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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

## **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organizati	on Alaska Kidne	ey Patients Ass					26	-3251		
Part II. Reas	on for Public Charity	y Status (All organization	ons mu	st com	plete t	his pa				
The organization is not a church, color a color a color a color a church, color a church color a church ch	con for Public Charity of a private foundation becape to a private foundation becape to the first a cooperative hospital serves are cooperative hospital serves are cooperative hospital serves are cooperative hospital serves are cooperated for the benefit (b)(1)(A)(iv). (Complete Palate, or local government or the that normally receives a section 170(b)(1)(A)(vi). (If y trust described in section that normally receives a activities related to its exemples in activities related to its exemples in the organization after June toon organized and operated toon organized and operated one or more publicly supposited the box that describes at the Type II this box, I certify that the organization that the	y Status (All organizations by Status (All organizations it is. (For lines 1 through the secondary of churches described) (A)(ii). (Attach Schedule E.) (A)(ii). (Attach Schedule E.) (A)(ii). (Attach Schedule E.) (A)(ii). (Attach Schedule E.) (A)(iii). (Attach Schedule E.) (A)(iii). (Attach Schedule E.) (A)(iii) (A)(iiii) (A)(iiii) (A)(iiii) (A)(iiii) (A)(iiiii) (A)(iiiiii) (A)(iiiiiii) (A)(iiiiiii) (A)(iiiiiiii) (A)(iiiiiiiii) (A)(iiiiiiiiii	section tal described or open tal described	st com: conly one clon 170 170(b)(1) bed in se erated by n 170(b)(government rom contriptions, air (less seenplete Pa ee section the fun 509(a)(1 d complet grated indirectly	box) (b)(1)(A)(iii), ection 1 (a gove 1)(A)(v) ental uni (b) no 509(a nctions 6 (c) or sec (d) by one	70(b)(1) rnmenta t or from t or more t 1 tax) fr  1)(4). of, or to tion 500 11e thm Typ or more	of (A)(iii)  (A)(iii)  all unit of the graph	ee insti	e hospital's nation	ame,
persons othe 509(a)(1) or f If the organization g Since Augus following pe (i) A perso and (iii)	er than foundation manager section 509(a)(2) zation received a written de , check this box at 17, 2006, has the organizersons?	termination from the IRS that is ation accepted any gift or consciontrols, either alone or togeth of the supported organization	publicly s it is a Typ tribution t ner with p	supported be I, Type from any	organianianianianianianianianianianianiania	zations ype III s	describ	ed in se		res No
(iii) A 35% d	controlled entity of a person	described in (i) or (ii) above?							11g(iii)	<u>L</u>
h Provide the (I) Name of supported organization	following information about	the supported organization(s) (III) Type of organization (described on lines 1-9 above or IRC section (see Instructions))	(iv) is the organization in cot. (i) listed in your governing document?		(v) Oid you notify the organization in col (i) of your support?		(i) organized in the US?		(vii) Amount of support	
			Yes	No	Yes	No	Yes	No		
Total	المنابعة ال المنابعة المنابعة الم	ر شاد الماد	ر نیار در این این ا	المرادة المثيرة مراجعة أوا	ا المالية المالية	ا المارة المارة المارة المارة	ئىت ئىنىل يەلەركىلا	المنظمة		<del></del> -

Form 990 or 990-EZ.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2009

DAA

Sche Pa	dule A (Form 990 or 990-EZ) 2009 A1 and III Support Schedule for Complete only if you of	Organizations	Described in	Sections 17	0(b)(1)(A)(iv)	-3251948 and 170(b)(1)(/	Page 2 A)(vi)		
Sec	tion A. Public Support	recked the bo	ox on line 5, 7	or 8 of Part					
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	(4) 2000	(3)2000	(0) 2007	41,660		51,137		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								
3	The value of services or facilities furnished by a governmental unit to the organization without charge								
4	Total. Add lines 1 through 3				41,660	9,477	51,137		
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)				日本の一般の一般の一般の一般の一般の一般の一般の一般の一般の一般の一般の一般の一般の				
6	Public support. Subtract line 5 from line 4	[現一点] 下 表 T 型 数 25.	at a strain Toront. Trans.	THE FEET STATE	To an Almos Course Russ	Salar Ribit Rich	51,137		
	tion B. Total Support		4-0 100	THE REAL PROPERTY.		Principle Change - Thomas	32,13,		
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total		
7	Amounts from line 4				41,660	9,477	51,137		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources								
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	Minda (mod) and it is	( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (	oder Star at 10.50 p.					
11				مِهَا وَلَمُهُمِّ الْمُعَلِّمُ وَمُوالِمُ الْمُعَلِّمُ وَمُوالِمُوالِمُوالِمُوالِمُوالِمُوالِمُوالِم	Medici Male		51,137		
12	Gross receipts from related activities, etc	•		: · <u></u> .		12			
13	First five years. If the Form 990 is for the	-	irst, second, third,	fourth, or fifth tax	year as a section	1 501(c)(3)	. □		
500	organization, check this box and stop he tion C. Computation of Public S		ontage	<del></del>		<del></del>			
14	Public support percentage for 2009 (line			luma (6)		14	100.00%		
15		. ,,	• ,	IUHIII (1))		15	100.00 % %		
16a									
100	<ul> <li>33 1/3 % support test—2009. If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box</li> <li>and stop here. The organization qualifies as a publicly supported organization</li> </ul>								
ь	and stop nere. The organization qualifies as a publicly supported organization  33 1/3 % support test—2008. 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 qua						▶ 🗆		
17a	10%-facts-and-circumstances test—2009. 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 IV how the								
b	organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization  10%-facts-and-circumstances test—2008. 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 IV how the								
18	organization meets the "facts-and-circum Private foundation. If the organization d	nstances" test. Th	e organization qu	alifies as a public	ly supported orga	nization	* 🗄		