 402,246 245,765 1,606,465 (30,789)		
Total	\$ (155,280)	\$ 2,223,687		

## Note 4 - Board-Designated Funds

By virtue of a board resolution, the Association established a \$3 million endowment fund for research and patient services during the fiscal year ended 2000, which was initially funded in 2011. An additional \$3 million was board designated during the year ended October 31, 2017. During the fiscal year ended 2014, the Association established another endowment fund in the amount of \$10 million as capital reserve to fund capital expenditures and other activities. The Association's endowment funds include allocation of net appreciation and income from its investments. Expenditure of income or appreciation from the funds will be dispersed in accordance with board-approved expenditures, provided that such expenditure is consistent with and in furtherance of the purposes of the funds. There had been no expenditures since inception. The board-designated funds for the years ended October 31 are as follows:

		2018	
		Board	
	Board	Designated -	
	Designated -	Other	
	Research	Expenditures	Total
Balance at beginning of year	\$ 6,170,751	\$ 12,303,901	\$ 18,474,652
Interest and Dividends	162,661	324,330	486,991
Net Appreciation (Depreciation)	(226,808)	(452,234)	(679,042)
Additions	-	-	-
Expenditures		-	
Total Assets at Fair Value	\$ 6,106,604	<u>\$12,175,997</u>	<u>\$18,282,601</u>
		2017	
		2017 Board	
	Board		
	Board Designated -	Board	
		Board Designated -	Total
	Designated - Research	Board Designated - Other	Total
Balance at beginning of year	Designated -	Board Designated - Other	Total \$ 13,814,878
Balance at beginning of year Interest and Dividends	Designated - Research	Board Designated - Other Expenditures	
	Designated - Research \$ 3,000,000	Board Designated - Other Expenditures \$ 10,814,878	\$ 13,814,878
Interest and Dividends	Designated - Research \$ 3,000,000 29,211	Board Designated - Other Expenditures \$ 10,814,878 268,224	\$ 13,814,878 297,435
Interest and Dividends Net Appreciation (Depreciation)	Designated - Research \$ 3,000,000 29,211 141,540	Board Designated - Other Expenditures \$ 10,814,878 268,224	\$ 13,814,878 297,435 1,362,339
Interest and Dividends Net Appreciation (Depreciation) Additions	Designated - Research \$ 3,000,000 29,211 141,540	Board Designated - Other Expenditures \$ 10,814,878 268,224	\$ 13,814,878 297,435 1,362,339

## Note 5 - Support and Revenue

The Association's support and revenue primarily consists of contributions, sponsorships and symposium registrations which are recognized in the period to which they pertain and are reported as increases in unrestricted net assets unless the use of the related assets is limited by donor imposed restrictions. Contributions and grants are considered available for unrestricted use unless specifically restricted by the donor. Amounts received that are restricted by the donor for a specific purpose or subject to time restrictions are reported as increases in temporarily or permanently restricted net assets, based on the nature of the restrictions. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets is reclassified to unrestricted net assets and reported in the statements of activities as net assets released from restriction. It is the Association's policy to treat restricted contributions.

## Note 6 - Fair Value Measurements

Fair value measurements and disclosures accounting establishes a framework for measuring fair value. As defined, fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Association has the ability to access.

Level 2: Observable market inputs or unobservable inputs that are corroborated by market data.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

In determining the appropriate levels, the Association performed a detailed analysis of the assets and liabilities that are measured and reported on a fair value basis. At each reporting period, all assets and liabilities for which the fair value measurement is based on significant unobservable inputs are classified as Level 3.

The Association assesses the levels of the investments at each measurement date, and transfers between levels are recognized at the end of the reporting period in accordance with the

Association's policy regarding the recognition of transfers between levels of hierarchy. There were no transfers between levels for the years ended October 31, 2018 and 2017.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at October 31, 2018 and 2017.

#### Investments

The fair values of fixed income securities, real estate funds, commodities, money market and equities are based on quoted market prices in active markets.

#### Assets Held in Remainder Trust

Due to little or no market data available, fair value of the charitable remainder trust is determined based on the fair value of the trust assets, as provided by the trustee at the end of each reporting period after incorporating management's own assumptions and appropriate risk adjustments.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair value. The Association's management gives consideration to the reasonableness of the methodology for measuring fair value for certain Level 2 and Level 3 assets. The Association believes the valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date, and it is reasonably possible that the difference could be material. As such, there is no assurance that upon liquidation, the Association will realize the fair values presented therein.

The following tables present (1) the fair value of the Association's financial instruments for each level and (2) a reconciliation of investments in which significant unobservable inputs (Level 3) were used in determining fair value at October 31 on a recurring basis:

	2018							
	Level 1	Level 2	Level 3	<u>Total</u>				
Corporate Bonds	\$ 7,894,261	\$-	\$-	\$ 7,894,261				
Real Estate Funds	230,468	-	-	230,468				
Commodities	782,687	-	-	782,687				
Cash and Money Markets	223,340	-	-	223,340				
Equities	8,336,189	-	-	8,336,189				
Assets Held in Remainder Trusts	-		503,434	503,434				
Total Assets at Fair Value	\$17,466,945	<u>\$ -</u>	<u>\$ 503,434</u>	\$17,970,379				

	2017							
	Level 1	Level 2	Level 3	Total				
Corporate Bonds	\$ 5,938,728	\$-	\$-	\$ 5,938,728				
Real Estate Funds	356,312	-	-	356,312				
Commodities	824,331	-	-	824,331				
Cash and Money Markets	431,455	-	-	431,455				
Equities	10,076,304	-	-	10,076,304				
Assets Held in Remainder Trusts	-	-	521,323	521,323				
Total Assets at Fair Value	<u>\$17,627,130</u>	<u>\$ -</u>	<u>\$ 521,323</u>	\$18,148,453				

The changes in the fair values of the Association's Level 3 assets value using significant unobservable inputs on a recurring basis as of and for the years October 31 consist of the following:

	 2018		2017
Balance, October 31,	\$ 521,323	\$	479,205
Changes in Value of Split-Interest Agreements	 (17,889)		42,118
Balance, October 31,	\$ 503,434	\$	521,323

At October 31, 2018 and 2017, the redemption frequency of the charitable remainder trust included in Level 3 is based on the occurrence of certain events at future dates in accordance with the terms of the trust agreement. There were no redemptions during the years ended October 31, 2018 and 2017.

There were no unusual redemptions limitations for Level 1 and Level 2 assets.

## Note 7 - Concentration of Risk

The Association maintains its cash in bank deposits, which, at times, may exceed federally insured limits of \$250,000. The Association has not experienced any losses in such accounts.

The Association maintains the majority of its investments at financial institutions with a Securities Investors Protection Corporation (SIPC) member broker. Securities, including equities, are not insured against loss in value. The value of investments can go up or down depending on the demand for them in the market. The SIPC replaces missing stocks and other securities in customer accounts held by its members up to \$500,000, including up to \$100,000 in cash awaiting reinvestment. The Association has not experienced any losses related to the failure of the institution as of October 31, 2018 and 2017.

#### Note 8 - Commitments and Contingencies

The Association contracts with various hotels during the year to host its annual conferences and symposia. As part of the agreement with the hotels, the Association agrees to pay cancellation charges if the cancellation occurs within a certain time period prior to the conference date. The Association does not anticipate cancellation charges to be significant.

There is an existing contract with the current Chief Executive Officer that provides for severance payments for up to six months of salary and benefits in case of termination without cause or for good reason.

## Note 9 - Related Party

The Association has delegated the management duties to companies that are managed by key officers of the Association. The total paid to the companies for management services during the years ended October 31, 2018 and 2017 was \$228,427 and \$197,972, respectively.

## Note 10 - Rent

The Association had a one-year lease for an office space in Cape Coral, Florida which began in August 2017 that provided for a monthly rent of \$649. The lease was terminated during the year ended October 31, 2018 with a six-month lease in place for another office space in Houston, Texas that provides for a monthly rent of \$1,282. Rent expense was \$8,205 and \$2,122 for the years ended October 31, 2018 and 2017, respectively.

The future minimum rental payments for the office space under the lease is \$7,692 through April 2019.

#### Note 11 - Subsequent Events

Subsequent events were evaluated through January 31, 2019, which is the date of the financial statements.

Supplemental Information

## The Kidney Cancer Association Schedules of Functional Expenses For the Years Ended October 31, 2018 and 2017

	2018						2017					
	Program Services			Pre	Program Services							
	Education	<u>Research</u>	Advocacy	<u>Management</u> and General	Fundraising	Total	Education	<u>Research</u>	<u>Advocacy</u>	Management and General	<u>Fundraising</u>	Total
Bank service charges	\$ -	\$-	\$-	\$ 8,395	\$-	\$ 8,395	\$ 6,290	\$ 4,193	\$ 1,398	\$ 1,747	\$ 3,844	\$ 17,472
Computer and Website	15,135	10,090	3,363	4,204	9,249	42,041	25,634	17,090	5,697	7,121	15,665	71,207
Education programs	-	-		2,675	-	2,675	-	-	· -	-	-	-
Dues and subscriptions	6,731	4,487	1,496	1,870	4,113	18,697	19,227	-	-	-	-	19,227
Miscellaneous	-	-	-	1,750	-	1,750	-	-	-	58	-	58
Employee benefits	560	373	125	155	342	1,555	3,193	2,129	710	887	1,951	8,870
Insurance	1,662	1,108	369	462	1,016	4,617	1,727	1,151	384	480	1,055	4,797
License and permits	3,235	2,156	719	898	1,977	8,985	2,536	1,691	564	704	1,550	7,045
Travel and meetings	371,941	371,941	-	-	-	743,882	359,331	359,331	-	-	-	718,662
Office expense	-	-	-	4,701	-	4,701	1,366	911	304	379	835	3,795
Payroll taxes	2,503	1,669	556	695	1,530	6,953	4,172	2,781	927	1,159	2,549	11,588
Salaries	32,721	21,814	7,271	9,089	19,996	90,891	57,324	38,216	12,739	15,923	35,031	159,233
Postage and delivery		-	-	5,998	-	5,998	3,064	2,042	681	851	1,872	8,510
Printing	22,277	-	-	1,172	-	23,449	31,450	-	-	1,655	-	33,105
Professional fees	104,193	97,096	50,921	70,111	31,367	353,688	97,142	91,553	44,506	44,252	30,044	307,497
Publicity		-	-		43,633	43,633	-	-	-	-	-	-
Rent	2,954	1,969	656	821	1,805	8,205	764	509	170	212	467	2,122
Research grant awards	-	250,000	-	-	-	250,000	-	292,000	-	-	-	292,000
Telephone	2,968	1,979	660	824	1,814	8,245	3,091	2,061	687	859	1,889	8,587
Video production	31,342	-	-	-	-	31,342	19,662	-	-	1-1	_1	19,662
Total	\$598,222	\$764,682	\$ 66,136	\$ 113,820	\$ 116,842	\$1,659,702	\$635,973	\$815,658	\$ 68,767	\$ 76,287	\$ 96,752	\$1,693,437

Form	99	0
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**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.

**Open to Public** 

OMB No. 1545-0047 2017

Depa Inter	artment of nal Reveni	the Treasury ue Service		irs.gov/Form990 for ins					Inspection
			dar year, or tax year begir	<u> </u>	, 2017, and e		10/31	,	2018
В	Check if a	pplicable:	C		-	-	D Employe		cation number
	Addr	ess change	The Kidney Cance	er Association			36-3	7197	12
	Nam	e change	1608 S. Ashland	Ave #38269			E Telephor	ne numbe	er
	Initia	l return	Chicago, IL 6060	8			(800	) 85	0-9132
	Final r	return/terminated							
	Ame	nded return					G Gross re	ceipts \$	8,411,183.
	Appli	ication pending	F Name and address of principa	al officer:			Is this a group return		
			Same As C Above			H(b)	Are all subordinates If 'No,' attach a list.	included?	Yes No
	Tax-exe	empt status	X 501(c)(3) 501(c) (	) < (insert no.)	4947(a)(1) or 5	527	-,		
J	Webs	site:► ww	w.kidneycancer.o	rg	1	.,	Group exemption nu	mber 🕨	
ĸ		f organization:	X Corporation Trust	Association Other ►	L Year of	formation:	1990 M s	ate of leg	gal domicile: IL
Pa	art I	Summar	У						
			be the organization's miss						
s	2		g and mortality		ey cancer thr	rough	innovative	and	
าลท	<u> </u>	COLLADOL	<u>ative_education</u>	and research.					
Governance	<b>2</b> C	heck this bo	y ►if the organizatio	n discontinued its opera	ations or disposed	of more	than 25% of its r	net ass	
<u>6</u>	3 N		oting members of the gove					3	10
<u>୍</u> ଦ୍			dependent voting member					4	10
Activities &			of individuals employed in					5	2
XİVİ			of volunteers (estimate if					6	100
Ă			ed business revenue from					7a	0.
	DIN	et unrelated	l business taxable income	from Form 990-1, line :	54		Prior Year	7b	0.
	<b>8</b> C	ontributions	and grants (Part VIII, line	1h)		_	2,504,4	22	Current Year 2,931,075.
ue			vice revenue (Part VIII, line				2,504,4		2,931,075.
Revenue		-	ncome (Part VIII, column (	•			648,0		1,135,175.
Be			e (Part VIII, column (A), li						99,471.
			e – add lines 8 through 11				3,547,4		4,430,864.
	<b>13</b> G	irants and s	imilar amounts paid (Part	IX, column (A), lines 1-3	3)		292,0	00.	250,000.
	<b>14</b> B	enefits paid	to or for members (Part I	X, column (A), line 4)		[			•
	<b>15</b> S	alaries, othe	er compensation, employe	e benefits (Part IX, colu	ımn (A), lines 5-10)	)	179,6	91.	99,398.
ses	<b>16</b> a P	rofessional	fundraising fees (Part IX,	column (A), line 11e)					
Expenses	b T	otal fundrais	sing expenses (Part IX, co	lumn (D), line 25) 🕨	116,8	42			
Щ	17 0		ses (Part IX, column (A), li				1,221,7	46	1,310,304.
			es. Add lines 13-17 (must				1,693,4		1,659,702.
		•	s expenses. Subtract line 1				1,853,9		2,771,162.
r s			•				Beginning of Current		End of Year
Net Assets or Fund Balances	<b>20</b> T	otal assets	(Part X, line 16)				24,721,1		26,405,110.
A B B	<b>21</b> T	otal liabilitie	es (Part X, line 26)			[	634,0	08.	855,176.
Fun	<b>22</b> N	et assets or	fund balances. Subtract I	ine 21 from line 20			24,087,1	16.	25,549,934.
Pa	irt II	Signatur	e Block						, , ,
Unde	er penaltie	s of perjury, I de	eclare that I have examined this ret arer (other than officer) is based on	urn, including accompanying scl	hedules and statements, a	and to the b	est of my knowledge a	and belie	f, it is true, correct, and
com	plete. Deci	aration of prepa	arer (other than officer) is based on	all information of which prepare	er has any knowledge.				
		Signatu	ire of officer				Date		
Siç	jn					-		~ ~ ~	
He	re		tchen E. Vaughan			F	resident &	CEO	
			preparer's name	Preparer's signature	Date			:z 🗆	TIN
-					Date		Check		
Pa			nd A. Kirschner				self-employe	a   F	200102186
	eparer e Only	Firm's name	111 114/10010		0		Eirmi- EIN -	·	2002005
5	c only	Firm's addre		<u>Drive, Suite 14</u>	U		Firm's EIN		3802885
NA -	, the ID	S discuss the		IL 60062	structions)		Phone no.	(847	
-			his return with the prepare						X Yes No
DA.	A FORP	aperwork H	Reduction Act Notice, see	me separate instruction	15.	IEEA01	13L 08/08/17		Form 990 (2017)

		**Public Disclosure Copy**		
Form	990 (	2017) The Kidney Cancer Association	36-3719712	Page <b>2</b>
Par	t III	Statement of Program Service Accomplishments		
		Check if Schedule O contains a response or note to any line in this Part III		
1		y describe the organization's mission:		
		reduce the incidence of, and suffering and mortality caused by	<u>kidney cano</u>	cer
	thr	ough innovative and collaborative education and research.		
2	Did th	e organization undertake any significant program services during the year which were not listed on the pric		
2		990 or 990-EZ?	,	
		s,' describe these new services on Schedule O.	·····	es X No
3		e organization cease conducting, or make significant changes in how it conducts, any program ser		es X No
5		s,' describe these changes on Schedule O.		
4		ibe the organization's program service accomplishments for each of its three largest program servi	ces as measured	hv exnenses
•	Section	on 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation	s to others, the tota	al expenses,
	and re	evenue, if any, for each program service reported.		
	(0		~	
4 a	(Code			)
		earch - Provide funds for research and development of drugs us	ed to aid pa	<u>itients</u>
	<u> 1n</u>	their fight against kidney cancer and search for a cure.		
4 b	(Code	e: ) (Expenses \$ 598,222. including grants of \$ ) (R	evenue \$	)
	Edu	cation - Disseminate various materials for patient information	and hold	
	int	ernational symposia for physicians.		
,	(0!		avanua é	
4 C	(Code		evenue \$	)
	Aav	ocacy - Work to promote and sponsor research on kidney cancer.		
4 d	Other	program services (Describe in Schedule O.)		
	(Expe	enses \$ including grants of \$ ) (Revenue \$		)
4 e	Total	program service expenses ► 1,429,040.		
				····· 000 (0017)

	n 990 (2017) The Kidney Cancer Association 36-37197	12	ŀ	Page 3
Pa	rt IV Checklist of Required Schedules		N <sub>2</sub>	N.
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete		Yes	No
	Schedule A		X X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	. 2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If 'Yes,' complete Schedule C, Part L</i>			X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	. 4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	. 5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	. 6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If 'Yes,' complete Schedule D, Part II</i>	. 7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III.	. 8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	. 9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	. 10	Х	
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
i	a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	. 11 a	1	х
I	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? If 'Yes,' complete Schedule D, Part VII	. 111	)	Х
	c Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	. 11	;	Х
	<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? If 'Yes,' complete Schedule D, Part IX.	. 110	I	Х
(	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	. 11 (	•	Х
1	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	. 111		Х
12	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII.	. 12a	Х	
I	<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	. 121		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	. 13		Х
14	a Did the organization maintain an office, employees, or agents outside of the United States?	. 14a		Х
I	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? If 'Yes,' complete Schedule F, Parts I and IV.	. 14	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If 'Yes,' complete Schedule F, Parts II and IV			Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	. 16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	. 17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	. 18		Х
				1

**19** Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*....

Form 990 (2017)

Х

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Page	3
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			36-3719712		Pa	age <b>4</b>
Pa	rt IV Checkli	st of Required Schedules (continued)				
20.	· Did the ergenize	ation operate one or more hospital facilities? If 'Yes,' complete Schedule H		_	/es	No X
	Ū					Δ
		0a, did the organization attach a copy of its audited financial statements to this return?		b		
21	domestic govern	ation report more than \$5,000 of grants or other assistance to any domestic organization o ament on Part IX, column (A), line 1? <i>If 'Yes,' complete Schedule I, Parts I and II</i>	r 		Х	
22	Did the organiza column (A), line	ation report more than \$5,000 of grants or other assistance to or for domestic individuals o 2? If 'Yes,' complete Schedule I, Parts I and III	on Part IX,	2		Х
23	and former office	ion answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's c rs, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete</i>	urrent <b>23</b>	:		Х
24	the last day of the	ion have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 a: he year, that was issued after December 31, 2002? <i>If 'Yes,' answer lines 24b through 24d</i> dule K. If 'No, 'go to line 25a	and	a		Х
	<b>b</b> Did the organiza	ation invest any proceeds of tax-exempt bonds beyond a temporary period exception?		b		
	c Did the organizati	ion maintain an escrow account other than a refunding escrow at any time during the year to defe bonds?	ease <b>24</b>	c		
		ation act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		-		
25	a Section 501(c)(3 transaction with	3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benef a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	fit 25	a		Х
	that the transaction	n aware that it engaged in an excess benefit transaction with a disqualified person in a prior year on has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If 'Yes,' compl</i> <i>t l</i>	ete	h		Х
26	,					21
20	former officers, If 'Yes,' complet	ion report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or directors, trustees, key employees, highest compensated employees, or disqualified person te Schedule L, Part II.	ins? 	;		Х
27	contributor or em	ion provide a grant or other assistance to an officer, director, trustee, key employee, substantial ployee thereof, a grant selection committee member, or to a 35% controlled entity or family mem persons? <i>If 'Yes,' complete Schedule L, Part III.</i>	ber 27	,		Х
28	Was the organiza instructions for a	tion a party to a business transaction with one of the following parties (see Schedule L, Part IV applicable filing thresholds, conditions, and exceptions):				
	<b>a</b> A current or forr	mer officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		a		Х
	<b>b</b> A family member Schedule L, Par	of a current or former officer, director, trustee, or key employee? If 'Yes,' complete t IV		b		Х
	c An entity of which officer, director,	h a current or former officer, director, trustee, or key employee (or a family member thereof) was trustee, or direct or indirect owner? <i>If 'Yes,' complete Schedule L, Part IV</i>	an <b>28</b>	с	Х	
29	Did the organiza	ation receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.		)		Х
30	Did the organiza contributions? //	ation receive contributions of art, historical treasures, or other similar assets, or qualified c f 'Yes,' complete Schedule M	onservation <b>30</b>			Х
31	Did the organiza	ation liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N	l, Part I <b>31</b>			Х
32		ion sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete rt II</i>		2		Х
33	Did the organizati 301.7701-2 and	ion own 100% of an entity disregarded as separate from the organization under Regulations secti 301.7701-3? If 'Yes,' complete Schedule R, Part I	ons	;		Х
34	Was the organiz and Part V, line	ration related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, I.	II, or IV, 	Ļ		Х
35	<b>a</b> Did the organiza	ation have a controlled entity within the meaning of section 512(b)(13)?		a		Х
	<b>b</b> If 'Yes' to line 3 entity within the	5a, did the organization receive any payment from or engage in any transaction with a cor meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	ntrolled 35	b		
36	Section 501(c)(3 organization? If	<b>3) organizations.</b> Did the organization make any transfers to an exempt non-charitable relatives, 'complete Schedule R, Part V, line 2	ated 36			Х
37	Did the organizati treated as a par	ion conduct more than 5% of its activities through an entity that is not a related organization and thership for federal income tax purposes? <i>If 'Yes,' complete Schedule R, Part VI</i>	that is	,		Х
38	Did the organizati Note. All Form 9	ion complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? 390 filers are required to complete Schedule O		;	Х	

Form 990 (2017)

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	**Public Disclosure Copy**			
	990 (2017) The Kidney Cancer Association 36-371971	2	F	Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a		163	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1 c	Х	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-			
	ments, filed for the calendar year ending with or within the year covered by this return <b>2a</b> 2		Х	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	Λ	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule 0.	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	55		+
4a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If 'Yes,' enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
с	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		<u> </u>
6 a	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?	6a		Х
	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		<u> </u>
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
d	If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring			
	organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
i	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.	10		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
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			
	Enter the amount of reserves on hand 13c			
14 a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14b		
BAA	TEEA0105L 08/08/17	Form	1 <b>990</b>	(2017)

Form 990 (2017) The	Kidney	Cancer	Association
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36-3719712 Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for

Page 6

	a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or chan	ges i	n	
	Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			. X
Sec	ction A. Governing Body and Management			. 11
000			Yes	No
1;	a Enter the number of voting members of the governing body at the end of the tax year       1 a       10         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 in Schedule O.       1 a       10			
1	<b>b</b> Enter the number of voting members included in line 1a, above, who are independent <b>1b</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?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? See . Sch . 0	3	Х	
4	Did the organization make any significant changes to its governing documents			
	since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7 8	a 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?	7 a		Х
I	<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	a The governing body?	8 a	Х	
	b Each committee with authority to act on behalf of the governing body?	8 b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal Re	eveni	1	r ć
		10	Yes	No
	a Did the organization have local chapters, branches, or affiliates?	10 a		Х
	<b>b</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?	10 b	37	
	<b>a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O a Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12a	Х	
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	IZa	Λ	<u> </u>
	to conflicts?	12b	Х	
	Schedule O how this was done See. Schedule . Q	12c	X	
13 14	Did the organization have a written document retention and destruction policy?	13 14	X X	<u> </u>
15		14	Λ	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. See Schedule. 0	15 a	Х	
	b Other officers or key employees of the organization.	15a	Λ	Х
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).	130		
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
100	taxable entity during the year?	16 a		Х
I	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	101		
Soc	organization's exempt status with respect to such arrangements?	16 b		Ĺ
<u>3ec</u> 17				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply.	only)	availa	able
	X       Own website       Another's website       X       Upon request       Other (explain in Schedule O)			
19	the public during the tax year. See Schedule O	ble to		
20		0100		
	Gretchen E. Vaughan 2929 Allen Parkway Suite 200 Houston TX 77019 800-850-	9132		

**Public Disclosure Copy**		
Form 990 (2017) The Kidney Cancer Association	36-3719712	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highes Independent Contractors	t Compensated Employe	es, and
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 Compensa	ted Employees	
<b>1 a</b> Complete this table for all persons required to be listed. Report compensation for the calendar year ending organization's tax year.	with or within the	
• List all of the organization's <b>current</b> officers, directors, trustees (whether individuals or organizat compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.	tions), regardless of amount of	
<ul> <li>List all of the organization's current key employees, if any. See instructions for definition of 'key</li> <li>List the organization's five current highest compensated employees (other than an officer, direction)</li> </ul>	1 5	

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.

Γ

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

				(C)						
(A) Name and Title	(B) Average hours per	thar	n one l s both dire	box, an o ector/	unles fficer truste	· · · ·	n	<b>(D)</b> Reportable compensation from the organization	<b>(E)</b> Reportable compensation from related organizations	(F) Estimated amount of other compensation
	week	S 2	Institutional trustee	Officer	Key employee	Highest compensated	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) Paula Bowen	1									
Past Vice Chair	0	Х		Х				0.	0.	0.
(2) Ronald M. Bukowski, MD	1									
Director	0	Х						0.	0.	0.
(3) Craig DePriester	1									
Director	0	Х						0.	0.	0.
(4) David Perry, Esq.	1									
Director	0	Х						0.	0.	0.
(5) William J. Perry	1									
Director	0	Х						0.	0.	0.
(6) Denise L. Richards	1									
Director	0	Х						0.	0.	0.
(7) Lois Stulberg	1									
Director	0	Х						0.	0.	0.
(8) Noah Buntman	1									
Treasurer	0	Х		Х				0.	0.	0.
(9) James Larkin, PhD	1									
Director	0	Х						0.	0.	0.
(10) Christopher G. Wood, MD	1									
Chairman	0	Х		Х				0.	0.	0.
(11) Nicholas J. Vogelzang, MD	1									
Director	0	Х						0.	0.	0.
(12) Jamie Graves	1									
Director	0	Х						0.	0.	0.
(13) William P. Bro	40									
Secretary	0			Х				0.	0.	0.
(14) Lisa Bemboon	40	]								
Past Pres & CEO	0			Х				0.	0.	0.
BAA	TEEA0	107L	08/08	\$/17						Form <b>990</b> (2017)

#### \*\*Public Disclosure Copy\*\* Form 990 (2017) The Kidney Cancer Association 36-3719712 Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) **(B)** (C) Position (do not check more than one box, unless person is both an (D) (E) (F) (A) Average hours Reportable compensation from Reportable compensation from Estimated amount of other Name and title per officer and a director/trustee) week (list any the organization (W-2/1099-MISC) related organizations (W-2/1099-MISC) compensation from the organization Officer Individual trustee Institutional Key Former Highest compensated employee hours for employee and related related organiza - tions organizations I trustee helow dotted line) (15) Gretchen E. Vaughan 40 President & CEO 0 Х 23,077. 0. 0. (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) 1 b Sub-total 23,077 0 0. c Total from continuation sheets to Part VII, Section A 0. 0. 0. d Total (add lines 1b and 1c) 23,077. 0. 0. Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation 2 from the organization **>** 0 Yes No Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual*..... 3 3 Х 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for 4 such individual . Х Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person ..... 5 5 Х Section B. Independent Contractors 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. (C) Compensation (B) Description of services (A) Name and business address 183,563 Eleemosynary Services, LLC PO Box 2322 Pineland, FL 33945 Management Services Total number of independent contractors (including but not limited to those listed above) who received more than 2

\$100,000 of compensation from the organization > 1

_	990 (2017) The Kidney Cancer Association		15	36-3719712	Page 9
Par	t VIII Statement of Revenue Check if Schedule O contains a response or note to any	ling in this Part VI	П		
	Check in Schedule O contains a response of hote to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns       1 a         b Membership dues       1 b         c Fundraising events       1 c         d Related organizations       1 d         e Government grants (contributions)       1 e         f All other contributions, gifts, grants, and similar amounts not included above       1 f         2,931,075.       g Noncash contributions included in lines 1a-1f:         h Total. Add lines 1a-1f       \$	2,931,075.			
Program Service Revenue	Business Code       2a Symposium Registrations       b       c	265,143.	265,143.		
Program Sei	d e f All other program service revenue g Total. Add lines 2a-2f►	265,143.			
	<ul> <li>3 Investment income (including dividends, interest and other similar amounts)</li></ul>	489,665.	489,665.		
	(i) Real       (ii) Personal         6a Gross rents.				
	7 a Gross amount from sales of assets other than inventory(i) Securities(ii) Otherb Less: cost or other basis and sales expenses3,980,319.3,980,319.c Gain or (loss)645,510.				
Other Revenue	d Net gain or (loss)	645,510.	645,510.		
0	9 a Gross income from gaming activities. See Part IV, line 19a         b Less: direct expensesb         c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowancesa         b Less: cost of goods soldb         c Net income or (loss) from sales of inventory         Miscellaneous Revenue         Business Code				
	11a     Website     License     Fee     900099       b     Other     Revenue     900099       c	96,000. 3,471.	96,000. 3,471.		
	e Total. Add lines 11a-11d► 12 Total revenue. See instructions►	99,471. 4,430,864.	1,499,789.	0.	0.

# Form 990 (2017) The Kidney Cancer Association Part IX Statement of Functional Expenses

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Sec	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.							
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses		
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22.	250,000.	250,000.				
3	individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16						
4 5	Compensation of current officers, directors, trustees, and key employees	23,077.	15,692.	2,308.	5,077.		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.		
7	Other salaries and wages	67,814.	46,114.	6,781.	14,919.		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits	1,072.	729.	107.	236.		
	Payroll taxes	482.	328.	48.	106.		
10	-	6,953.	4,728.	695.	1,530.		
	Fees for services (non-employees):						
	a Management						
	• Legal						
	Accounting						
	Lobbying						
	e Professional fundraising services. See Part IV, line 17						
	Investment management fees						
g	) Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule $0.$ C $h$ .	353,688.	252,210.	70,111.	31,367.		
12	Advertising and promotion	43,633.			43,633.		
13	Office expenses	4,701.		4,701.	,		
14	Information technology	42,041.	28,588.	4,204.	9,249.		
15	Royalties		-,	/	- /		
16	Occupancy	8,206.	5,580.	821.	1,805.		
17	Travel	0,2001	0,0001	0221			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings	743,883.	743,883.				
20	Interest						
21	Payments to affiliates						
	Depreciation, depletion, and amortization						
23 24	Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.).	4,617.	3,139.	462.	1,016.		
;	Video Production	31,342.	31,342.				
	Printing and Publications	23,449.	22,277.	1,172.			
	Dues & Subscriptions	<u> </u>		1,172.	4,113.		
	License and Permits		12,713.	1,870.			
	All other expenses	<u>8,985</u> . 27,063.	<u>6,110.</u> 5,607.	19,642.	<u> </u>		
	Total functional expenses. Add lines 1 through 24e	1,659,702.		113,820.			
26		1,039,702.	1,429,040.	113,020.	116,842.		

orm	990 (	**Public Disclosure Copy (2017) The Kidney Cancer Association		37197	12 Page 1
Part	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1 C	Cash — non-interest-bearing	2,434,367.	1	2,602,371
		Savings and temporary cash investments.	3,601,542.	2	5,627,609
		Pledges and grants receivable, net.	5,001,542.	3	5,027,005
		Accounts receivable, net	358,481.	4	26,000
		concloud other receivables from current and former officers, directors			20,000
	tr	oans and other receivables from current and former officers, directors, rustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Lo se	coans and other receivables from other disqualified persons (as defined under ection 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' peneficiary organizations (see instructions). Complete Part II of Schedule L		6	
0		Notes and loans receivable, net.		7	
010001		nventories for sale or use.		8	
ñ I		Prepaid expenses and deferred charges.	141,632.	9	139,538
1		and, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D <b>10</b> a	141,032.		100,000
		ess: accumulated depreciation 10b		10 c	
1		nvestments – publicly traded securities	17,627,130.	11	17,466,945
1	<b>12</b> Ir	nvestments – other securities. See Part IV, line 11		12	
1	<b>13</b> Ir	nvestments – program-related. See Part IV, line 11		13	
1	<b>14</b> Ir	ntangible assets		14	
1	<b>15</b> O	Other assets. See Part IV, line 11	557,972.	15	542,647
1		otal assets. Add lines 1 through 15 (must equal line 34)	24,721,124.	16	26,405,110
		Accounts payable and accrued expenses	41,508.	17	165,176
		Grants payable		18 19	600 000
		ax-exempt bond liabilities	592,500.	20	690,000
		scrow or custodial account liability. Complete Part IV of Schedule D		20	
₩	<b>22</b> Li	oans and other payables to current and former officers, directors, trustees, ev employees, highest compensated employees, and disqualified persons.			
.   1		Complete Part II of Schedule L		22	
		Secured mortgages and notes payable to unrelated third parties		23	
		Insecured notes and loans payable to unrelated third parties		24	
4	<b>25</b> O a	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
2		otal liabilities. Add lines 17 through 25	634,008.	26	855,176
sec	0	Organizations that follow SFAS 117 (ASC 958), check here ► X and complete ines 27 through 29, and lines 33 and 34.			·
ă aŭ		Inrestricted net assets	23,565,793.	27	25,046,500
	<b>28</b> T	emporarily restricted net assets	521,323.	28	503,434
		Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ► Ind complete lines 30 through 34.			
2 3		Capital stock or trust principal, or current funds		30	
300		Paid-in or capital surplus, or land, building, or equipment fund		31	
ž  3		Retained earnings, endowment, accumulated income, or other funds		32	
		otal net assets or fund balances	24,087,116.	33	25,549,934
3	<b>34</b> ⊤	otal liabilities and net assets/fund balances	24,721,124.	34	26, 405, 110 Form <b>990</b> (201

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Form 990 (2017) The Kidney Cancer Association	36-37197	12 Page <b>12</b>
Part XI Reconciliation of Net Assets		
Check if Schedule O contains a response or note to any line in this Part XI.		
1 Total revenue (must equal Part VIII, column (A), line 12)		4,430,864.
2 Total expenses (must equal Part IX, column (A), line 25).		1,659,702.
3 Revenue less expenses. Subtract line 2 from line 1	-	2,771,162.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	24,087,116.
5 Net unrealized gains (losses) on investments.	5	-1,308,344.
6 Donated services and use of facilities	6	
7 Investment expenses		
8 Prior period adjustments		
9 Other changes in net assets or fund balances (explain in Schedule O)		0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))		25 540 024
Part XII Financial Statements and Reporting		25,549,934.
Check if Schedule O contains a response or note to any line in this Part XII		
1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.		Yes No
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?		2a X
If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled separate basis, consolidated basis, or both:	or reviewed on a	
<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 o basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis	n a separate	
<ul> <li>c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight or review, or compilation of its financial statements and selection of an independent accountant?</li> </ul>		2c X
If the organization changed either its oversight process or selection process during the tax year, ex in 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 Audit Act and OMB Circular A-133?		3a X
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the re or audits, explain why in Schedule O and describe any steps taken to undergo such audits		
BAA		Form <b>990</b> (2017)

SCHEDULE A (Form 990 or 990-EZ) Con			Public Charity Status and Public Support nplete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.					OMB No. 1545-0047	
								2017	
		Attach to Form 990 or Form 990-EZ.					Open to Public		
Department of the Treasury Internal Revenue Service			Go to www.irs.gov/Fo	rm990 for instructions	nformation.	Inspection			
	of the organization							er identification number	
	Kidney Can					· · · ·	36-371971		
				ganizations must o				tions.	
1 ne	Č.			For lines 1 through 12, nurches described in <b>sec</b> t		-			
2				Schedule E (Form 990 or			ı).		
3				ization described in sec			A)(iii).		
4				unction with a hospital				nter the hospital's	
	name, city, a								
5	An organizati section 170(b	on operated for (1)(A)(iv). (Co		ge or university owned				escribed in	
6	A federal, sta	ite, or local gov	ernment or governme	ntal unit described in s	ection 1	<b>70(b)(</b> 1)	)(A)(v).		
7	X An organization in section 17	n that normally r <b>0(b)(1)(A)(vi).</b> (	eceives a substantial p Complete Part II.)	art of its support from a	governm	ental un	it or from the general pul	plic described	
8	A community	trust described	in section 170(b)(1)(	A)(vi). (Complete Part I	l.)				
9	or university o	r a non-land-grai	nt college of agriculture	tion 170(b)(1)(A)(ix) oper (see instructions). Enter	the nam	ne, city,			
10	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 <b>section 509(a)(2)</b> . (Complete Part III.)								
11	- ·	0		ly to test for public safe	5				
12	An organizati or more publi lines 12a thro	on organized and cly supported o ough 12d that de	nd operated exclusive rganizations describe escribes the type of si	ly for the benefit of, to d in <b>section 509(a)(1)</b> of upporting organization	perform or <b>sectio</b> and com	the fun n 509(a plete lii	nctions of, or to carry or <b>)(2).</b> See <b>section 509(a</b> nes 12e, 12f, and 12g.	ut the purposes of one ((3). Check the box in	
а	Type I. A supp	orting organizati	on operated, supervise gularly appoint or elect	d, or controlled by its sup a majority of the directo	ported o	rganizat	ion(s), typically by giving	the supported on. <b>You must</b>	
b	<ul> <li>Type II. A supporting organization 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.</li> </ul>								
C	Type III function	onally integrated	A supporting organizat	ion operated in connectio plete Part IV, Sections	n with, a	nd functio	onally integrated with, its	supported	
d	Type III non-fu functionally in	Inctionally integrated. The o	rated. A supporting org	anization operated in cor must satisfy a distribu	nection	with its s	supported organization(s)	) that is not	
e	Check this bo	ox if the organiz	ation received a writte	s A and D, and Part V. en determination from supporting organization	the IRS	that it is	s a Type I, Type II, Typ	e III functionally	
	Enter the number	er of supported	organizations						
	·	0	n about the supported	.,			1	i	
	(i) Name of supported of	organization	<b>(ii)</b> EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	0 organization listed support (see instructions) support (see instructions)				
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									

Total

.

	(Complete only if you checked organization fails to qualify	the box on line 5,	7, or 8 of Part I or	if the organization	failed to qualify un		()
Section A. Public Support							
begi	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	<b>(f)</b> Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.)	2,214,138.	1,911,097.	2,295,388.	2,504,432.	2,931,075.	11,856,130.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	2,214,138.	1,911,097.	2,295,388.	2,504,432.	2,931,075.	11,856,130.
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)						0.
6	Public support. Subtract line 5 from line 4						11,856,130.
Sec	tion B. Total Support					•	
	ndar year (or fiscal year nning in) ►	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	<b>(f)</b> Total
7	Amounts from line 4	2,214,138.	1,911,097.	2,295,388.	2,504,432.	2,931,075.	11,856,130.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	831,740.	156,442.	267,730.	648.011.	1,135,175.	3,039,098.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) See Part VI		61,419.	96,106.	96,000.	99,471.	352,996.
	Total support. Add lines 7 through 10						15,248,224.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
13	First five years. If the Form 990 is organization, check this box and	for the organization	n's first, second, th	ird, fourth, or fifth	tax year as a sectio	on 501(c)(3)	►
Section C. Computation of Public Support Percentage         14       Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))							
15	Public support percentage from	2016 Schedule A,	Part II, line 14			15	81.68 %
16a 33-1/3% support test-2017. 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	<b>b</b> 33-1/3% support test-2016. 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						
<b>17a 10%-facts-and-circumstances test—2017.</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 ►							
	<b>b</b> 10%-facts-and-circumstances test–2016. 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 organi	zation did not che	CK a box on line	13, 16a, 16b, 17a	, or 1/b, check th	is box and see in	structions 🕨
BAA					Sc	hedule A (Form 9)	90 or 990-EZ) 2017

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The	Kidney	Cancer	Association		

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

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## BAA

Schedule A (Form 990 or 990-EZ) 2017

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## Schedule A (Form 990 or 990-EZ) 2017 The Kidney Cancer Association

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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.)

Sec	tion A. Public Support						
Calend	lar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(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						
3	tax-exempt purpose						
Ũ	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						
	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1,						
7a	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						
	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						
Sec	tion B. Total Support			•			
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 6						
1 <b>0</b> a	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						
c	acquired after June 30, 1975 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						
10	Part VI.)						
	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 organization, check this box and	is for the organiz	ation's first, seco	nd, third, fourth, c	or fifth tax year as	a section 501(c)(3	<sup>3)</sup>
Sec	tion C. Computation of Pu						
15			•	ne 13, column (f)	)		010
16	Public support percentage from	2016 Schedule A,	, Part III, line 15.				010
	tion D. Computation of Inv					· · ·	
17	Investment income percentage f	for 2017 (line 10c,	, column (f) divide	ed by line 13, colu	ımn (f))	17	00
18	Investment income percentage f						010
19a	9a 33-1/3% support tests-2017. 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						
h	<b>33-1/3% support tests—2016.</b> If		-				
D	line 18 is not more than 33-1/3%						
20	Private foundation. If the organi	zation did not che	eck a box on line	14, 19a, or 19b, o	check this box and	see instructions.	····· ► 🔲

The Kidney Cancer Association

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3b

3c

4a

4h

**4**c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

## Part IV Supporting Organizations

Schedule A (Form 990 or 990-EZ) 2017

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

## Section A. All Supporting Organizations

- Yes No
  1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
  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).
  3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below.
  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
- satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in **Part VI** when and how the organization made the determination.
- 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.
- **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.
- **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.
- **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.
- 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).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If 'Yes,' provide detail in Part VI.*
- 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)*.
- 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).
- 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.
- **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.*
- 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*.
- 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 10b below.
  - **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.)

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Schedule A (Form 990 or 990-EZ) 2017	The	Kidney	Cancer	Association	
Part IV Supporting Organizati	ons (	continue	d)		

11	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 (b) and (c) below, the	
	governing body of a supported organization?	11a
	<b>b</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.

### Section B. Type I Supporting Organizations

- 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.
- 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.*

#### 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 <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).	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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).			
	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 <b>Part VI</b> 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.

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If 'Yes,' then in **Part VI identify those supported** organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- **b** Did the activities described 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.*
- 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.*
- **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.

11c

1

2

Yes

Yes

No

No

No

Yes

2a

2b

3a

3h

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# Schedule A (Form 990 or 990-EZ) 2017 The Kidney Cancer Association

 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.

Sec	tion 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		
Sec	tion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	: Fair market value of other non-exempt-use assets	1c		
c	<b>I Total</b> (add lines 1a, 1b, and 1c)	1d		
e	e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
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		
Sec	tion 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
-			l Toma e III e como e atima e e a	

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

Schedule A (Form 990 or 990-EZ) 2017

	"Public Disci	15		
	dule A (Form 990 or 990-EZ) 2017 The Kidney Cancer As		36-371	19712 Page <b>7</b>
Par		ipporting Organiza	tions (continued)	
	tion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt put	•		
2	Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity	of supported organization	S,	
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization in <b>Part VI</b> ). See instructions.	on is responsive (provide	details	
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sec	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reasonable cause required – explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
a				
	From 2013			
	From 2014			
	From 2015			
	From 2016			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
	Carryover from 2012 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
	Applied to 2017 distributable amount			
0	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
C	Excess from 2016			

e Excess from 2017.....

Schedule A (Form 990 or 990-EZ) 2017

 

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 A (Form 990 or 990-EZ) 2017
 The Kidney Cancer Association
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 Supplemental Information.
 Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

 Part VI

# Part II, Line 10 - Other Income

Nature and Source		2017	 2016	 2015	 2014	 2013
Website License Fee Total	\$ \$	99,471. 99,471.	96,000. 96,000.	96,106. 96,106.	61,419. 61,419.	\$ 0.

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SCI	SCHEDULE D Supplemental Financial Statements									
(Fo	2017									
Depar	Open to Public									
	al Revenue Service		.gov/Form990 for instruction			Employer id	Inspection Ientification number			
		ey Cancer Associat		oor Cimilor Fur	de or Aoo	36-371	9712			
Par	Complete	if the organization ans	or Advised Funds or Oth wered 'Yes' on Form 990	0, Part IV, line	6.	ounts.				
			(a) Donor advised	l funds	<b>(b)</b> Fu	unds and	other accounts			
1		end of year								
2	00 0	ntributions to (during year)								
4		at end of year								
5	Did the organizati	ion inform all donors and do	nor advisors in writing that the	e assets held in do	onor advised	funds				
~	are the organizati	on's property, subject to the	organization's exclusive lega	I control?		· · · · · · L	Yes No			
6	for charitable pur	poses and not for the benefi	ors, and donor advisors in writ t of the donor or donor adviso	or, or for any other	purpose con	ferring 👝	Yes No			
Par		tion Easements. if the organization ans	wered 'Yes' on Form 99	0, Part IV, line	7.					
1	_		y the organization (check all t							
		of land for public use (e.g., ı natural habitat	recreation or education)	Preservation of Preservation o						
		of open space				IISTOLIC SU	ucture			
2	Complete lines 2a	through 2d if the organization	held a qualified conservation co	ntribution in the forr	n of a conserv	ation ease	ment on the			
	last day of the tax	k year.				old at the	End of the Tax Year			
a	a Total number of c	conservation easements				eiu at the				
ł	<b>)</b> Total acreage res	tricted by conservation ease	ments							
			fied historic structure included							
C	Number of conseination structure listed in	vation easements included i the National Register	n (c) acquired after 7/25/06, a	and not on a histor	ric <b>2 d</b>					
3		-	nsferred, released, extinguished		· · · · · · · · · · · · · · · · · · ·	n during th	e			
4	Number of states v	where property subject to conse	ervation easement is located ►		_					
5	Does the organiza	ation have a written policy re	garding the periodic monitorines it holds?	ng, inspection, har	ndling of viola	ations,	]Yes □ No			
6			inspecting, handling of violation							
_	►									
7	►\$		ecting, handling of violations, ar	0		Ū	the year			
8	and section 170(h	n)(4)(B)(ii)?	n line 2(d) above satisfy the r				Yes No			
9	include, if applica conservation ease	ble, the text of the footnote ements.	s conservation easements in its to the organization's financial	statements that d	escribes the	organizati	on's accounting for			
Par	t III Organizat Complete	tions Maintaining Collection if the organization ans	ections of Art, Historical wered 'Yes' on Form 99	l <b>Treasures, or</b> 0, Part IV, line	Other Sim 8.	ilar Ass	ets.			
1a	art, historical treas	ures, or other similar assets he	r SFAS 116 (ASC 958), not to eld for public exhibition, education ncial statements that describe	on, or research in fu	nue statemer irtherance of p	it and bala public servi	ance sheet works of ce, provide,			
ł	historical treasures following amounts	a, or other similar assets held f s relating to these items:	r SFAS 116 (ASC 958), to report public exhibition, education, o	or research in furthe	rance of publi	c service,	e sheet works of art, provide the			
			line 1							
2			nistorical treasures, or other sim				owing			
	amounts required	to be reported under SFAS	116 (ASC 958) relating to the	ese items:			oming			
			. 1							
			e Instructions for Form 990.				ule <b>D</b> (Form 990) 20	17		

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Schedule D (Form 990) 2017 The						36-3719			Page 2
Part III Organizations Mainta	ining Collecti	ons of Art, F	listorica	I Treasures, or	Other	Similar Asse	ets (c	ontinu	ed)
3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection									
itemš (check all that apply):		a 🗖 I		hongo programa					
a Public exhibition				change programs					
<b>b</b> Scholarly research	rations	e	Other						
c Preservation for future gene		and avalain hav	مر الم	ar the errenization!		numero in			
4 Provide a description of the organiz Part XIII.	zation's collections	and explain nov	v they lurth	er the organizations	s exempt	purpose in			
5 During the year, did the organizato be sold to raise funds rather t	ation solicit or rec	eive donations	of art, his	torical treasures, o	r other s	similar assets <sub>r</sub>	_	г	<b>-</b>
							Yes		No
Part IV Escrow and Custodia line 9, or reported an	amount on Fo	rm 990 Par	e if the c t X line	rganization ans	swered	Yes on For	m 99	0, Par	tIV,
· · ·									
<b>1 a</b> Is the organization an agent, tru	stee, custodian o	r other interme	diary for c	ontributions or othe	er assets	s not included		. г	No
on Form 990, Part X? <b>b</b> If 'Yes,' explain the arrangemen						· · · · · · · · · · · · · · · L	Yes	· L	
			nowing la	DIE.			Amour	+	
c Beginning balance					10		Amoui	it.	
d Additions during the year									
6 ,									
e Distributions during the year									
f Ending balance							V		
2 a Did the organization include an a						L	Yes		No
<b>b</b> If 'Yes,' explain the arrangemen	t in Part XIII. Che	ck here ii the e	explanation	i nas been provide	a on Pa	rt XIII		· · · · · L	
Part V Endowment Funds.	complete if the	orgonizatio	n 000110	rad Wast on Ea	rm 000	Dort IV lin	0.10		
Part V Endowment Funds.							1	Four yoor	
<b>1 a</b> Beginning of year balance	(a) Current year			(c) Two years back 13,381,032		Three years back 3,520,721.		Four years	
<b>b</b> Contributions	18,474,65		4,878.	13,381,03	<u> </u>	3,520,721.	1	,000,	
		3,00	0,000.				10	,000,	000.
c Net investment earnings, gains,	-102.05		0 774	122 01	c	-120 600		E 2 0	701
and losses	-192,05	DI. 1,03	59,774.	433,84	0.	-139,689.		520,	721.
d Grants or scholarships									
e Other expenditures for facilities and programs						0.			
f Administrative expenses									
g End of year balance		1 18 47	4,652.	13,814,878	8 1 <sup>.</sup>	3,381,032.	13	,520,	721
2 Provide the estimated percentage	, ,					5,501,052.	1.0	, 520,	121.
<b>a</b> Board designated or quasi-endown	-	100.00%							
<b>b</b> Permanent endowment		100.00							
c Temporarily restricted endowme		0							
The percentages on lines 2a, 2b, a		100%							
<b>3a</b> Are there endowment funds not in organization by:	the possession of t	he organization	that are he	Id and administered	for the			Yes	No
(i) unrelated organizations							3a(i)	103	X
(ii) related organizations							3a(ii)		X
<b>b</b> If 'Yes' on line 3a(ii), are the relation							3b		
4 Describe in Part XIII the intende	-						30		L
Part VI Land, Buildings, and	-			1143.					
Complete if the organ		rad 'Vac' an	Form QC	0 Part IV line	112 0	Soo Form 990		et V liv	20.10
							-	-	
Description of property	(a)	Cost or other b (investment)	asis <b>(b</b>	) Cost or other basis (other)	(c) Ad der	ccumulated preciation	(d)	Book va	lue
<b>1 a</b> Land		(investment)			uep				
<b>b</b> Buildings									
c Leasehold improvements									
d Equipment									
<b>e</b> Other									
Total. Add lines 1a through 1e. (Colum		Form 990 Pa	rt X colum	(R) line 10c)		•			
BAA	in (u) must equal	, onn 330, r al					le <b>D</b> (F	orm 990	0.
and the h						JUIIEUU	<b>.</b> (l.	JIII JJU	, /

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Λ		

Part VII	Investments – Other Securities.		N/A	
	Complete if the organization answered			
	ription of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-ye	ar market value
	ial derivatives			
(2) Closely (3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)		-		
(l) Tatal (0.1)				
	nn (b) must equal Form 990, Part X, column (B) line 12.) ▶		NI / 7	
Part VIII	Investments – Program Related. Complete if the organization answered	d '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)				
(10)				
	nn (b) must equal Form 990, Part X, column (B) line 13.) 🕨			
Part IX	Other Assets. Complete if the organization answered	N/A Ves' on Form 990 1	) Part IV line 11d See Form 990	Part X line 15
		escription		(b) Book value
(1)				
(2)				
(3)				
(4) (5)				
(6)				
(7)				
(8)				
(9) (10)				
	lumn (b) must equal Form 990, Part X, column (	(R) line 15 )	►	
Part X	Other Liabilities.	<i>D)</i> III <i>C</i> 1 <i>3.)</i>	••••••••••••••••	
I	Complete if the organization answered 'Yes' on F	Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25	
	(a) Description of liability	(b) Book value		
	ral income taxes			
(2) (3)			<u> </u>	
(3)				
(5)				
(6)				
(7)				
(8) (9)				
(10)				
(10)				
Total. (Colun	nn (b) must equal Form 990, Part X, column (B) line 25.)	. •		
2. Liability fo	r uncertain tax positions. In Part XIII, provide the text of the fo	potnote to the organization's fi	nancial statements that reports the organization's liab	ility for uncertain

tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

**Public Disclosure Copy**		
15	36-37197	12 Page <b>4</b>
Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per F	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	3,122,520.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments 2a -1,308,344		
b Donated services and use of facilities 2b		
c Recoveries of prior year grants 2c		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d	. 2e	-1,308,344.
3 Subtract line 2e from line 1	. 3	4,430,864.
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	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	. 5	4,430,864.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses pe	r Return.	
Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.		
1 Total expenses and losses per audited financial statements	. 1	1,659,702.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities 2a		
b Prior year adjustments 2b		
c Other losses		
d Other (Describe in Part XIII.) 2d		
e Add lines 2a through 2d	. 2e	
3 Subtract line 2e from line 1.	. 3	1,659,702.
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.)		
c Add lines 4a and 4b.	. 4 c	
5 Total expenses. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 18.</i> ).	. 5	1,659,702.
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.

	*:	*Public Di	isclosure Copy**				
SCHEDULE F (Form 990)	Statement	of Activitie	es Outside the United		OMB No. 1545-0047		
Department of the Treasury			ed 'Yes' on Form 990, Part IV, line ach to Form 990.		2017 Open to Public		
Internal Revenue Service		•	instructions and the latest inform		Inspection tification number		
The H	Kidney Cancer			36-3719	712		
Part I General Inform on Form 990, F	<b>ation on Activiti</b> Part IV, line 14b.	es Outside th	e United States. Complet	te if the organization	on answered 'Yes'		
			substantiate the amount of its selection criteria used to award				
2 For grantmakers. Describ United States.	be in Part V the organiz	zation's procedures	s for monitoring the use of its gra	nts and other assistance	e outside the		
3 Activities per Region. (	The following Part I, I	ine 3 table can b	e duplicated if additional space	e is needed.)			
(a) Region	<b>(b)</b> Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	<b>(f)</b> Total expenditures for and investments in the region		
<b>(1)</b> Europe			Dreamen Convigo	Annual	247 004		
			Program Service	Convention	247,894.		
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
<b>3 a</b> Sub-total <b>b</b> Total from continuation					247,894.		
sheets to Part I		0			247 894		

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Schedule F (Form 990) 2017

TEEA3502L 08/10/17

TEEA3

Schedule F (Form 990) 2017 The Kit Part III Grants and Other Assistal	**Public Disclosure Copy**         Schedule F (Form 990) 2017       36-3719712         Part III       Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered 'Yes' on Form 990,	**Public ciation utside the Unit	**Public Disclosure Copy** ation side the United States. Complete if the o	Copy** ste if the organiz	36- zation answered 'Y'	36-3719712 d 'Yes' on Form 990,	Page 3
Са	In be duplicated if ac	dditional space i (c) Number of recipients	s needed. (d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
		-				Schedule F	Schedule F (Form 990) 2017

TEEA3503L 08/10/17

	**Public Disclosure Copy**		
Sche	edule F (Form 990) 2017 The Kidney Cancer Association	36-3719712	Page 4
	rt IV  Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If 'Yes,' the organization may be required to separately file Form 3520, Annual Return To Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If 'Yes,' the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To C Foreign Corporations (see Instructions for Form 5471).		X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qua electing fund during the tax year? If 'Yes,' the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621).	_	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If 'Yes,' the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreig Partnerships (see Instructions for Form 8865).	n Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If 'Yes,' the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990).	ee Yes	X No

TEEA3505L 08/10/17

Schedule F (Form 990) 2017

### Schedule F (Form 990) 2017 The Kidney Cancer Association

Page 5

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

SCHEDULE I (Form 990)		Gr GoV <sup>Comple</sup>	**Pub] ants and Otl ernments, al te if the organizati	**Public Disclosure Copy** 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.	Copy** to Organizatior n the United St	IS, ates 21 or 22.		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service			► Go to www.irs	Attach to Form 990. www.irs.gov/Form990 for the latest information	u. st information			Open to Public Inspection
Name of the organization <b>T</b>	The Kidney Cancer	cer Association	ion				Employer identification number 36-3719712	ation number .2
Part I General In	General Information on Grants and Assistance	nts and Assista	ance					
1 Does the organizat the selection crite	ion maintain records to	substantiate the amo	ount of the grants or	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?	eligibility for the grants	or assistance, and		X Yes
2 Describe in Part IV	Describe in Part IV the organization's procedures for monitoring the use of	sedures for monitoring	g the use of grant fu	grant funds in the United States.	· · · · · · · · · ·	Ξ.	Part IV	
Part II Grants an Form 990,	<b>d Other Assistan</b> Part IV, line 21, f	ce to Domestic ( or any recipient	Organizations a	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered 'Ye 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.		Complete if the organization answered 'Yes' on be duplicated if additional space is needed.	ion answered 'Y space is neede	es' on d.
1 (a) Name and addr	(a) Name and address of organization or government	( <b>b</b> ) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) <u>Conquer Cancer Foundation</u> <u>2318 Mill Road Suite 800</u> Alexandria, VA 22314	Foundation Suite_800 22314	31-1667995	170 (a)	75,000.	0.			Research
(2) Dana-Farber Cancer Institute 	cer_Institute	04-2263040	170 (a)	50,000.	0.			Research
(3) Institute for Cancer <u>333 Cottman Avenue</u> Philadelphia, PA 191	ancer_Research nue A 19111	23-6296135	170 (a)	25,000.	0.			Research
[4]         The Univ of Texas MD Anderson           -         P.O. Box 4266           Houston, TX 77210	as_ <u>MD_Anderson</u>	74-6001118	170 (a)	100,000.	. 0			Research
(5) 								
(6)								
<u>(8)</u>								
2 Enter total numbe 3 Enter total numbe	Enter total number of section 501 (c)(3) and government organizatior Enter total number of other organizations listed in the line 1 table .	and government or ns listed in the line	rganizations listed	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table				4
BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	eduction Act Notice, a	see the Instruction	s for Form 990.		TEEA3901L 08/10/17	08/10/17	Schedul	Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017) The Kidnev C	The Kidnev Cancer Association	i abut Discrosure Copy		m	36-3719712 Pade 2
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.	Domestic Individu	<b>uals.</b> Complete if th	ie organization ans	wered 'Yes' on Form 9	
(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	<b>(d)</b> Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
-					
2					
ß					
4					
ы					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	ide the information	required in Part I,	line 2; Part III, co	umn (b); and any othe	r additional information.
Part I, Line 2 - Procedures for Monitoring Use of Grants	ring Use of Grants	Funds in U.S.			
The Organization receives appl	applications and u	uses medical ad	advisors to determine the	rmine the	
recipients. The grants are mc	are mostly used for		research and the Organization keeps	n keeps	
records of all signed agreements.		The Organization receives follow up reports each	es follow up r	eports each	
year for the projects.					

Schedule I (Form 990) (2017)

BAA

SCHE	DULE L						ure Co erested F					0	MB No.	1545-00	47
	90 or 990-EZ)	► Complete if t	he organizatio 28b. or 2	on answ 28c. or F	ered 'Ye form 990	s' on F 0-EZ. P	orm 990, Pai art V, line 38	t IV, line 25a a or 40b.	, 25b,	26, 27,	28a,		20	17	
Departmer Internal Re	nt of the Treasury evenue Service	► Go	to www.irs.g	· Attach	to Form	1 990 oi	r Form 99 <b>0-E</b>	Z.	natior	ı.		0	pen T Inspe		lic
Name of t	ne organization								Er	nployer i	dentifica	ation nu	umber		
		cer Associa								6-37					
Part I	Complete i	Senefit Transa f the organization	actions (sec a answered 'Ye	ction 50 es' on Fi	01(C)(3 orm 990	3), seo Part I	tion 501(c V. line 25a o	)(4), and 5 r 25b. or For	01(C) m 990	(29) ( -F7, Pa	orgar art V.	lizati line 4	ONS (	only)	•
	-	-	-	elationship										(d) Cor	rected?
1	(a) Name of disq	ualified person		person ar	nd organiza	ation		(c) De	escriptio	n of trans	action			Yes	No
(1)															
(2)															
(3)															
(4)															
<u>(5)</u> (6)															
2 Er		of tax incurred I									. ►s				I
		of tax, if any, or													
Part I		and/or From					gamzation				· •				
	Complete if	the organization n reported an am	answered 'Yes	s' on For	m 990-E	Z, Part 5, 6, or	V, line 38a or 22.	<sup>-</sup> Form 990, P	art IV,	line 26	; or if	the			
<b>(a)</b> Nam	e of interested perso	n <b>(b)</b> Relationship with organization	(c) Purpose of loan	fron	an to or n the zation?	prin.	e) Original cipal amount	(f) Balance	due	(g) In (	default?	by bo	oproved bard or nittee?		ritten ment?
				То	From					Yes	No	Yes	No	Yes	No
(1)															
(2)										_					
(3)		_								_					<u> </u>
<u>(4)</u> (5)										_					
(6)										_					
(7)				+											
(8)															
(9)															
(10)															
Total.							▶\$								
Part I		r Assistance the organization	Benefiting answered 'Yes	Interes s' on For	<b>sted Pe</b> m 990, F	e <b>rson</b> : Part IV,	<b>s.</b> line 27.								
	(a) Name of inte	rested person	(b) Relationship and	o between i I the organi		person	(c) Amount o	of assistance	<b>(d)</b> Ty	/pe of as	istance	(e)	Purpos	e of ass	istance
(1)															
(2)															
(3)															
(4)															
(5)															
(6)															
(7)															
(8) (9)															
(10)															

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Schedule L (Form 990 or 990-EZ) 2017

# Schedule L (Form 990 or 990-EZ) 2017 The Kidney Cancer Association 36-3719712 Part IV Business Transactions Involving Interested Persons. Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	zation's
				Yes	No
(1) Eleemosynary Assistance	Secretary	182,738.	Management Services		Х
(2) Gulf Coast Healthcare Sol	President & CEO	46,839.	Management Services		Х
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
10)					

Provide additional information for responses to questions on Schedule L (see instructions).

Page 2

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

# \*\*Public Disclosure Copy\*\* 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 2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

The Kidney Cancer Associatio
------------------------------

#### Employer identification number 36-3719712

# Form 990, Part VI, Line 3 - Description of Delegated Duties to Management Company

The Organization delegated the management duties to Eleemosynary Services, LLC and

Gulf Coast Healthcare Solutions.

# Form 990, Part VI, Line 11b - Form 990 Review Process

The Form 990 is reviewed by the CEO and passed along to the Board members for review and approval before filing. Questions or concerns that any Board member may have are directed to the CEO and addressed before the form is filed.

# Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

The Organization has a written conflict of interest policy that requires employees and Board members to annually disclose interests that could give rise to conflicts. If an actual or potential conflict occurs, it is imperative that the employee or Board member disclose the instance to an officer of the Organization as soon as The Board members regularly monitor and enforce compliance with the possible. policy.

### Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The Board members annually approve the compensation of the CEO.

### Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The Organization makes its by-laws, conflict of interest policy and financial statements available to the general public on its website and upon request.

### Form 990, Part IX, Line 11g **Other Fees For Services**

		(A) Total	(B) Program Services	(C) Management & General	(D) Fund- <u>raising</u>
Professional Fees	Total <u>\$</u>	<u>353,688.</u> 353,688.	<u>252,210.</u> \$ 252,210.	70,111. \$ 70,111.	31,367. \$ 31,367.