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Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
NATIONAL KIDNEY FOUNDATION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)Room/suite

30 EAST 33RD STREET

City or town, state or country, and ZIP + 4
NEW YORK, NY 10016

F Name and address of principal officer
JOHN R DAVIS
30 EAST 33RD STREET
NEW YORK, NY 10016

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c) (3) ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW KIDNEY ORG

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1950

M State of legal domicile NY

Part I

Summary

Activities & Governance

1

Briefly describe the organization's mission or most significant activities
TO PREVENT KIDNEY AND URINARY TRACT DISEASES, IMPROVE THE HEALTH AND WELL-BEING OF INDIVIDUALS AND FAMILIES AFFECTED BY THESE DISEASES, AND INCREASE THE AVAILABILITY OF ALL ORGANS FOR TRANSPLANTATION

2

Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3

Number of voting members of the governing body (Part VI, line 1a)

330

4

Number of independent voting members of the governing body (Part VI, line 1b)

429

5

Total number of employees (Part V, line 2a)

5484

6

Total number of volunteers (estimate if necessary)

631,500

7a

Total gross unrelated business revenue from Part VIII, column (C), line 12 . . .

7a0

b

Net unrelated business taxable income from Form 990-T, line 34 . . .

7b

Revenue			Prior Year	Current Year
			8Contributions and grants (Part VIII, line 1h)	31,411,49929,176,465
			9Program service revenue (Part VIII, line 2g)	17,269,74615,462,449
			10Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-5,263,340-1,129,269
			11Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,908,6462,630,746
			12Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	45,326,55146,140,391
Expenses			13Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,528,3534,775,640
			14Benefits paid to or for members (Part IX, column (A), line 4)	00
			15Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	19,631,21421,241,556
			16aProfessional fundraising fees (Part IX, column (A), line 11e)	143,978995,431
			bTotal fundraising expenses (Part IX, column (D), line 25) ▶5,039,313	
			17Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	30,278,24825,509,082
			18Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	54,581,79352,521,709
			19Revenue less expenses Subtract line 18 from line 12	-9,255,242-6,381,318
Net Assets or Fund Balances			Beginning of Current Year	End of Year
			20Total assets (Part X, line 16)	21,838,66221,269,550
			21Total liabilities (Part X, line 26)	11,230,25016,291,776
			22Net assets or fund balances Subtract line 21 from line 20	10,608,4124,977,774

Part II

Signature Block

Sign Here

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

Signature of officer

THOMAS MARTIN CHIEF FINANCIAL OFFICER

2011-02-15

Date

Paid Preparer's Use Only

Preparer's signature ▶ Paul Hammerschmidt

Date

Check if self-employed ▶ ☐

Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ BDO USA LLP
100 PARK AVENUE
NEW YORK, NY 10017

EIN ▶
Phone no ▶ (212) 885-8000

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2009)

Part III

Statement of Program Service Accomplishments

1

Briefly describe the organization’s mission

NATIONAL KIDNEY FOUNDATION'S MISSION IS TO PREVENT KIDNEY AND URINARY TRACT DISEASES, IMPROVE THE HEALTH AND WELL-BEING OF INDIVIDUALS AND FAMILIES AFFECTED BY THESE DISEASES, AND INCREASE THE AVAILABILITY OF ALL ORGANS FOR TRANSPLANTATION THE ORGANIZATION CONDUCTS NATIONWIDE EDUCATIONAL CAMPAIGNS ABOUT THE ROLE OF THE KIDNEY IN MAINTAINING OVERALL HEALTH, THE IMPORTANCE OF EARLY DETECTION AND ORGAN DONATION AND TRANSPLANTATION

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes

☒ No

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes

☒ No

If “Yes,” describe these changes on Schedule O

4

Describe the exempt purpose achievements for each of the organization’s three largest program services by expenses

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses \$ 11,810,620 including grants of \$ 10,922) (Revenue \$ 2,145,590)
	COMMUNITY SERVICES AND ASSISTANCE TO AFFILIATES - THE ORGANIZATION'S KIDNEY EARLY EVALUATION PROGRAM (KEEP) SCREENS INDIVIDUALS MOST AT RISK OF POTENTIAL MEDICAL CONDITIONS THAT MAY LEAD TO FUTURE KIDNEY DISEASE MORE THAN 1,250 PEOPLE WITH HIGH BLOOD PRESSURE, DIABETES OR A FAMILY HISTORY OF KIDNEY DISEASE PARTICIPATE IN THIS FREE KIDNEY DISEASE SCREENING PROGRAM EVERY MONTH IN CITIES AROUND THE U.S. AS A RESULT, MANY LEARNED THAT THEY HAD EARLY KIDNEY DAMAGE AND BEGAN TAKING STEPS TO SAVE THEIR HEALTH, INCLUDING MONITORING BLOOD PRESSURE AND BLOOD GLUCOSE LEVELS, CHANGING THEIR DIET AND MEDICATION ASSISTANCE IS PROVIDED BY THE ORGANIZATION TO ITS AFFILIATES THE ORGANIZATION PROVIDES CONSULTATION, GUIDANCE, TRAINING AND LEADERSHIP SPECIFIC GUIDANCE IS PROVIDED WITH INSTRUCTION BOOKLETS DEALING WITH PATIENT TRANSPORTATION PROGRAMS, DRUG & BLOOD BANKS AND SCREENING AND DETECTION PROGRAMS AFFILIATES ARE KEPT UP TO DATE WITH CURRENT PUBLICATIONS FROM THE ORGANIZATION
4b	(Code) (Expenses \$ 11,514,808 including grants of \$ 15,432) (Revenue \$ 10,235,873)
	PROFESSIONAL EDUCATION - THE ORGANIZATION OFFERS MULTIDISCIPLINARY PROGRAMS TO THE ENTIRE KIDNEY HEALTH CARE COMMUNITY THERE ARE MOSTLY NATIONAL MEETINGS OFFERING A WIDE RANGE OF TOPICS AS WELL AS FOCUSED LOCAL/REGIONAL SEMINARS THE SPRING CLINICAL NEPHROLOGY MEETING HAS GROWN INTO THE NEPHROLOGY COMMUNITY'S PREMIER LEARNING EXPERIENCE WITH OVER 3,000 HEALTHCARE PROFESSIONALS IN ATTENDANCE APPROXIMATELY 300 POSTERS WERE PRESENTED, AND THIS MEETING ALSO SAW THE HIGHEST-EVER PARTICIPATION IN THE INTERNAL MEDICINE AND PEDIATRIC TRAINEES PROGRAM THERE WAS ALSO AN ADVANCED PRACTITIONER PROGRAM, DESIGNED SPECIFICALLY FOR PHYSICIAN ASSISTANTS AND NURSE PRACTITIONERS, A GROUP THAT IS NOW CARING FOR KIDNEY PATIENTS ON THE FRONT LINES SINCE 1981, THE ORGANIZATION HAS PUBLISHED PEER-REVIEWED JOURNALS THAT PROVIDE TIMELY INSIGHTS AND INFORMATION ON KIDNEY DISEASE AND RELATED RESEARCH TO THE GLOBAL KIDNEY COMMUNITY THREE OF THE PRESTIGIOUS MEDICAL JOURNALS PUBLISHED BY THE ORGANIZATION JOINED SCIENCEDIRECT, THE PREMIER WEB DISTRIBUTOR OF PROFESSIONAL LEVEL SCIENTIFIC AND MEDICAL INFORMATION WITH MORE THAN 11 MILLION USERS ACCESSING THE SITE, THE JOURNALS REACHED A LARGER AUDIENCE THAN EVER BEFORE THE ORGANIZATION'S LEARNING SYSTEM CONTINUED TO PROVIDE COMPREHENSIVE EDUCATION ABOUT CHRONIC KIDNEY DISEASE (CKD) AND HOW TO PREVENT, TREAT AND MANAGE COMPLICATIONS NEW RESOURCES DEVELOPED IN 2008 FOCUSED ON THE TEAM APPROACH TO TREATING CKD STAGES 4 AND 5 IMPROVING OUTCOMES FOR KIDNEY TRANSPLANT RECIPIENTS
4c	(Code) (Expenses \$ 6,705,364 including grants of \$ 1,577,499) (Revenue \$ 2,206,403)
	PATIENT SERVICES - INCLUDE PROGRAMS WHICH PROVIDE MEDICAL JEWELRY, EMERGENCY GRANTS, TRANSPORTATION, SUPPORT GROUPS AND WORKSHOPS FOR KIDNEY PATIENTS OTHER PROGRAMS INCLUDE PATIENT EDUCATION, CONSTITUENT COUNCIL PROJECTS AND PATIENT EMPOWERMENT INITIATIVES TO HELP KIDNEY PATIENTS IMPACTED BY NATURAL DISASTERS, THE ORGANIZATION ESTABLISHED A FINANCIAL ASSISTANCE PROGRAM THAT OFFERS SUPPORT AND ENSURES MEDICAL CARE IS NOT COMPROMISED FUNDS COVERS THE COST OF TRAVEL TO DIALYSIS CENTERS AS WELL AS REPLACEMENT OF DAMAGED POSSESSIONS, HOMES AND BASIC NECESSITIES SUCH AS GROCERIES AND CLOTHING BEYOND THE MATERIAL SUPPORT, THE ORGANIZATION IS THERE TO HELP KIDNEY PATIENTS COPE WITH THE TRAUMA EXPERIENCED HUNDREDS OF DIALYSIS PATIENTS TOOK PART IN "PEOPLE LIKE US" STEPPING BACK INTO LIFE, A PROGRAM THAT HELPED THEM DEAL WITH DEPRESSION AND ANXIETY PARTICIPANTS REPORTED IMPROVEMENTS IN STRESS LEVELS, SOCIAL FUNCTIONING AND OVERALL HEALTH AFTER COMPLETING STEPPING BACK INTO LIFE
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 10,302,331 including grants of \$ 3,171,787) (Revenue \$ 1,529,949)
4e	Total program service expenses \$ 40,333,123

Part IV Checklist of Required Schedules

		Yes	No
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
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 	4	Yes
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 	11	Yes
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	◆ 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? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Part II	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16	No
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 	17	Yes
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	Yes
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	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	Yes	
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 questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
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		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
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		No
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		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	181	
	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	484	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in 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		No
	b If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			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?	6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7 Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9 Sponsoring organizations maintaining donor advised funds.				
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter				
a	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				
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . . .	1a	30	
b	Enter the number of voting members that are independent . . .	1b	29	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in 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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AL , AR , CA , CO , CT , DC , FL , GA , IL , KS , ME , MD , MA , MI , MN , MS , MO , NH , NJ , NM , NY , NC , OH , OK , OR , PA , RI , SC , TN , UT , VA , WA , WV , WI
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. ☒ Own website ☐ Another's website ☒ Upon request	
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	PETROS GREGORIOU 30 EAST 33RD STREET NEW YORK, NY 10016 (212) 889-2210

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

• 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

☐ Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

Form **990** (2009)

1b	Total	3,036,089	0	759,922
-----------	------------------------	-----------	---	---------

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **▶**44

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
ADESA IMPACT 13085 HAMILTON CROSSING BLVD SUIT CARMEL, IN 46032	FUNDRAISING	995,431
TUFTS MEDICAL CENTER 800 WASHINGTON STREET BOX 453 BOSTON, MA 02111	GUIDELINES DEVELOP	852,572
MINNEAPOLIS MEDICAL RESEARCH 914 SOUTH 8TH STREET SHAPIRO BLDG MINNEAPOLIS, MN 55404	CKD SCREENINGS	749,475
QUEST DIAGNOSTICS PO BOX 12989 CHICAGO, IL 60693	MEDICAL TESTING	417,969
C SYSTEMS INC 510 THORNALL STREET EDISON, NJ 08837	CONSULTING	330,653

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**12

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a	794,738			
	b	Membership dues	1b				
	c	Fundraising events	1c	10,778,734			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	17,602,993			
	g	Noncash contributions included in lines 1a-1f \$ 5,407,035					
	h	Total. Add lines 1a-1f					
Program Service Revenue			Business Code				
	2a	GRANT AND CONTRACT REVENUE	611,600	4,157,238	4,157,238		
	b	KEEP GRANTS AND CONTRACT REVENUE	621,990	3,711,901	3,711,901		
	c	SPONSORSHIPS	611,600	2,013,137		2,013,137	
	d	THRIFT STORE REVENUE	448,000	968,253		968,253	
	e	REGISTRATION FEES	611,600	709,120	709,120		
	f	All other program service revenue		3,902,800	3,378,749		524,051
	g	Total. Add lines 2a-2f			15,462,449		
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			181,426		181,426
	4	Income from investment of tax-exempt bond proceeds . . .			0		
	5	Royalties			1,975,380		1,975,380
	6a	(i) Real		(ii) Personal			
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	(i) Securities		(ii) Other			
		7,493,248		5,407,035			
		7,493,248		6,717,730			
				-1,310,695			
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)			-1,310,695		-1,310,695
	8a	Gross income from fundraising events (not including \$ 10,778,734 of contributions reported on line 1c) See Part IV, line 18					
		a	1,974,180				
		b	1,974,180				
c	Net income or (loss) from fundraising events . . .			0			
9a	Gross income from gaming activities See Part IV, line 19						
	a						
	b						
c	Net income or (loss) from gaming activities . . .			0			
10a	Gross sales of inventory, less returns and allowances						
	a	329,992					
	b	100,281					
c	Net income or (loss) from sales of inventory . . .			229,711	229,711		
Miscellaneous Revenue		Business Code					
11a	MISCELLANEOUS REVENUE		611,710	425,655	425,655		
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			425,655			
12	Total revenue. See Instructions			46,140,391	12,612,374		4,351,552

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 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 governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	4,775,640	4,775,640		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	3,433,431	2,461,427	823,680	148,324
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			
7	Other salaries and wages	13,866,643	9,943,608	3,323,525	599,510
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	461,443	330,809	110,700	19,934
9	Other employee benefits	2,056,139	1,473,553	492,355	90,231
10	Payroll taxes	1,423,900	1,020,794	341,594	61,512
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	48,127	34,269	11,335	2,523
c	Accounting	126,679	90,816	30,390	5,473
d	Lobbying	232,895	197,649	29,868	5,378
e	Professional fundraising See Part IV, line 17	995,431			995,431
f	Investment management fees	69,396	22,198	47,198	
g	Other	1,974,944	1,652,453	257,131	65,360
12	Advertising and promotion	1,190,928	473,090	52,989	664,849
13	Office expenses	3,541,278	3,023,844	500,867	16,567
14	Information technology	474,455	333,718	101,809	38,928
15	Royalties	3,149	1,964	80	1,105
16	Occupancy	2,568,734	1,839,723	613,289	115,722
17	Travel	1,578,865	1,119,353	235,509	224,003
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	2,633,588	970,573	44,276	1,618,739
20	Interest	32,340	23,164	7,751	1,425
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	367,193	263,240	88,090	15,863
23	Insurance	266,223	155,086	50,559	60,578
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	SPECIAL PROJECTS - PROGRAMS	8,422,460	8,422,460		
b	SPECIAL PROJECTS - MARKETING	1,106,014	1,106,014		
c	TRANSPLANT GAMES	467,595	467,595		
d	DUES AND SUBSCRIPTIONS	57,816	40,221	11,231	6,364
e	TAXES	6,418	4,601	1,540	277
f	All other expenses	339,985	85,261	-26,493	281,217
25	Total functional expenses. Add lines 1 through 24f	52,521,709	40,333,123	7,149,273	5,039,313
26	Joint costs. Check here ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			7,300	1	5,650
	2	Savings and temporary cash investments			2,964,617	2	2,208,975
	3	Pledges and grants receivable, net			2,237,872	3	2,864,138
	4	Accounts receivable, net			883,279	4	517,702
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use			494,011	8	559,806
	9	Prepaid expenses and deferred charges			873,049	9	1,042,589
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	2,381,166			
	b	Less accumulated depreciation	10b	1,710,247	898,072	10c	670,919
	11	Investments—publicly traded securities			10,615,017	11	10,426,175
	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			2,865,445	15	2,973,596
	16	Total assets. Add lines 1 through 15 (must equal line 34)			21,838,662	16	21,269,550
Liabilities	17	Accounts payable and accrued expenses			7,556,479	17	8,437,664
	18	Grants payable				18	
	19	Deferred revenue			3,673,771	19	7,854,112
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				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 Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			11,230,250	26	16,291,776
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			-800,010	27	-8,248,746
	28	Temporarily restricted net assets			10,403,031	28	11,875,562
	29	Permanently restricted net assets			1,005,391	29	1,350,958
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			10,608,412	33	4,977,774
	34	Total liabilities and net assets/fund balances			21,838,662	34	21,269,550

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
b Were the organization's financial statements audited by an independent accountant?	Yes	
c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separated basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization NATIONAL KIDNEY FOUNDATION INC	Employer identification number 13-1673104
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Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**
- 11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other
- e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Section A. Public Support

Calendar 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.")	8,456,568	12,858,895	15,127,948	23,570,061	28,044,857	88,058,329
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	8,456,568	12,858,895	15,127,948	23,570,061	28,044,857	88,058,329
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)						
6 Public Support. Subtract line 5 from line 4						88,058,329

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	8,456,568	2,192,525	15,127,948	23,570,061	28,044,857	88,058,329
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,829,901	2,192,525	2,405,401	2,082,885	2,156,806	10,667,518
9 Net income from unrelated business activities, whether or not the business is regularly carried on	257,618	212,130	246,367			716,115
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	-82,355					-82,355
11 Total support (Add lines 7 through 10)						99,359,607
12 Gross receipts from related activities, etc (See instructions)					12	86,982,180
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	88 626 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	15	90 537 %
16a 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 and stop here. The organization qualifies as a publicly supported organization		
b 33 1/3% support test—2008. If the organization did not check the 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—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 organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
b 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 organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total. Add lines 1 through 5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
cAdd lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13Total support (Add lines 9, 10c, 11 and 12.)						

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

Section C. Computation of Public Support Percentage

15Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	
16Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17Investment income percentage for 2009 (line 10c column (f) divided by line 13 column (f))	17	
18Investment income percentage from 2008 Schedule A, Part III, line 17	18	

19a**33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b**33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:

Software Version:

EIN: 13-1673104

Name: NATIONAL KIDNEY FOUNDATION INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOHN R DAVIS CHIEF EXECUTIVE OFFICER	35 0	X		X				404,786	0	234,722
WILLIAM CELLA CHAIRMAN	1 0	X		X				0	0	0
BRYAN BECKER PRESIDENT	1 0	X		X				0	0	0
DEBORAH BROMMAGE SECRETARY	1 0	X		X				0	0	0
KEN HOWARD CHANCELLOR	1 0	X		X				0	0	0
THOMAS MCDONOUGH IMMEDIATE PAST CHAIRMAN	1 0	X						0	0	0
LYNDA SZCZECH PRESIDENT ELECT	1 0	X						0	0	0
ALLAN COLLINS IMMEDIATE PAST PRESIDENT	1 0	X						0	0	0
JOSEPH ABRUZZESE BOARD MEMBER	1 0	X						0	0	0
TODD BAUR BOARD MEMBER	1 0	X						0	0	0
DEREK BRUCE BOARD MEMBER	1 0	X						0	0	0
ALEXANDER M CAPRON BOARD MEMBER	1 0	X						0	0	0
JAMES CARLSON BOARD MEMBER	1 0	X						0	0	0
JANE DAVIS BOARD MEMBER	1 0	X						0	0	0
THOMAS DAVIS BOARD MEMBER	1 0	X						0	0	0
FRANCIS DELMONICO BOARD MEMBER	1 0	X						0	0	0
WILLIAM DESSOFFY BOARD MEMBER	1 0	X						0	0	0
BRIAN DILSHEIMER BOARD MEMBER	1 0	X						0	0	0
JAY JUSTICE BOARD MEMBER	1 0	X						0	0	0
JOHN KIRKENDALL BOARD MEMBER	1 0	X						0	0	0
DENNIS MORGAN BOARD MEMBER	1 0	X						0	0	0
HOWARD NATHAN BOARD MEMBER	1 0	X						0	0	0
SISTER MICHELE O'BRIEN BOARD MEMBER	1 0	X						0	0	0
RONALD RITTENMEYER BOARD MEMBER	1 0	X						0	0	0
GUY SCALZI BOARD MEMBER	1 0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
GREGORY SCOTT BOARD MEMBER	1 0	X						0	0	0
MICHAEL SEXTON BOARD MEMBER	1 0	X						0	0	0
RUBEN VALEZ BOARD MEMBER	1 0	X						0	0	0
ED WALTER BOARD MEMBER	1 0	X						0	0	0
MICHAEL WATTS BOARD MEMBER	1 0	X						0	0	0
THOMAS MARTIN CHIEF FINANCIAL OFFICER	35 0			X				233,498	0	59,483
STEPHEN BAJARDI THRU 3/31/2009 CHIEF OPERATING OFFICER	35 0			X				63,354	0	4,605
DOLPH CHIANCHIANO SR VP, HEALTH POLICY & RESEARCH	35 0				X			276,818	0	38,569
JOSEPH VASSALOTTI CHIEF MEDICAL OFFICER	35 0				X			284,072	0	54,541
GISELE POLITOSKI SENIOR VP, PROGRAMS	35 0				X			245,668	0	56,949
KERRY WILLIS SENIOR VP, SCIENTIFIC ACTIVITIES	35 0				X			206,961	0	45,663
JOAN SHEPARD LUSTIG SENIOR VP, FIELD SERVICES	35 0				X			200,806	0	30,003
JOANN VECCHIONE SR VP, ORGANIZATIONAL RESOURCES	35 0				X			187,584	0	51,702
PRESTON ENGLERT JR DIVISION PRES, MID-ATLANTIC	35 0					X		247,186	0	41,806
INGRID MONTECINO DIVISION PRESIDENT, GREATER NY	35 0					X		206,398	0	26,440
LAWRENCE GEIGER VP, MARKETING & COMMUNICATIONS	35 0					X		164,243	0	40,769
SUZANNE WYCKOFF EXECUTIVE VP, COMPLIANCE	35 0					X		157,746	0	35,343
HOLLY DEVAN MANAGING DIRECTOR, KLS	35 0					X		156,969	0	39,327

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
GRANT AND CONTRACT REVENUE	611,600	4,157,238	4,157,238		
KEEP GRANTS AND CONTRACT REVENUE	621,990	3,711,901	3,711,901		
SPONSORSHIPS	611,600	2,013,137			2,013,137
THRIFT STORE REVENUE	448,000	968,253			968,253
REGISTRATION FEES	611,600	709,120	709,120		

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
SPECIAL PROJECTS - PROGRAMS	8,422,460	8,422,460		
SPECIAL PROJECTS - MARKETING	1,106,014	1,106,014		
TRANSPLANT GAMES	467,595	467,595		
DUES AND SUBSCRIPTIONS	57,816	40,221	11,231	6,364
TAXES	6,418	4,601	1,540	277

SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public
Inspection

If the organization answered “Yes,” to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered “Yes,” to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered “Yes,” to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization NATIONAL KIDNEY FOUNDATION INC	Employer identification number 13-1673104
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1

Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2

Political expenditures

▶ \$
- 3

Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1

Enter the amount of any excise tax incurred by the organization under section 4955

▶ \$
- 2

Enter the amount of any excise tax incurred by organization managers under section 4955

▶ \$
- 3

If the organization incurred a section 4955 tax, did it file Form 4720 for this year?

☐ Yes

☐ No
- 4a

Was a correction made?

☐ Yes

☐ No
- b

If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1

Enter the amount directly expended by the filing organization for section 527 exempt function activities

▶ \$
- 2

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities

▶ \$
- 3

Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b

▶ \$
- 4

Did the filing organization file **Form 1120-POL** for this year?

☐ Yes

☐ No
- 5

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A

Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A

Check

☐

if the filing organization belongs to an affiliated group

B

Check

☐

if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals											
1a Total lobbying expenditures to influence public opinion (grass roots lobbying) b Total lobbying expenditures to influence a legislative body (direct lobbying) c Total lobbying expenditures (add lines 1a and 1b) d Other exempt purpose expenditures e Total exempt purpose expenditures (add lines 1c and 1d) f Lobbying nontaxable amount Enter the amount from the following table in both columns		31,078												
		201,817												
		232,895												
		47,249,501												
		47,482,396												
		1,000,000												
	<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0- i Subtract line 1f from line 1c If zero or less, enter -0- j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		250,000												
		☐ Yes ☐ No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	105,074	173,244	472,593	232,895	983,806
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	18,989	26,382	15,000	31,078	91,449

Part II-B

Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
	a Volunteers?			
	b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
	c Media advertisements?			
	d Mailings to members, legislators, or the public?			
	e Publications, or published or broadcast statements?			
	f Grants to other organizations for lobbying purposes?			
	g Direct contact with legislators, their staffs, government officials, or a legislative body?			
	h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
	i Other activities? If "Yes," describe in Part IV			
	j Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B

Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV

Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL KIDNEY FOUNDATION INC

Employer identification number
13-1673104

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	Total number of conservation easements
2b	Total acreage restricted by conservation easements
2c	Number of conservation easements on a certified historic structure included in (a)
2d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization’s financial statements that describes the organization’s accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2009

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	8,830,253	11,926,721			
b Contributions	667,192	381,012			
c Investment earnings or losses	854,414	-2,992,846			
d Grants or scholarships	964,122	484,634			
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	9,387,737	8,830,253			

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ %

b

Permanent endowment ▶ 14 391 % %

c

Term endowment ▶ 85 609 % %

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations

(ii) related organizations

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)	Yes	
3a(ii)		No
3b		

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		248,457	177,691	70,766
d Equipment		214,341	114,581	99,760
e Other		1,918,368	1,417,975	500,393
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c.) ▶				670,919

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	46,140,391
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	52,521,709
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-6,381,318
4	Net unrealized gains (losses) on investments	4	750,680
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-951,233
9	Total adjustments (net) Add lines 4 - 8	9	-200,553
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-6,581,871

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return			
1	Total revenue, gains, and other support per audited financial statements	1	49,245,732
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	750,680
b	Donated services and use of facilities	2b	166,027
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	2,210,832
e	Add lines 2a through 2d	2e	3,127,539
3	Subtract line 2e from line 1	3	46,118,193
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	22,198
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	22,198
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	46,140,391

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	55,827,603
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	166,027
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	3,162,065
e	Add lines 2a through 2d	2e	3,328,092
3	Subtract line 2e from line 1	3	52,499,511
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	22,198
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	22,198
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	52,521,709

Part XIVSupplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
PART V, LINE 4		THE ORGANIZATION'S PERMANENTLY RESTRICTED ENDOWMENT CONSISTS OF PERMANENTLY RESTRICTED NET ASSETS HELD PRIMARILY FOR RESEARCH AND PATIENT SUPPORT. THE REMAINING PORTION OF THE DONOR-RESTRICTED ENDOWMENT FUND THAT IS NOT CLASSIFIED IN PERMANENTLY RESTRICTED NET ASSETS IS CLASSIFIED AS TEMPORARILY RESTRICTED NET ASSETS UNTIL THOSE AMOUNTS ARE EXPENDED AND RELEASED FROM RESTRICTIONS.
PART XI, LINE 8		NET DEFICIT ON RELATED ORGANIZATIONS, CAMP REYNAL AND KIDNEY DISEASE IMPROVING GLOBAL OUTCOMES.
PART XII, LINE 2D		REVENUES OF RELATED ORGANIZATIONS, CAMP REYNAL AND KIDNEY DISEASE IMPROVING GLOBAL OUTCOMES, IN THE AMOUNT OF \$2,110,551, AND COST OF GOODS SOLD IN THE AMOUNT OF \$100,281.
PART XIII, LINE 2D		EXPENSES OF RELATED ORGANIZATIONS, CAMP REYNAL AND KIDNEY DISEASE IMPROVING GLOBAL OUTCOMES, IN THE AMOUNT OF \$3,061,784, AND COST OF GOODS SOLD IN THE AMOUNT OF \$100,281.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
NATIONAL KIDNEY FOUNDATION INC

Employer identification number
13-1673104

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and e-mail solicitations

f ☐ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☒ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ADESA IMPACT	KIDNEY CARS PROGRAM	Yes		4,208,424	995,431	3,212,993
Total ▶				4,208,424	995,431	3,212,993

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

AL,AR,CA,CO,CT,DC,FL,GA,IL,KS,ME,MD,MA,MI,MN,MS,MO,NH,NJ,NM,NY,NC,OH,OK,OR,PA,RI,SC,TN,UT,VA,WA,WV,WI

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		CHILI COOKOFF (event type)	GIFT OF LIFE (event type)	150 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	1,096,829	999,104	10,656,981
	2	Less Charitable contributions	1,096,829	508,815	9,173,090
	3	Gross income (line 1 minus line 2)		490,289	1,483,891
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs	-46,250	0	391,524
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	46,250	490,289	1,092,367
	10	Direct expense summary Add lines 4 through 9 in column (d)			1,974,180
	11	Net income summary Combine lines 3, column d, and line 10.			

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

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

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain _____ _____			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain _____ _____			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility 13a		
b	An outside facility 13b		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► _____			
Address ► _____			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c	If "Yes," enter name and address		
Name ► _____			
Address ► _____			
16	Gaming manager information		
Name ► _____			
Gaming manager compensation ► \$ _____			
Description of services provided ► _____			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization
NATIONAL KIDNEY FOUNDATION INC

Employer identification number
13-1673104

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

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

2

Enter total number of section 501(c)(3) and government organizations

▶

3

Enter total number of other organizations

▶

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

NATIONAL KIDNEY FOUNDATION INC

Employer identification number

13-1673104

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	1b	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	☒ Compensation committee ☐ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☒ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	4a	No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
JOHN R DAVIS	(i) (ii)	404,786 0			194,743 0	39,979 0	639,508 0	
DOLPH CHIANCHIANO	(i) (ii)	276,818 0			20,873 0	17,696 0	315,387 0	
THOMAS MARTIN	(i) (ii)	233,498 0			21,943 0	37,540 0	292,981 0	
JOSEPH VASSALOTTI	(i) (ii)	284,072 0			31,931 0	22,610 0	338,613 0	
GISELE POLITOSKI	(i) (ii)	245,668 0			32,705 0	24,244 0	302,617 0	
KERRY WILLIS	(i) (ii)	206,961 0			19,105 0	26,558 0	252,624 0	
JOAN SHEPARD LUSTIG	(i) (ii)	200,806 0			23,938 0	6,065 0	230,809 0	
JOANN VECCHIONE	(i) (ii)	187,584 0			25,180 0	26,522 0	239,286 0	
PRESTON ENGLERT JR	(i) (ii)	247,186 0			18,750 0	23,056 0	288,992 0	
INGRID MONTECINO	(i) (ii)	206,398 0			15,483 0	10,957 0	232,838 0	
LAWRENCE GEIGER	(i) (ii)	164,243 0			12,835 0	27,934 0	205,012 0	
SUZANNE WYCKOFF	(i) (ii)	157,746 0			21,054 0	14,289 0	193,089 0	
HOLLY DEVAN	(i) (ii)	156,969 0			12,254 0	27,073 0	196,296 0	

Part III

Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
PART I, LINE 4B		THE ORGANIZATION HAS A SECTION 457(F) SENIOR STAFF FLEXIBLE BENEFIT PLAN THAT PROVIDES SENIOR MANAGEMENT EMPLOYEES WITH A BENEFIT ALLOWANCE CONTRIBUTED BY THE ORGANIZATION, WHICH CAN BE USED FOR VARIOUS BENEFIT OPTIONS, INCLUDING A CAPITAL ACCUMULATION ACCOUNT. IN ADDITION, JOHN R. DAVIS, CEO, PARTICIPATES IN A SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN.

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2009

Open to Public Inspection

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

Name of the organization
NATIONAL KIDNEY FOUNDATION INC

Employer identification number
13-1673104

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	7,905	5,407,035	FAIR MARKET VALUE
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				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				Yes No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?				Yes
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
PART I, LINE 32B		THE ORGANIZATION CONTRACTS WITH ADESA IMPACT TO ADVERTISE FOR THE DONATION OF VEHICLES AND TO RECEIVE AND DISPOSE OF THE DONATED VEHICLES ON BEHALF OF THE ORGANIZATION THE ORGANIZATION USED THE NUMBER OF ITEMS CONTRIBUTED FOR CARS AND VEHICLES

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ▶ Attach to Form 990.	OMB No 1545-0047
		2009
		Open to Public Inspection
Name of the organization NATIONAL KIDNEY FOUNDATION INC		Employer identification number 13-1673104

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4D		1) PUBLIC HEALTH EDUCATION - ATTRACTING 5,250,000 VISITORS IN 2010, THE ORGANIZATION'S WEBSITE, WWW.KIDNEY.ORG, CONTINUED TO EDUCATE AND SERVE AS A RICH RESOURCE ON KIDNEY DISEASE. MEDICAL INFORMATION SEEKERS FLOODED OUR A-Z HEALTH GUIDE PAGES FOR COMPREHENSIVE DATA ON A VARIETY OF KIDNEY CONDITIONS AND ISSUES, INCLUDING NUTRITION AND TREATMENT OPTIONS. MORE THAN 7,000 TESTED THEIR KIDNEY IQ WITH OUR ONLINE KIDNEY QUIZ. E-KIDNEY, THE ORGANIZATION'S MONTHLY E-NEWSLETTER, OFFERED NEWS, KIDNEY-HEALTHY RECIPES AND STORIES OF COURAGE TO NEARLY 35,000 PEOPLE. E-KIDNEY READERSHIP ROSE 40% THIS YEAR. KIDNEY NEWS DAILY, A DAILY E-NEWSLETTER, DELIVERED BREAKING NEWS FROM THE PRINT, BROADCAST AND ONLINE MEDIA TO THOUSANDS IN THE KIDNEY CARE COMMUNITY. THE ORGANIZATION CONTINUES TO FOCUS ON EDUCATING GROUPS WITH HIGH RISK OF KIDNEY DISEASE. NEARLY HALF OF AFRICAN AMERICANS HAVE AT LEAST ONE RISK FACTOR FOR KIDNEY DISEASE, BUT LESS THAN 3% BELIEVE THAT CHRONIC KIDNEY DISEASE IS A "TOP HEALTH CONCERN", ACCORDING TO A REPORT RELEASED THIS YEAR IN THE AMERICAN JOURNAL OF KIDNEY DISEASES, THE OFFICIAL NKF JOURNAL. SINCE AFRICAN AMERICANS WITH CKD PROGRESS MORE QUICKLY TO KIDNEY FAILURE, THE ORGANIZATION DOUBLED ITS EFFORTS TO REACH OUT TO THIS GROUP WITH INFORMATION AND FREE SCREENINGS HELD IN CHURCHES, SCHOOLS AND COMMUNITY CENTERS IN AFRICAN-AMERICAN NEIGHBORHOODS. EXPENSES \$5,769,916. GRANTS \$14,816. REVENUE \$91,933. 2) RESEARCH - RESEARCH REPRESENTS ONE OF THE ORGANIZATION'S TOP PRIORITIES. THE ORGANIZATION GRANTED OVER 60 RESEARCH GRANTS DURING FISCAL YEAR 2010. RESEARCH PROJECTS INCLUDE IMPROVING TRANSPLANT MEDICATIONS, RESEARCHING CARDIOVASCULAR DISEASE AND KIDNEY DISEASE, FINDING THE CAUSE OF DIABETIC NEPHROPATHY, AND IMPROVING THE DIALYSIS PROCESS. RESEARCH IS BEING CONDUCTED ON HOW TO MINIMIZE THE CHANCES OF ORGAN REJECTION OVER A LONG PERIOD OF TIME. THE ULTIMATE OBJECTIVE OF THIS RESEARCH IS TO CREATE IMPROVED TRANSPLANT MEDICATIONS THAT SPECIFICALLY TARGET CELLS RESPONSIBLE FOR ORGAN REJECTION, THEREBY ENSURING MORE SUCCESSFUL LONG-TERM SURVIVAL OF THE TRANSPLANTED ORGAN. CARDIOVASCULAR DISEASE, ESPECIALLY HEART FAILURE, IS THE LEADING CAUSE OF DEATH FOR KIDNEY PATIENTS. SOME RESEARCH IN THIS AREA IS LOOKING AT HOW VITAMIN D AND THE IMMUNE SYSTEM ARE RELATED TO CARDIOVASCULAR DISEASE IN KIDNEY PATIENTS. THIS STUDY MAY LEAD TO SPECIFIC THERAPEUTIC INTERVENTIONS THAT TARGET INNATE IMMUNE RESPONSES TO PREVENT DAMAGE TO THE VASCULAR SYSTEM. DIABETIC NEPHROPATHY (DN), A SERIOUS AND LIFE-THREATENING PROGRESSIVE KIDNEY DISEASE, IS THE MOST COMMON CAUSE OF KIDNEY FAILURE IN THE U.S. DISCOVERING THE MECHANISM BEHIND DN IS THE GOAL OF SOME RESEARCHERS. WITH A BETTER UNDERSTANDING OF WHAT TRIGGERS DN, THERAPEUTIC REGIMENS AIMED AT KIDNEY CELL RESTORATION CAN BE CREATED, WHICH WOULD BE BENEFICIAL FOR PATIENTS WITH TYPE 1 AND TYPE 2 DIABETES. IN THE AREA OF DIALYSIS, THE ORGANIZATION RESEARCHERS HOPE TO FIND SOME ANSWERS ON HOW TO MORE EFFICIENTLY REMOVE PROTEIN-BOUND CHEMICALS, THEREBY IMPROVING DIALYSIS ITSELF. OTHER GRANTS ASSISTED THE TRAINING OF YOUNG PHYSICIANS (YOUNG INVESTIGATORS) WHO CONDUCTED THE STUDIES. WITH A ROBUST RESEARCH PROGRAM, IMPROVED TREATMENTS FOR CHRONIC KIDNEY DISEASE, MORE SUCCESSFUL TRANSPLANTS AND ADDITIONAL METHODS OF EARLY DETECTION AND PREVENTION MAY BE ON THE HORIZON IN THE NEAR FUTURE. EXPENSES \$4,532,415. GRANTS \$3,156,971. REVENUE \$1,438,016.
FORM 990, PART VI, SECTION B, LINE 11A		THE ORGANIZATION'S BOARD OF DIRECTORS ASSIGNS THE AUDIT COMMITTEE THE OVERSIGHT RESPONSIBILITY OF THE IRS FORM 990 AND ITS SUPPLEMENTAL SCHEDULES. FORM 990 IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, AND AUDIT COMMITTEE PRIOR TO FILING. THE FINAL AND SIGNED FORM 990 IS MADE AVAILABLE TO THE BOARD OF DIRECTORS.
FORM 990, PART VI, SECTION B, LINE 12C		TO IDENTIFY CONFLICTS OF INTEREST, OFFICERS, DIRECTORS (GOVERNING BOARD MEMBERS) AND SENIOR STAFF MUST ANNUALLY DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST. THE ORGANIZATION'S AUDIT COMMITTEE AND THE COMPLIANCE OFFICER MANAGES THE DISCLOSURE AND MONITORING PROCESSES RELATED TO POTENTIAL CONFLICTS OF INTEREST. EACH PERSON ALSO HAS THE RESPONSIBILITY TO REPORT HIS OR HER OWN CONFLICTS OF INTEREST, WHETHER ACTUAL OR PERCEIVED, WHEN SUCH CONFLICTS ARISE DURING A MEETING. AFTER DISCLOSURE OF THE MATERIAL FACTS, THE INDIVIDUAL SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE POTENTIAL CONFLICT OF INTEREST IS DISCUSSED AND DETERMINED. THE DISCLOSURE, DECISIONS MADE, AND ACTIONS TAKEN ARE DOCUMENTED IN THE MINUTES OF THE MEETING.
FORM 990, PART VI, SECTION B, LINE 15A		THE COMPENSATION COMMITTEE IS RESPONSIBLE FOR ESTABLISHING GUIDELINES AND APPROVING COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER ON AN ANNUAL BASIS. THE COMPENSATION COMMITTEE USES AN INDEPENDENT CONSULTANT AND COMPENSATION BENCHMARK STUDIES TO DETERMINE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER.
FORM 990, PART VI, SECTION B, LINE 15B		THE COMPENSATION COMMITTEE IS RESPONSIBLE FOR ESTABLISHING GUIDELINES AND APPROVING COMPENSATION FOR SENIOR MANAGEMENT POSITIONS ON AN ANNUAL BASIS. THE COMPENSATION COMMITTEE USES AN INDEPENDENT CONSULTANT AND COMPENSATION BENCHMARK STUDIES TO DETERMINE COMPENSATION FOR SENIOR MANAGEMENT. THE CHIEF EXECUTIVE OFFICER IS RESPONSIBLE FOR THE INDIVIDUAL PERFORMANCE EVALUATIONS OF SENIOR MANAGEMENT AND DETERMINES MERIT INCREASES AND/OR BONUSES WITHIN GUIDELINES ESTABLISHED BY THE COMPENSATION COMMITTEE.
FORM 990, PART VI, SECTION C, LINE 19		THE ORGANIZATION MAKES CERTAIN GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC THROUGH ITS WEBSITE, WWW.KIDNEY.ORG. SUCH DOCUMENTS INCLUDE THE AUDITED FINANCIAL STATEMENTS, ANNUAL REPORTS, CONFLICT OF INTEREST POLICY, IRS DETERMINATION LETTER AND THE MOST RECENT FORM 990. OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST TO THE COMPLIANCE OFFICER.

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL KIDNEY FOUNDATION INC

Employer identification number

13-1673104

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)
Name, address, and EIN of disregarded entity

(b)
Primary activity

(c)
Legal domicile (state
or foreign country)

(d)
Total income

(e)
End-of-year assets

(f)
Direct controlling
entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a)
Name, address, and EIN of related organization

(b)
Primary activity

(c)
Legal domicile (state
or foreign country)

(d)
Exempt Code section

(e)
Public charity status
(if section 501(c)(3))

(f)
Direct controlling
entity

CAMP REYNAL INC
5429 LBJ FREEWAY SUITE 250
DALLAS, TX 75240
06-1738038
KDIGO

CHILDREN CAMP

TX

501(C)(3)

7

PATIENT CARE

BE

N/A

N/A

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
---	-------------------------	---	-------------------------------------	--	---------------------------------	--	--------------------------------

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to other organization(s)

c

Gift, grant, or capital contribution from other organization(s)

d

Loans or loan guarantees to or for other organization(s)

e

Loans or loan guarantees by other organization(s)

f

Sale of assets to other organization(s)

g

Purchase of assets from other organization(s)

h

Exchange of assets

i

Lease of facilities, equipment, or other assets to other organization(s)

j

Lease of facilities, equipment, or other assets from other organization(s)

k

Performance of services or membership or fundraising solicitations for other organization(s)

l

Performance of services or membership or fundraising solicitations by other organization(s)

m

Sharing of facilities, equipment, mailing lists, or other assets

n

Sharing of paid employees

o

Reimbursement paid to other organization for expenses

p

Reimbursement paid by other organization for expenses

q

Other transfer of cash or property to other organization(s)

r

Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

Yes

No

Yes

Yes

No

No

No

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	KDIGO	B	1,002,626
(2)	KDIGO	K	1,974,282
(3)	KDIGO	N	968,072
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2009

Attachment
Sequence No 67

Department of the Treasury
Internal Revenue Service

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return NATIONAL KIDNEY FOUNDATION INC	Business or activity to which this form relates GENERAL DEPRECIATION	Identifying number 13-1673104
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Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	\$ 125,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	\$ 500,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
6			
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 .▶	13		

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	367,193

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here▶		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Non-Res Prop Type 1 count 0 Non-Res Prop Type 2 count 0 Non-Res Prop Totals count 0

Part IV Summary (see instructions)

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	367,193
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?						Yes No			24b If "Yes," is the evidence written?			Yes No		
(a) Type of property (list vehicles first)		(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)		(f) Recovery period	(g) Method/ Convention		(h) Depreciation/ deduction		(i) Elected section 179 cost		
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25						
26 Property used more than 50% in a qualified business use														
			%											
			%											
			%											
27 Property used 50% or less in a qualified business use														
			%				S/L -							
			%				S/L -							
			%				S/L -							
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1								28						
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1										29				

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

30 Total business/investment miles driven during the year (do not include commuting miles)			(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year														
32 Total other personal(noncommuting) miles driven														
33 Total miles driven during the year Add lines 30 through 32														
34 Was the vehicle available for personal use during off-duty hours?			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?														
36 Is another vehicle available for personal use?														

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?											Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners												
39 Do you treat all use of vehicles by employees as personal use?												
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?												
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)												
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles												

Part VI Amortization

(a) Description of costs		(b) Date amortization begins	(c) Amortizable amount		(d) Code section	(e) A mortization period or percentage		(f) A mortization for this year	
42 A mortization of costs that begins during your 2009 tax year (see instructions)									
43 A mortization of costs that began before your 2009 tax year						43			
44 Total. Add amounts in column (f) See the instructions for where to report						44			