Form	99	0
Form	33	U

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

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

Open to Public Inspection

OMB No. 1545-0047

2023

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.									Inspection					
Α	For th	e 2023 calen	dar year, or tax year be	-		and ending			, 20					
В	Check if	applicable:	C				D Employer identification number							
	Add	dress change	UNTVERSTTY KIT	NEY RESEARCH ORG	ANTZATION	ſ	(03-04	59723					
	Nar	me change	C/O KLEINBERG		E T									
		ial return		ARK EAST, 24TH F	'LOOR			10-2	86-3480					
		al return/terminated	LOS ANGELES, C		`	10 2	00 5400							
		nended return		G Gross receipts \$ 377,635										
			r subordinates?											
	Ah	plication pending	F Name and address of prin							Yes No				
-	Tax	warmat atatua	Same As C Abov		4047(a)(1) or	527	H(b) Are all subord If "No," attach	a list. Se	e instructions.					
<u>-</u>		exempt status:	X 501(c)(3) 501(c)	() (insert no.)	4947(a)(1) or									
<u>J</u>			ROCHARITY.ORG				H(c) Group exempt							
ĸ		of organization:	X Corporation Trust	Association Other	LY	ear of formatio	on: 2002	W State	e of legal domic	ile: CA				
Pa	irt I	Summar	<u>y</u>											
				nission or most significant										
9				ted to funding t										
Jan				tem cells, that	will impro	<u>ove tre</u>	atment of	<u></u>	ney aise	<u>ase and</u>				
Governance	2	Check this bo	dialysis.	ation discontinued its ope	rationa ar dian			fito poi	<u></u>					
ğ	2 0			overning body (Part VI, lir					3	20				
م				bers of the governing bod					4	13				
lies				d in calendar year 2023 (•			5	1				
Activities &	6	Total number	of volunteers (estimat	e if necessary)				(6	0				
Acl				om Part VIII, column (C),					7a	0.				
	b	Net unrelated	l business taxable inco	me from Form 990-T, Par	t I, line 11				7b	0.				
							Prior Y			rrent Year				
Ð				line 1h)			-	0,17	7.	359,759.				
Revenue		-	-	line 2g)										
eve			•	n (A), lines 3, 4, and 7d)				803	3.	17,876.				
œ), lines 5, 6d, 8c, 9c, 10c,										
			-	11 (must equal Part VIII,			-	0,980		377,635.				
				art IX, column (A), lines 1	-		= =	0,000	Ο.	241,068.				
		•	to or for members (Pa											
Ś	15	Salaries, othe	er compensation, empl	5-10)	6	5,828	8. 69,742							
Expenses	16a	Professional	fundraising fees (Part	X, column (A), line 11e).										
tpel	b	Total fundrais	sing expenses (Part IX	column (D), line 25)	5	3,595.								
ŵ	17	Other expens	es (Part IX, column (A), lines 11a-11d, 11f-24e)			17	8,79	1.	223,835.				
		•		ust equal Part IX, column				4,619		534,645.				
				ne 18 from line 12				6,36		-157,010.				
28							Beginning of C			d of Year				
Net Assets or Fund Balances	20	Total assets ((Part X, line 16)				3 3	3,873		416,863.				
Asse Bal	21							980		980.				
Vet	22	Net assets or	fund balances. Subtra	ct line 21 from line 20			57	2,893		415,883.				
	rt II	Signatur					57	2,0).	5.	415,005.				
		.		a ratura, including population	abadulas and statar	monte and to th	ha hast of my know	lodgo opr	haliaf it is tru					
com	plete. De	claration of prepa	rer (other than officer) is base	s return, including accompanying s d on all information of which prepa	rer has any knowled	dge.	ic best of my know	icuyc and		2, concet, and				
Sig	n	Signature of	officer				Date							
He	re	KENNET	TH KLEINBERG			P	resident							
			name and title			£.	rebrache							
		Print/Type p	reparer's name	Preparer's signature		Date	Check	i	f PTIN					
D-	: d	William A Harris III, CPA William A Harris III, CPA						nployed '	P00614	689				
Pa	id epare				I	3011-01	pioyou	100014	009					
	e Onl						Firm's	FIN	20-004465	2				
									20 - 804465					
Mar	, the I	R discuss th	ARCADIA, CA S	arer shown above? See in	structions		Phone	-	26 256-140	es No				
_				ee the separate instruction										
DA	- rur	I APELMOLK R	CUUCION ACT NOLICE, S	ee uie separate ilistructio	/11.5.	IEE/	A0101L 08/23/23		г(orm 990 (2023)				

-		EY RESEARCH ORGANIZATION	03-0459723 Pag	ge 2
Par				
		response or note to any line in this Part III		Х
1	Briefly describe the organization's mis	sion:		
	See Schedule 0			
				·
- 2	Did the organization undertake any signif	icant program services during the year which were not	listed on the prior	
2	• • •		· · · · · · · · · · · · · · · · · · ·	la
	If "Yes," describe these new services on			lo
3	•	, or make significant changes in how it conducts, a	ny program services? 🏼 Yes 🗶 N	lo
5	If "Yes," describe these changes on Sche			•••
4	Describe the organization's program s Section 501(c)(3) and 501(c)(4) organ and revenue, if any, for each program	ervice accomplishments for each of its three larges izations are required to report the amount of grants service reported.	st program services, as measured by expense s and allocations to others, the total expenses	s. S,
4a	(Code:) (Expenses \$	412,520. including grants of \$) (Revenue \$)
	THROUGH ITS WEBSITE, ON	LINE SOCIAL MEDIA PRESENCE, AND	E-NEWSLETTERS, THE	
	ORGANIZATION RAISES AWAR	RENESS OF KIDNEY DISEASE AND RES	EARCH BREAKTHROUGHS,	
	PARTICULARLY SPOTLIGHTIN	NG_THE_WORK_OF_SCIENTISTS_AT_THE	USC/UKRO_KIDNEY_RESEARCH	
	CENTER AND THE KECK SCHO	OOL OF MEDICINE OF USC.		
				·
	(Coder) (Evenences \$	including grants of \$) (Devenue - Ś	
40	(Code:) (Expenses \$) (Revenue \$)	_)
	<u>See_Schedule_0</u>			· — —
				· — —
				· — —
				· — —
				· — —
				· — —
				· — —
				· — —
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	·		/、	_^
				· — —
				· — —
4d	Other program services (Describe on S			
	(Expenses \$) (Revenue \$)	
4e	Total program service expenses	412,520.	Form 990 (2)	0000
			Form Mul (2)	1/51

Form 990 (2023) UNIVERSITY KIDNEY RESEARCH ORGANIZATION Part IV Checklist of Required Schedules

1 01	Checklist of Required Schedules		v	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes X	No
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3		Х
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? <i>If "Yes," complete Schedule C, Part III</i>	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		Х
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? <i>If "Yes," complete Schedule D, Part III.</i>	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? <i>If "Yes," complete Schedule D, Part IV</i> .	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		Х
	Did the organization report an amount for investments – other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		Х
С	Did the organization report an amount for investments – program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		Х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		Х
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	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? 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 (A), 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? <i>If "Yes," complete Schedule G, Part II</i>	18		Х
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.	19		Х
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
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Form 990 (2023) UNIVERSITY KIDNEY RESEARCH ORGANIZATION Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .	27		Х
	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV.	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Х	
Par	t 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
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 5		162	
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Х	
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Form	990 (2023) UNIVERSITY KIDNEY RESEARCH ORGANIZATION 03-0459723	3	F	Page 5
Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State- ments, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	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).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	_		V
	services provided to the payor?	7a		Х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Х
Ь	If "Yes," indicate the number of Forms 8282 filed during the year	10		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899			<u> </u>
5	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7g		<u> </u>
	Form 1098-C?	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
	Gross income from other sources. (Do not net amounts due or paid to other sources 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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: 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			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15	_	Х
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	1.5		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?	17		
BAA		Form	990	(2023)

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

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

Sec	tion A. Governing Body and Management								
			Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.								
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13								
-	officer, director, trustee, or key employee?								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?	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		X					
6	Did the organization become under a daming the year of a significant arterior of the organization become association of the organization become and the year of a significant arterior of the organization become association of the organization become and the year of a significant arterior of the organization become and the year of a significant arterior of the organization become and the year of a significant arterior of the organization become and the year of a significant arterior of the organization become a significant arterior of the organization become arterio	6		X					
-	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?	7a		X					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Х						
b	Each committee with authority to act on behalf of the governing body?	8b	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 on Schedule O</i>	9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenu	ie Co	ode.)					
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a		Х					
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х						
	Describe on Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O								
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х						
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х						
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe on Schedule O how this was done</i> SeeSchedule.0.	12c	Х						
13	Did the organization have a written whistleblower policy?	13		Х					
14	Did the organization have a written document retention and destruction policy?	14	Х						
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?								
а	The organization's CEO, Executive Director, or top management official See . Schedule0.	15a	Х						
b	Other officers or key employees of the organizationSee .Schedule.0	15b	Х						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Х					
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	10							
500	organization's exempt status with respect to such arrangements?	16b							
<u>Sec</u> 17	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 50 available for public inspection. Indicate how you made these available. Check all that apply.	и (с)(З	i)s on	iy)					
	Own website X Another's website X Upon request Other (explain on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availate public during the tax year. See Schedule O	ble to							

State the name, address, and telephone number of the person who possesses the organization's books and records. 20

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Form 990 (2023) UNIVERSITY KIDNEY RESEARCH ORGANIZATION	03-0459723 Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees Independent Contractors	s, Highest Compensated Employees, 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 C	Compensated Employees
1a Complete this table for all persons required to be listed. Report compensation for the calendar organization's tax year.	r year ending with or within the

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

			(C)						
(A)	(B)	(do	Position (do not check more than one		(D)	(E)	(F)		
Name and title	Average	box,	box, unless pe officer and a		son i	s both an	Reportable compensation from	Reportable compensation from	Estimated amount of other
	hours per week (list any	Ind	Inst	Officer	Ke)	Hig	the organization (W-2/1099-	related organizations (W-2/1099-	compensation from the organization
	hours for related	Individual trustee or director	Institutional trustee	Cer	Key employee	mer hest ploy	MISC/1099-NEC)	MISC/1099-NEC)	and related organizations
	organiza- tions	tor t	ona		ploy	ee :			5
	below dotted	ust	ŧ		/ee	nper			
	line)	ee	stee			e) Former Highest compensated			
(1) MICHELLE FAIRCHILD	32					ä			
Secretary	<u>- 32</u> -	-		Х			64,669.	0.	0.
(2) LEWIS KLEINBERG	3			Λ			04,009.	0.	0.
Director		Х					14,500.	0.	0.
(3) AMMIEL NAJAR	3	Λ					14,500.	0.	0.
Director	0	Х					14,500.	0.	0.
(4) KENNETH KLEINBERG	6						11,000.		<u>0.</u>
President & Dir	0	Х		Х			0.	0.	0.
(5) CAMILA KOENIG	1								
Director	0	Х					0.	0.	0.
(6) ADELA KOENIG	1								
Director	0	Х					0.	0.	0.
(7) JACK BLACK	1								
Director	0	Х					0.	0.	0.
(8) HELEN KLEINBERG	6								
Director	0	Х					0.	0.	0.
(9) DR JEAN CHEN SHIH	1								
Director	0	Х					0.	0.	0.
(10) OLIVER T. BROOKS, MD	1								
Director	0	Х					0.	0.	0.
(11) RICHARD J. GLASSOCK, MD	1								
Director	0	Х					0.	0.	0.
(12) LESLIE GOLDSTEIN	2								
CFO	0	Х		Х			0.	0.	0.
(13) VITO M. CAMPESE, MD	3						_		_
Director	0	Х					0.	0.	0.
(14) YUICHI IWAKI, MD	1						_		-
Director	0	Х					0.	0.	0.
BAA	TEEA0	107L	08/23/	23					Form 990 (2023)

Form 990 (2023) UNIVERSITY KIDNEY RESEARCH ORGANIZATION 03-0459723 Page 8 Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

		,	T Ó		<u> </u>	~	,						,
	(A) Name and title	(B) Average hours per week (list any hours for related organiza- tions below dotted line)	box,	unles er an	Pos neck ss pe	rson i irecto	than of s both r/truster employee	an ee)	(D) Reportable compensation from the organization (W-2/1099- MISC/1099-NEC)	(E) Reportable compensation from related organizations W-2/1099- MISC/1099-NEC)	compe the o an	(F) ated amo of other nsation 1 rganizati d related anization	from on
(15)	ALFRED S. NEWMAN	3											
	Director	0	Х						0.	0.			0.
(16)	SYED_ARIF_RIZVI, MD	1											
	Director	0	Х						0.	0.			0.
(17)	MIGUEL KOENIG	1											
	Director	0	Х		-				0.	0.			0.
(18)	JEFFREY MARKLEY	1											
	Director	0	Х						0.	0.			0.
(19)	YASIR QAZI, MD	1								0			•
(20)	Director	0	Х						0.	0.			0.
(20)	MANFRED_MOSK, PHD Director	$-\frac{1}{0}$	Х						0.	0.			0
(21)	LISA DETANNA	1	Λ						0.	0.			0.
<u>()</u>	Director	<u>+</u>	Х						0.	0.			0.
(22)		0								0.			0.
<u> </u>			1										
(23)													
(24)													
(25)													
1h	Subtotal				-				93,669.	0.			0.
	Total from continuation sheets to Part VII, Section	on Δ						• •		0.			0.
	Total (add lines 1b and 1c).									0.			0.
-	Total number of individuals (including but not limited										ensatio	n	0.
	from the organization 0												
												Yes	No
3	Did the organization list any former officer, direct	tor, truste	e, ke	ey ei	mpl	oyee	e, or l	higł	nest compensated	employee			
	on line 1a? If "Yes, "complete Schedule J for such	h individu	ial						· · · · · · · · · · · · · · · · · · ·		. 3		X
4	For any individual listed on line 1a, is the sum of	reportab	le co	mpe	ensa	tion	and	oth	er compensation	from			
	the organization and related organizations greate such individual										4		Х
5	Did any person listed on line 1a receive or accrud	e comper	nsatio	on fr	om	anv	unrel	late	d organization or	individual			
_	for services rendered to the organization? If "Yes	s," compl	ete S	che	dule	J fo	or suc	ch p	person		. 5		Х
	tion B. Independent Contractors Complete this table for your five highest compension	معامما أسما		ا م م ا		-		440.0		non \$100 000 of			
	compensation from the organization. Report compension	sation for	the c	alen	dar	year	endir	ng v	with or within the or	ganization's tax year			
	(A) Name and business addr								(B)		(C)	
	Name and business addr	ess							Description of	of services	Compè	ensatio	n
2	Total number of independent contractors (including b	ut not lim	ited t	n thr	ا می	ister	1 ahov	(e)	who received more	than			
2	\$100,000 of compensation from the organization	0			120	13100	. 0001						
BAA			TEEAO	0108	08/2	23/23					Form	990 (2023)

Form 990 (2023) UNIVERSITY KIDNEY RESEARCH ORGANIZATION Part VIII Statement of Revenue

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		Check if Schedule O contains a	resp	onse or note to any	line in this Part VI	11		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
र्श्व स	1a	Federated campaigns	1a					
Contributions, Gifts, Grants, and Other Similar Amounts	b	Membership dues	1b					
An S	C	Fundraising events	1c					
iar Bi		Related organizations	1d					
Sim S		Government grants (contributions) All other contributions, gifts, grants, and	1e					
utio Per c		similar amounts not included above	1f	359,759.				
ġ Ę	g	Noncash contributions included in						
Con	h	lines 1a-1f	1g	106,871.	250 750			
				Business Code	359,759.			
Program Service Revenue	2a		F					
Rev	b							
ice.	с							
Serv.	d							
Ĕ	е							
bo	f	All other program service revenue						
ų.	g	Total. Add lines 2a-2f						
	3	Investment income (including divider other similar amounts)	nds, ir	nterest, and	17,876.			17,876.
	4	Income from investment of tax-ex			17,070.			17,070.
	5	Royalties	•	-				
		(i) Rea	al	(ii) Personal				
	6a	Gross rents 6a						
		Less: rental expenses 6b						
		Rental income or (loss) 6c						
		(i) Soouri		(ii) Other				
	7a	Gross amount from sales of assets	lles	(ii) Other				
		other than inventory /a		_				
	b	Less: cost or other basis and sales expenses 7b						
	с	Gain or (loss) 7c						
	d	Net gain or (loss)						
e	8a	Gross income from fundraising events						
nu		(not including \$	_					
eve		of contributions reported on line 1c).						
г Ш	h	See Part IV, line 18	88					
Other Revenue		Net income or (loss) from fundrais	8L					
0								
	9a	Gross income from gaming activities. See Part IV, line 19	9a					
		Less: direct expenses	9t					
	С	Net income or (loss) from gaming	activ	ities				
	1 0 a	Gross sales of inventory, less						
		returns and allowances.	10					
		Less: cost of goods sold Net income or (loss) from sales or	101 f inve					
	C	The income of (1055) from sales 0		Business Code				
Miscellaneous Revenue	11a							
ar and	11a b c d							
elk Ve	с							
lisc R								
Σ		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			377,635.	0.	0.	17,876.

Form 990 (2023) UNIVERSITY KIDNEY RESEARCH ORGANIZATION

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a r	response or note to any		·····	
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	241,068.	241,068.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	,	,		
3	Grants and other assistance to foreign organizations, foreign governments, and for- eign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	64,669.	1,690.	49,659.	13,320
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.	(
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
0	Payroll taxes	5,073.		5,073.	
1	Fees for services (nonemployees):	,			
а	Management				
b	Legal				
с	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
2	(A), amount, list line 11g expenses on Schedule 0.) Advertising and promotion	26.004			26.00
		36,084.		0 45 6	36,084
3	Office expenses	2,456.		2,456.	
4	Information technology				
5 6	Occupancy				
	Travel.				
7					
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
0	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3		1,957.		1,957.	
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	IN-KIND DONATIONS	106,871.	106,871.		
	PROFESSIONAL SERVICES	62,750.	55,000.	7,750.	
	EDUCATIONAL EVENT	6,429.	6,429.	.,,	
	BANK & CREDIT CARD FEES	4,271.		80.	4,193
	All other expenses	3,017.	1,462.	1,555.	-, ±0.
	Total functional expenses. Add lines 1 through 24e	534,645.	412,520.	68,530.	53,59
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	· · · · · · · · · · · · · · · · · · ·			i
	SOP 98-2 (ASC 958-720)				

Form 990 (2023) UNIVERSITY KIDNEY RESEARCH ORGANIZATION

Pa	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X	(A) Beginning of year		(B) End of year
	1	Cash – non-interest-bearing	178,522.	1	24,178.
	2	Savings and temporary cash investments.	379,941.	2	377,174.
	3	Pledges and grants receivable, net	•	3	,
	4	Accounts receivable, net	15,410.	4	15,511.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net.		7	
2	8	Inventories for sale or use.		8	
Assets	9	Prepaid expenses and deferred charges		9	
As	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments – publicly traded securities.		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
	14	Intangible assets.		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	573,873.	16	416,863.
	17	Accounts payable and accrued expenses	980.	17	980.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
lie	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D.		25	
	26	Total liabilities. Add lines 17 through 25	980.	26	980.
lces		Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33.			
lar	27	Net assets without donor restrictions	572,893.	27	415,883.
ñ	28	Net assets with donor restrictions		28	
Net Assets or Fund Balances		Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33.			
2	29	Capital stock or trust principal, or current funds		29	
ets.	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Š	31	Retained earnings, endowment, accumulated income, or other funds		31	
μĂ	32	Total net assets or fund balances	572,893.	32	415,883.
Ne	33	Total liabilities and net assets/fund balances	573,873.	33	416,863.
BA	A	TEEA0111L 08/23/23			Form 990 (2023)

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Form	990 (2023) UNIVERSITY KIDNEY RESEARCH ORGANIZATION 03-	0459	723		Pa	ige 12
Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI.					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		37	17,6	535.
2	Total expenses (must equal Part IX, column (A), line 25).	2			-	545.
3	Revenue less expenses. Subtract line 2 from line 1	3)10.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4				393.
5	Net unrealized gains (losses) on investments.	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		41	5,8	383.
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					. П
					Yes	No
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 on Schedule O.					
22	Were the organization's financial statements compiled or reviewed by an independent accountant?		- E	2a		Х
24				20		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or review separate basis, consolidated basis, or both.	ved on a	a			1
	Separate basis Consolidated basis Both consolidated and separate basis		_			
Ь	Were the organization's financial statements audited by an independent accountant?			2b	Х	
b	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a sepa			20		
	basis, consolidated basis, or both.	ate				
	Separate basis X Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audi	t.	- E			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain					
2-	on Schedule O. As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the	Uniform				<u> </u>
5a	Guidance, 2 C.F.R. Part 200, Subpart F?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
BAA	TEEA0112L 08/23/23		F	orm	990 ((2023)

		Public Charit	ty Status and P	ublic	Supp	oort	OMB No. 1545-0047		
SCHEDULE A (Form 990)	Com	plete if the organizat 4947(a	2023						
		Attac	Open to Public						
Department of the Treasury Internal Revenue Service	Go	o to www.irs.gov/Fori	m990 for instructions a	and the I	atest in	formation.	Inspection		
			RCH ORGANIZATIC DY & CARLO LLP	DN		Employer identifica			
						s part.) See instruc	tions.		
 The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(v). 									
8 A community	trust described	in section 170(b)(1)(A	A)(vi). (Complete Part	II.)					
						on with a land-grant colle and state of the college c			
from activitie investment ir June 30, 197 11 An organizati or more publi lines 12a thro a Type I. A supp organization(s complete Par b Type II. A sup management of must comple c Type III function organization(d Type III non-fit functionally in instructions). e Check this bo integrated, or	 university: An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross rece from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33-1/3% of its support from gro investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization at June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively to test for public safety. See section 509(a)(2). Check the box inness 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization operated in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. 								
(i) Name of supported of	-	(ii) EIN	(iii) Type of organization (described on lines 1-10		s the tion listed	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)		
			above (see instructions))	in your g	poverning ment?				
(A)									
(B)	B)								
(C)	(C)								
(D)									
(E)									
Total									

UNIVERSITY KIDNEY RESEARCH ORGANIZATION 03-0459723

Page 2

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

Section A. Public Support Calendar year (or fiscal year (a) 2019 (b) 2020 (d) 2022 (c) 2021 (e) 2023 (f) Total beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")..... 1 445,150 96,115 132,931 750,177 359,759 1,784,132. Tax revenues levied for the 2 organization's benefit and either paid to or expended on its behalf..... 0. The value of services or facilities furnished by a governmental unit to the organization without charge ... n Total. Add lines 1 through 3... 359,759. 4 445,150 96,115. 132,931 750,177. 1. 784 132. The portion of total 5 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)... 71,732. Public support. Subtract line 5 6 from line 4 1,712,400. Section B. Total Support Calendar year (or fiscal year (a) 2019 (e) 2023 (b) 2020 (c) 2021 (d) 2022 (f) Total beginning in) Amounts from line 4..... 445,150 96,115 132,931 750,177 359,759 784,132 7 1, 8 Gross income from interest, dividends, payments received on securities loans, rents, rovalties, and income from similar sources.... 3,399 418 58 803 17,876 22,554. Net income from unrelated 9 business activities, whether or not the business is regularly carried on..... 0. Other income. Do not include 10 gain or loss from the sale of capital assets (Explain in Part VI.) 0. Total support. Add lines 7 11 through 10 ,806,686. Gross receipts from related activities, etc. (see instructions)..... 12 12 0. First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))..... 14 94.78% 15 Public support percentage from 2022 Schedule A, Part II, line 14..... 15 71.08% 16a 33-1/3% support test-2023. 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. Х b 33-1/3% support test-2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test-2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here**. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization..... b 10%-facts-and-circumstances test-2022. 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 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. 18

UNIVERSITY KIDNEY RESEARCH ORGANIZATION

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03-0459723

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.)

 Gifts and rece any Gros merr perf furn rela tax- Gros that Gros that Tax or b Tax orga eith its b The facil govg orga Tota Tota Tax 	ear (or fiscal year beginning in) s, grants, contributions, membership fees eived. (Do not include "unusual grants.") ss receipts from admissions, chandise sold or services formed, or facilities hished in any activity that is ited to the organization's exempt purposess receipts from activities are not an unrelated trade business under section 513. revenues levied for the anization's benefit and er paid to or expended on behalf value of services or lities furnished by a ernmental unit to the anization without charge al. Add lines 1 through 5 ounts included on lines 2	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
and rece any 2 Gros mere perf furn rela tax- 3 Gros that or b 4 Tax orga eith its b 5 The facil gov orga 6 Tota 7a Amo	I membership fees eived. (Do not include "unusual grants.") ss receipts from admissions, chandise sold or services formed, or facilities ished in any activity that is ited to the organization's exempt purpose ss receipts from activities are not an unrelated trade business under section 513. revenues levied for the anization's benefit and er paid to or expended on behalf value of services or lities furnished by a ernmental unit to the anization without charge al. Add lines 1 through 5 ounts included on lines 1, und 3 received from qualified persons						
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mera perf furn rela tax- 3 Gros that or b 4 Tax orga eith its b 5 The facil govg orga 6 Tota 7a Amo	chandise sold or services formed, or facilities hished in any activity that is ited to the organization's exempt purpose ss receipts from activities are not an unrelated trade business under section 513. revenues levied for the anization's benefit and er paid to or expended on behalf value of services or lities furnished by a ernmental unit to the anization without charge al. Add lines 1 through 5 ounts included on lines 1, und 3 received from qualified persons						
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rela tax- 3 Gros that or b 4 Tax orga eith its b 5 The facil gove orga 6 Tota 7a Amo	ted to the organization's exempt purpose ss receipts from activities are not an unrelated trade business under section 513. revenues levied for the anization's benefit and er paid to or expended on behalf value of services or lities furnished by a ernmental unit to the anization without charge al. Add lines 1 through 5 ounts included on lines 1, aud 3 received from qualified persons						
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 3 Grosthat or b 4 Tax orga eithits b 5 The facil gove orga 6 Tota 7a Amodelia 	ss receipts from activities are not an unrelated trade pusiness under section 513. revenues levied for the anization's benefit and er paid to or expended on behalf value of services or lities furnished by a ernmental unit to the anization without charge al. Add lines 1 through 5 ounts included on lines 1, and 3 received from qualified persons						
or b 4 Tax orga eith its b 5 The facil gove orga 6 Tota 7a Amo	business under section 513. revenues levied for the anization's benefit and er paid to or expended on behalf						
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eithe its b 5 The facil gove orga 6 Tota 7a Amo	er paid to or expended on behalf value of services or lities furnished by a ernmental unit to the anization without charge al. Add lines 1 through 5 ounts included on lines 1, and 3 received from qualified persons						
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gove orga 6 Tota 7a Amo	ernmental unit to the anization without charge al. Add lines 1 through 5 ounts included on lines 1, ind 3 received from qualified persons						
6 Tota 7a Amo	al. Add lines 1 through 5 ounts included on lines 1, and 3 received from qualified persons						
7a Amo	ounts included on lines 1, and 3 received from qualified persons						
	and 3 received from qualified persons.						
2 a	qualified persons						
	ounts included on lines 2						
	3 received from other than qualified persons that						
	eed the greater of \$5,000 or						
1%	of the amount on line 13						
	the year						
	I lines 7a and 7b						
	blic support. (Subtract line from line 6.)						
	B. Total Support						
	ear (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
-	ounts from line 6	(4) 2010	(6) 2020	(0) 2021	(4) 2022	(0) 2020	(i) rotai
-	s income from interest, dividends,						
paym	nents received on securities loans,						
	s, royalties, and income from						
	ar sources elated business taxable						
inco	ome (less section 511						
	es) from businesses						
	uired after June 30, 1975						
	income from unrelated business						
activi	ities not included on line 10b,						
	her or not the business is						
•	larly carried on						
gair	n or loss from the sale of						
	ital assets (Explain in						
	t VI.)al support. (Add lines 9,						
	, 11, and 12.)						
14 Firs	t 5 years. If the Form 990 is	for the organization	on's first, second,	third, fourth, or f	ifth tax year as a	section 501(c)(3)	
	anization, check this box and C. Computation of Pul						
	lic support percentage for 20			ing 13 column (f	<u>۱</u>		00
	lic support percentage from 2						
							0
	D. Computation of Inv				ump (fl)		010
	estment income percentage for						0 00
	estment income percentage fi						
198 33-1 is ni	1/3% support tests—2023. If t ot more than 33-1/3%, check	this box and store	iu not check the to here. The organ	box on line 14, al	as a publicly supp	unan 33-1/3%, and orted organization	
	1/3% support tests–2022. If t						
line	18 is not more than 33-1/3%	, check this box a	and stop here. Th	le organization qu	alifies as a public	ly supported organ	zation
20 Priv	vate foundation. If the organize	zation did not che	ck a box on line [·]	14, 19a, or 19b, o	check this box and	see instructions	

 Part IV
 Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	 a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below. 	2 3a		
t	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
ł	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
C	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was			
Ł	accomplished (such as by amendment to the organizing document). 5 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?	5a 5b		
c	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	50 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990)</i> .	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
Ł	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
C	c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9с		
10 <i>a</i>	a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.	10a		
Ł	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.)	1 0 b		

Schedule A (Form 990) 2023	UNIVERSITY KID	NEY	RESEARCH	ORGANIZATION	03-0459	9723	F	age 5
Part IV Supporting Organi	zations (continued)							
							Yes	No
11 Has the organization accepted	a gift or contribution from a	any of	f the following	persons?				
a A person who directly or indirect the governing body of a support	ly controls, either alone or tog orted organization?	ether v	with persons de	scribed on lines 11b a	and 11c below,	11a		
b A family member of a person	described on line 11a above	?				11b		
c A 35% controlled entity of a person d	escribed on line 11a or 11b above? /	f "Yes"	to line 11a, 11b, o	⁻ 11c, provide detail in Pa l	rt VI.	11c		

Section B. Type I Supporting Organizations

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

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

Section D. All Type III Supporting Organizations

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

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 governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b 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 on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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 lines 3a and 3b 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? *If "Yes" or "No," 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.

Yes

Yes

No

1

2

1

No

Part V

(Form 990) 2023 UNIVERSITY KIDNEY RESEARCH ORGANIZATION Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trus instructions. All other Type III non-functionally integrated supporting organization	st on No ons mus	ov. 20, 1970 (explain ir t complete Sections A	n Part VI). See through E.
Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection B — Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C – Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
		–	· · · · ·

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

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Schedule A (Form 990) 2023

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UNIVERSITY KIDNEY RESEARCH ORGANIZATION

03-0459723

Par	t V Type III Non-Functionally Integrated 509(a)(3) Si	upporting Organiza	ations (continue	ea)	
Sec	tion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	irposes		1	
2		IS,			
	in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purposes of se	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required – provide	e details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
-	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organization Part VI). See instructions.	ion is responsive (provide	details	8	
9	Distributable amount for 2023 from Section C, line 6			9	
	Line 8 amount divided by line 9 amount			10	
	tion E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributi Pre-2023		(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required – <i>explain in Part VI</i>). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
	P From 2019				
c	From 2020				
-	From 2021				
e	Prom 2022				
1	f Total of lines 3a through 3e				
ç	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D, line 7: \$				
a	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
	Excess from 2021				
c	Excess from 2022				
e	Excess from 2023				

BAA

Schedule A (Form 990) 2023

Schedule A (Form 990) 2023	UNIVERSITY KIDNEY RESEARCH ORGANIZATION 03-0459723	Page 8
III, fine 12; Part IV B, lines 1 and 2; F 3a, and 3b; Part V	I Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; P /, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, /, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, Also complete this part for any additional information. (See instructions.)	Part

SCHEDULE I	G	rants and Ot	her Assistance	to Organizatior	ıs,	ļ	OMB No. 1545-0047
(Form 990)		,	nd Individuals i				2023
Department of the Treasury	Compl	-	ion answered "Yes" on F Attach to Form 990.		21 or 22.		Open to Public
Internal Revenue Service			s.gov/Form990 for the l	atest information.			Inspection
C/O KLEII	IY KIDNEY RESEARCH NBERG LANGE CUDDY	& CARLO LLP	DN			Employer identifi	
	on Grants and Assist						
1 Does the organization maintain the selection criteria used to a	award the grants or assistan	ce?					X Yes No
2 Describe in Part IV the organiza	•						
Part II Grants and Other A Form 990, Part IV, I	ssistance to Domestic ine 21, for any recipien						
1 (a) Name and address of organizat or government	ion (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNIV. OF SOUTHERN CAL 3500 S. FIGUEROA ST UGB1 LOS ANGELES, CA 90089	<u>95-1642394</u>		241,068.	0.			KIDNEY DISEASE RESEARCH
(2)							
3)							
4)							
5)							
	·						
6)							
7							
7)							
B)							
2 Enter total number of section	501(c)(3) and government c	rganizations listed	in the line 1 table				
3 Enter total number of other of							
BAA For Paperwork Reduction Ac	t Notice, see the Instructior	is for Form 990.		TEEA3901L	06/12/23	Schee	lule I (Form 990) 2023

Schedule I (Form 990) 2023 UNIVERSITY KIDNEY RESEARCH ORGANIZATION

03-0459723

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					
Part IV Supplemental Information. P	rovide the informatio	n required in Part I	, line 2; Part III, co	lumn (b); and any othe	er additional information.

SCHEDULE	Μ
(Form 990)	

Noncash Contributions

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization UNIVERSITY KIDNEY RESEARCH ORGANIZATION				Employer identification number	
			03-0459723		
Part I Types of Property					
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribu amounts report on Form 990, Part VIII, line 1	ed noncash contribution amounts	
1 Art – Works of art					
2 Art – Historical treasures					
3 Art – Fractional interests.					
4 Books and publications					
5 Clothing and household goods					

5					
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities – Publicly traded				
10	Securities – Closely held stock				
11	Securities – Partnership, LLC, or trust interests .				
12	Securities – Miscellaneous				
13	Qualified conservation contribution – Historic structures				
14	Qualified conservation contribution – Other				
15	Real estate – Residential				
16	Real estate – Commercial				
17	Real estate – Other.				
18	Collectibles.				
19	Food inventory	Х	1	3,264.	FMV
20	Drugs and medical supplies		-	0/2011	1 1 1
21	Taxidermy				
22	Historical artifacts.				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (FUND RAISING COSTS)	Х	1	103,107.	FMV
26	Other (<u>GIFT_CARDS</u>)	Х	1	500.	FMV
27	Other ()				
28	Other ()				
29	Number of Forms 8283 received by the organization du organization completed Form 8283, Part V, Donee				29

			Yes	NO
	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used			
	for exempt purposes for the entire holding period?	30 a		Х
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31		Х
	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32 a		Х
b	If "Yes," describe in Part II.			
	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

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

Schedule M (Form 990) 2023

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

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



Name of the organization UNIVERSITY KIDNEY RESEARCH ORGANIZATION	Employer identification number
C /O KLEINDEDC LANCE CUDDY C CADLO LLD	03-0459723

Form 990, Part III, Line 1 - Organization Mission

UNIVERSITY KIDNEY RESEARCH ORGANIZATION SUPPORTS MEDICAL RESEARCH RELATED TO THE PREVENTION, TREATMENT, AND ERADICATION OF KIDNEY DISEASE. UKRO FUNDRAISES TO SUPPORT THE SYNTHETIC KIDNEY PROJECT AND CONTINUES TO FULFILL ITS FINANCIAL COMMITMENT TO THE JOINT USC/UKRO KIDNEY RESEARCH CENTER AND ITS FULL STAFFING AND OPERATIONS.

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

IN JANUARY 2023, UKRO MADE A DONOR-DIRECTED GIFT OF \$100,000 TO THE KECK SCHOOL OF MEDICINE OF USC TO FUND THREE NOVEL KIDNEY RESEARCH PROJECTS AND TO FURTHER RESEARCH ACTIVITIES AT THE USC/UKRO KIDNEY RESEARCH CENTER.

IN NOVEMBER 2023, UKRO MADE A DONOR-DIRECTED GIFT OF \$141,068 TO THE KECK SCHOOL OF MEDICINE OF USC TO SUPPORT THE SYNTHETIC KIDNEY PROJECT AND THE USC PKD (POLYCYSTIC KIDNEY DISEASE) CENTER OF EXCELLENCE, INCLUDING THE USC KECK PKD CLINIC AND PRE-CLINICAL AND CLINICAL PKD RESEARCH INITIATIVES.

IN NOVEMBER 2023, UKRO HELD AN EDUCATIONAL SALON FOR AFRICAN AMERICAN HEALTH CARE PROFESSIONALS TO LEARN ABOUT THE SYNTHETIC KIDNEY PROJECT AND TO DISCUSS ITS POTENTIAL IMPACT IN THEIR COMMUNITY.

Form 990, Part VI, Line 2 - Business or Family Relationship of Officers, Directors, Etc. KENNETH KLEINBERG IS THE FATHER OF LEWIS KLEINBERG MIGUEL KOENIG IS THE BROTHER OF CAMILA KOENIG MIGUEL KOENIG IS THE FATHER OF ADELA KOENIG HELEN KLEINBERG IS THE WIFE OF KENNETH KLEINBERG Form 990, Part VI, Line 11b - Form 990 Review Process

THE 990 IS REVIEWED AT A BOARD MEETING AND APPROVED BEFORE IT IS SIGNED AND FILED. A

COPY OF THE RETURN IS IN AGENDA MATERIALS SENT TO EACH BOARD MEMBER.

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

BOARD SECRETARY MAILS CONFLICT OF INTEREST STATEMENTS TO BOARD MEMBERS AND IS RESPONSIBLE TO ACCOUNT FOR THE SIGNED COPIES FROM BOARD MEMBERS.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management THE PRESIDENT AND CHIEF FINANCIAL OFFICER ARE BOTH VOLUNTEER POSITIONS. THE SECRETARY POSITION WAS FILLED BY AN EMPLOYEE WHOSE ANNUAL COMPENSATION WAS REVIEWED AND APPROVED BY THE FULL BOARD OF DIRECTORS. THIS POSITION PERFORMS ALL ADMINISTRATIVE FUNCTIONS FOR THE ORGANIZATION.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

THE SECRETARY POSITION IS THE ONLY EMPLOYEE. THE POSITION IS ALSO RESPONSIBLE FOR ALL ADMINISTRATIVE FUNCTIONS. THE BOARD SETS THE SALARY BY REFERENCE TO MARKET CONDITIONS. ALTHOUGH IT IS A SALARIED POSITION, IT IS NOT FULLTIME.

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

ALL GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AUDITED ANNUALLY. FEDERAL TAX RETURNS ARE POSTED ON THE CHARITY INFORMATION AGGREGATION SITE, GUIDESTAR.ORG.

PART VI SECTION B POLICIES - CONFLICT OF INTEREST - QUESTION 12

A CONFLICT OF INTEREST POLICY HAS BEEN ADOPTED AND YEARLY DISCLOSURES ARE REQUIRED FROM DIRECTORS, OFFICERS, AND CONTRACTED STAFF.

PART VI SECTION B. WHISTLEBLOWER POLICY - QUESTION 13

THE ORGANIZATION HAS ONE EMPLOYEE AND THEREFORE A WHISTLEBLOWER POLICY WAS NOT CONSIDERED TO BE NECESSARY. HOWEVER, IN JULY OF 2024, THE ORGANIZATION ADOPTED A WHISTLEBLOWER POLICY.