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Department of the Treasury

## 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)

OMB No 1545-0047

Open to Public

▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection Internal Revenue Service A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010 D Employer identification number B Check if applicable Please PKD FOUNDATION use IRS label or Address change 43-1266906 Doina Business As E Telephone number print or type. See Name change (816) 931-2600 Specific Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite 8330 WARD PARKWAY No 510 Instruc-G Gross receipts \$ 8,973,488 Terminated tions. City or town, state or country, and ZIP + 4 KANSAS CITY, MO 64114 Amended return Application pending Name and address of principal officer Is this a group return for DAN LARSON affiliates? 8330 WARD PARKWAY No 510 KANSAS CITY, MO 64114 H(b) Are all affiliates included? If "No," attach a list (see instructions) Tax-exempt status Group exemption number 🕨 **Website: ►** www.pkdcure.org K Form of organization 
✓ Corporation 
☐ Trust 
☐ Association 
☐ Other ► L Year of formation 1982 M State of legal domicile MO Briefly describe the organization's mission or most significant activities PROMOTE RESEARCH TO FIND A CURE FOR PKD AND IMPROVING THE CARE AND TREATMENT OF THOSE IT AFFECTS Activities & Governance Check this box 📂 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . 17 Number of independent voting members of the governing body (Part VI, line 1b) . . . . 71 Total number of employees (Part V, line 2a) . 467 Total number of volunteers (estimate if necessary) . Total gross unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 8,359,686 8 Contributions and grants (Part VIII, line 1h) . 6,933,636 Program service revenue (Part VIII, line 2g) . 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) -17,126 -4,213 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 38,805 11 54,978 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 8,394,278 6,971,488 359,871 13 1,700,630 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5 Expenses 4,038,138 3,920,834 16a Professional fundraising fees (Part IX, column (A), line 11e) . . 0 Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright$  983,700 b 3,955,077 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . 3,781,252 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 9,520,020 8,235,782 Revenue less expenses Subtract line 18 from line 12 . -2,548,532 158,496 (Assets or id Balances **Beginning of Current End of Year** Year 3,964,042 20 3,962,581 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 1,405,180 1,248,145 Net assets or fund balances Subtract line 21 from line 20 22 2,557,401 2,715,897 Part II Signature Block 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 Sian 2010-11-01 Signature of officer Here DAN LARSON PRESIDENT & CEO Type or print name and title Date Check if Preparer's identifying number Preparer's Jo A Evberg CPA (see instructions) Paid empolyed 🕨 🦵 Preparer's Firm's name (or yours Clifton Gunderson LLP EIN ▶ if self-employed), **Use Only** address, and ZIP + 4 2301 Village Drive Phone no (816) 232-8441 St Joseph, MO 64506

May the IRS discuss this return with the preparer shown above? (see instructions) . . .

Form **990** (2009)

#### Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

PROMOTE PROGRAMS OF RESEARCH, ADVOCACY, EDUCATION, SUPPORT AND AWARENESS IN ORDER TO DISCOVER TREATMENTS AND A CURE FOR POLYCYSTIC KIDNEY DISEASE AND IMPROVE THE LIVES OF ALL IT AFFECTS

(Expenses \$	ıncl	uding grants of	f\$	) (Revenue \$	)
Other program serv	rices (Describe in Sch	edule O )			
a quarterly magazıne, F	PKD Progress, as well as prir	nted and online bo			
(Code	) (Expenses \$	2,926,838	ıncludıng grants of \$	) (Revenue	\$ )
to raise awareness and hosts annually the Natio	funds for PKD Foundation ponal Convention on PKD Th	rograms via even	ts such as the annual Walk t	for PKD, which involves thous	ands of families The Foundation also
(Code	) (Expenses \$	2,320,798	ıncludıng grants of \$	) (Revenue	<b>\$</b> )
(Code	) (Expenses \$	1,073,550	ıncludıng grants of \$	359,871 ) (Revenue	\$ )
Section 501(c)(3) ai	nd 501(c)(4) organızat	ions and section	on 4947(a)(1) trusts a	re required to report the	•
If "Yes," describe the	ese changes on Sched	ule O			
_	- · · · · · · · · · · · · · · · · · · ·	nake sıgnıfıcar • • •	t changes in how it cor	nducts, any program	┌ Yes ┌ No
If "Yes," describe the	ese new services on So	hedule O			
_	• •	ant program se	rvices during the year	which were not listed on	┌ Yes ┌ No
_	the prior Form 990 of If "Yes," describe the Did the organization services? If "Yes," describe the Describe the exempt Section 501(c)(3) and allocations to others  (Code The Foundation peer research, an autosomal database  (Code The Foundation provide to raise awareness and hosts annually the Natic year and learn more ab  (Code The Foundation raises a quarterly magazine, Fwww pkdcure org, www.	the prior Form 990 or 990-EZ?	the prior Form 990 or 990-EZ?	the prior Form 990 or 990-EZ?	If "Yes," describe these new services on Schedule O  Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O  Describe the exempt purpose achievements for each of the organization's three largest program services Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the allocations to others, the total expenses, and revenue, if any, for each program service reported  (Code ) (Expenses \$ 1,073,550 including grants of \$ 359,871) (Revenue The Foundation peer reviews and funds vital PKD research projects, including grants and fellowships, international conferences research, an autosomal dominant polycystic kidney disease (ADPKD) gene mutation registry, and an autosomal recessive poly database  (Code ) (Expenses \$ 2,320,798 including grants of \$ ) (Revenue The Foundation provides education and support for patients, family and friends through 61 volunteer-led Chapters in cities acro to raise awareness and funds for PKD Foundation programs via events such as the annual Walk for PKD, which involves thous hosts annually the National Convention on PKD. The convention is the only opportunity, worldwide, for patients and medical pyear and learn more about PKD  (Code ) (Expenses \$ 2,926,838 including grants of \$ ) (Revenue The Foundation raises awareness of PKD through national, regional and local public relations, marketing and advertising, and a quarterly magazine, PKD Progress, as well as printed and online books, informational brochures, webinars, a free monthly el www pkdcure org, www hopesquare org, and www kidneyLINK org

Part TV	Checklist	of Requir	ed Sche	dules
4: I L T L T	CHECKHSL	UI KEYUII	eu Stile	uuies

			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	Yes	
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? <i>If "Yes," complete Schedule D, Part II</i>	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		No
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, line10? 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	Yes	
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	ĺ		Į.
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		N o
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
	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? <i>If "Yes," complete Schedule F, Part II</i>	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 ? <i>If "Yes," complete Schedule F, Part III</i>	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		No
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		No
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

Par	t 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? If "Yes," complete Schedule I, Parts I and II	21	Yes	
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? If "Yes," complete Schedule I, Parts I and III	22		No
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? If "Yes," complete Schedule J	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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
Ь	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? If "Yes," complete Schedule L, Part $I$	25a		Νο
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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
	<i>IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes,"</i> complete Schedule L, Part IV	28b		No
С	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? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		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? If "Yes," complete Schedule R, Part VI	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	
		F	orm <b>99</b> 0	(2009)

Part V	Statements	Regarding	Other '	TRS Filing	s and Tax	Compliance
	Statements	itegai ailig	Othici .	±11.0 i 1111119.	S and na	Compilation

			Yes	No
la	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1</b> c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  Statements filed for the calendar year ending with or within the year covered by this return			
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)	2b		Νο
Ba	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Νο
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
la	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		Νο
Ь	If "Yes," enter the name of the foreign country ►			
a	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		Νo
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		
a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
	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	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
	file Form 8282?	7с		Νo
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
1	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> 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		
	Sponsoring organizations maintaining donor advised funds.			
а	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		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
Ь	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ь	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year   120			

8330 WARD PARKWAY STE 510 KANSAS CITY, MO 64114

(816) 931-2600

**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.

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a	Enter the number of voting members of the governing body 1a 17			
b	Enter the number of voting members that are independent 15	.		
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		Νo
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		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	Yes	
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		Νο
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	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		Νo
	ction B. Policies (This Section B requests information about policies not required by the Internal			
ке	venue Code.)		Yes	No
102	Does the organization have local chapters, branches, or affiliates?	10a	Yes	140
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	104	163	
	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		163	
_	Independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	15a	Yes	
	Other officers or key employees of the organization	15a 15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions )	130	163	
	11 Tes to fine a of 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	Yes	
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		Νo
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
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 of windows 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	ne orga	nızatıor	n 🕨
	RAY SMITH			

# Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did i	not compen	sate any	y curi	rent	or fo	rmer	ffice	r, dırector, trustee	or key employee	
<b>(A)</b> Name and Title	(B) Average hours	Posi t	<b>(C</b> tion ( hat a	ched	ckal )	I		( <b>D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
See add'l data										

	1b Total	. ►	669,202	0	164,:
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►5

			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee			
	on line 1a? If "Yes," complete Schedule J for such individual	3		Νo
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	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) (B) Name and business address Description of services								
ITX CORP 1169 PITTSFORD-VICTOR RD STE100 PITTSFORD, NY 14534	WEBSITE DEVELOPMENT AND SERVER MANAGEMEN	821,444						
VOLTAGE CREATIVE 524 WALNUT STE 220 KANSAS CITY, MO 64106	GRAPHIC DESIGN AND SEARCH ENGINE OPTIMIZ	325,893						
EVENTWORKS LLC 629 FIFTH AVE STE 155 PELHAM, NY 10803	EVENT MANAGEMENT	254,682						
AXELA GOVERNMENT RELATIONS LLC 575 SEVENTH ST NW WASHINGTON, DC 20004	GOVERNMENT AND PUBLIC RELATIONS	160,500						
KIM KAISER AND ASSOCIATES 3820 W CLAY HOUSTON, TX 77019	PHARMACEUTICAL RELATIONS	138,798						
2 Total number of independent contractors (including but not limited to those listed above) \$100,000 in compensation from the organization ►5	) who received more than							

Page 8

Form 99			f Davisson					Page <b>9</b>
Part v		Statement o	r kevenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514
nts ots	1a	Federated camp	paigns 1a					
Jrai our	ь	Membership du	es <b>1b</b>					
s,ç a⊪ç	С	Fundraising eve	ents 1c					
gitt Iar	d	Related organiz	ations 1d					
ıs, ç imij	e	Government grants	s (contributions) <b>1e</b>					
ntion er s	f	All other contribution	ons, gifts, grants, and <b>1f</b>	8,359,686				
Contributions, gifts, grants and other similar amounts	g		butions included in					
호		· <del>-</del>	96,032 ————————————————————————————————————					
<u>⊽≅</u>	h	Total. Add lines	s 1a-1f		8,359,686			
<u> </u>				Business Code				
Program Service Revenue	2a							
<u>æ</u>	b							
ACe	C							
Ser	d							
E	e							
aBo	f	All other progra	ım service revenue					
<u>Ā</u>	g	Total. Add lines	3 2a-2f					
	3	Investment inc	ome (including dividen	ds, interest				
			ar amounts)		365			365
	4		tment of tax-exempt bond	oroceeds •				
	5	Royalties	(·) Pool	(u) Derecept				
	6a	Gross Rents	(ı) Real	(II) Personal				
	ь	Less rental						
	c	expenses Rental income						
		or (loss)						
	d	Net rental incor	me or (loss)  (i) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	571,686	(ii) o thei				
	ь	Less cost or other basis and	573,351	2,913				
		sales expenses	4.665	2.042				
	C	Gain or (loss)	-1,665	-2,913 •••	-4,578	-4,578		
	d 8a	Gross income fi	s)		1,370	1,370		
Other Revenue		events (not incl	luding  reported on line 1c)					
Ε. CC		· • · • · • · • · · · · · · · · · ·	a a					
ih e	ь	Less direct expenses b						
ō	С	Net income or (	loss) from fundraising	events 🗠				
	9a	Gross income fi See Part IV, lin	rom gaming activities e 19 <b>a</b>					
	b c		penses <b>b</b> loss) from gaming activ	/Ities •				
	10a	Gross sales of returns and allo	inventory, less owances .					
	h	loco orași d	a and sold	8,358				
	b c		oods sold <b>b</b> loss) from sales of inve	2,946	5,412	5,412		
		Miscellaneous		Business Code	, -	, -		
	11a	Miscellaneousi	ıncome	900,099	20,275	20,275		
	b	Annual confere	-	900,099	11,269	11,269		
	С	Sale of merchan		900,099	1,849	1,849		
	d	All other revenu						
	e	Total. Add lines	s 11a-11d		33,393			
	12	Total revenue.	See Instructions	•	8,394,278	34,227	0	365

	990 (2009)				Page <b>10</b>
Par	t IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations m Il other organizations must complete column (A) but are not required to			(D)	
Do no	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	359,871	359,871	3	
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	,			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	422,618	283,986	63,393	75,239
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages	2,541,458	1,629,359	455,273	456,826
8	Pension plan contributions (include section 401(k) and section			133,2.3	,,,,,
•	403(b) employer contributions)	156,641	80,719	36,384	39,538
9	Other employee benefits	590,364	320,187	128,742	141,435
10	Payroll taxes	209,753	112,571	46,366	50,816
11	Fees for services (non-employees)				
а	Management				
ь	Legal	48,984	43,471	1,721	3,792
с	Accounting	23,400	,	23,400	·
d	Lobbying	269,300	269,300	,	
e	Professional fundraising See Part IV, line 17	,	,		
f	Investment management fees				
g	Other	1,117,035	1,048,450	18,485	50,100
12	Advertising and promotion	143,325		10,103	30,100
13	Office expenses	545,781	472,801	15,067	57,913
14	Information technology	70,376	44,797	16,900	8,679
15	Royalties	70,370	44,737	10,500	
16	·	122.627	70.012	20.100	14.420
	Occupancy	122,637	78,012	30,186	14,439
17 18	Travel	390,902	340,321	11,686	38,895
19	Conferences, conventions, and meetings	229,023	228,076	939	8
20	Interest	223,023	220,070	333	
21	Payments to affiliates				_
22	Depreciation, depletion, and amortization	363,190	329,648	8,581	24,961
23	Insurance	18,380	14,826	1,721	1,833
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)	10,300	14,020	1,/21	1,033
а	DEVELOPMENT ACTIVITIES	500,146	500,146		
ь Б		68,361	300,110	68,361	_
c	DUES, FEES, MEMBERSHIPS	43,570	20,653	3,691	19,226
	A WARDS	661	661	3,331	13,223
e		6	6		
f	All other expenses	<del> </del>	<u> </u>		
25	Total functional expenses. Add lines 1 through 24f	8,235,782	6,321,186	930,896	983,700
26	Joint costs. Check here ►  If following SOP 98-2	0,233,782	0,321,186	930,090	903,700
<b>2</b> 0	Complete this line only if the organization reported in column (B) joint costs from a combined educational	3 115 031		1 225 722	000 200
	campaign and fundraising solicitation	2,115,021	0	1,225,722	889,299

Parit X Balance Sheet (A) (B) Beginning of year End of year 156.752 142.445 1 1 Cash—non-interest-bearing . . . . . . . . . . . . 2 2 Savings and temporary cash investments . . . . . . 2,971,137 3 2,697,552 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 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 6 Notes and loans receivable, net . . . . . 7.851 7 93,678 25,717 Inventories for sale or use . . . . . . 28,663 75,049 87,539 9 289.066 10a Land, buildings, and equipment cost or other basis Complete 10a Part VI of Schedule D 718,398 **10c** 10b 217.858 71.208 b Less accumulated depreciation . . . . 11 11 2,731 12 157,672 12 Investments—other securities See Part IV, line 11 . . . . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 2.000 15 15 688.231 16 3,962,581 16 3,964,042 **Total assets.** Add lines 1 through 15 (must equal line 34) . . . 733.096 17 654.959 17 Accounts payable and accrued expenses . 594,898 216,000 18 18 27,186 19 27,186 19 20 20 Liabilities 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 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 50,000 24 Unsecured notes and loans payable to unrelated third parties . . . . 24 350,000 25 Other liabilities Complete Part X of Schedule D . . . . . 25 26 **Total liabilities.** Add lines 17 through 25 . . . . . 1,405,180 26 1,248,145 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. -109,106 -578.783 27 Unrestricted net assets . . . . 27 28 2.666.507 28 3.294.680 Temporarily restricted net assets . . . . . Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances . . . . 2,557,401 33 33 2,715,897 34 Total liabilities and net assets/fund balances . . . . . 3.962.581 3.964.042 34

## Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b	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	2c	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			
3а	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?	3a		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	3b		

Form **990** (2009)

### OMB No 1545-0047

**SCHEDULE A** (Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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

**Public Charity Status and Public Support** 

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

Inspection Employer identification number

PKD FOUNDATION 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) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 7 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete Part II ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 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 c Type III - Functionally integrated Type III - Other Type I **b** Type II 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) 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 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) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see	(iv)  Is the organization in col (i) listed in your governing document?		organizati col (i) of	(v)  Did you notify the organization in organiz col (i) of your col (i) o support? in the		on in anized	(vii) A mount of support?
		instructions))	Yes	No	Yes	No	Yes	No	
Total									

# 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.)

<u> </u>	ection A. Public Support	ou checkeu the	DOX OII IIIle 3, A	, or o or Part I	.)							
	endar year (or fiscal year beginning	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2	000	<b>(f)</b> Total				
	ın)	(a) 2005	( <b>b)</b> 2000	(6) 2007	( <b>d)</b> 2008	(e) 2	009	(1) 1 otal				
1	Gifts, grants, contributions, and membership fees received (Do not											
	include any "unusual	3,272,03	2 11,278,421	8,537,192	6,933,636	8	,359,686	38,380,967				
	grants ")											
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	<b>Total.</b> Add lines 1 through 3	3,272,03	2 11,278,421	8,537,192	6,933,636	8	,359,686	38,380,967				
5	The portion of total contributions											
	by each person (other than a governmental unit or publicly											
	supported organization) included							2,466,718				
	on line 1 that exceeds 2% of the							, ,				
	amount shown on line 11, column											
	(f)											
6	Public Support. Subtract line 5							35,914,249				
<u> </u>	from line 4 ection B. Total Support											
	endar year (or fiscal year	(-) 200F	(h) 2006	(-) 2007	(4) 2000	(-) 20	\ <u>\</u>	/6) Takal				
	beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 20	109	<b>(f)</b> Total				
7	A mounts from line 4	3,272,032	139,900	8,537,192	6,933,636	8,359,686		8,359,686		8,359,686		38,380,967
8	Gross income from interest,											
	dividends, payments received on	57,035	139,900	115,304	4,735	365		317,339				
	securities loans, rents, royalties and income from similar	37,033	139,900	113,304	4,733	303		317,339				
	sources											
9	Net income from unrelated											
	business activities, whether or											
	not the business is regularly											
	carried on											
10	Other income (Explain in Part IV ) Do not include gain or loss	52,208	65,276	92,860	65,914		41,751	318,009				
	from the sale of capital assets	<i>'</i>	,	<i>'</i>	<i>'</i>		´	,				
11	Total support (Add lines 7							39,016,315				
	through 10)											
12	Gross receipts from related activit	ies, etc (See ins	tructions )			12						
13	First Five Years If the Form 990 is	for the organizat	ion's first, second	thırd, fourth, or fı	fth tax year as a !	501(c)(3	3) organız					
	check this box and <b>stop here</b>							<b>►</b>				
S	ection C. Computation of Pu	blic Support F	Percentage									
14	Public Support Percentage for 200			11 column (f))		14		92 050 %				
15	Public Support Percentage for 200	8 Schedule A, Pa	ırt II, lıne 14			15		89 850 %				
16a	33 1/3% support test—2009. If the			on line 13, and li	ine 14 is 33 1/3%		. check t					
	and <b>stop here.</b> The organization qu	_		,			,	<b>▶</b>  ✓				
b	<b>33 1/3% support test—2008.</b> If the				a, and line 15 is 3	3 1/3%	or more,					
4	box and <b>stop here.</b> The organizatio				. 12 16 166			▶				
L/a	10%-facts-and-circumstances test is 10% or more, and if the organization											
	in Part IV how the organization me							:ed				
	organization				,		, re-	<b>▶</b> □				
b	10%-facts-and-circumstances test	_										
	15 is 10% or more, and if the orga											
	Explain in Part IV how the organization	ition meets the "I	acts and circumst	ances" test The	organization qual	iries as a	publicly	<b>►</b> □				
18	Private Foundation If the organization	tion did not check	c a box on line 13.	16a, 16b. 17a or	17b, check this l	box and	see	F1				
-	instructions			-, , 3 01	_,			<b>▶</b> □				

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

	(Complete only if you	cnecked the	box on line 9 o	r Part I.)			
	ction A. Public Support				1	T	ı
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	( <b>d)</b> 2008	(e) 2009	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
_	include any "unusual grants ")						
2	Gross receipts from admissions, merchandise sold or services						
	performed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt						
3	purpose Gross receipts from activities that				+		
3	are not an unrelated trade or						
	business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either						
	paid to or expended on its behalf						
5	The value of services or facilities						
_	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5				-		
7a	A mounts included on lines 1, 2, and 3 received from disqualified						
	persons				1		
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed						
	the greater of \$5,000 or 1% of the amount on line 13 for the year						
с	Add lines 7a and 7b						
8	Public Support (Subtract line 7c						
	from line 6 )						
	ction B. Total Support		1			1	Γ
Cale	ndar year (or fiscal year beginning in)	(a) 2005	<b>(b)</b> 2006	<b>(c)</b> 2007	( <b>d)</b> 2008	(e) 2009	(f) Total
9	A mounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
ь	Unrelated business taxable						
	ıncome (less section 511 taxes)						
	from businesses acquired after						
_	June 30, 1975 Add lines 10a and 10b						
c 11	Net income from unrelated						
11	business activities not included						
	ın lıne 10b, whether or not the						
	business is regularly carried on						
12	Other income Do not include gain or loss from the sale of						
	capital assets (Explain in Part						
	IV)						
13	Total support (Add lines 9, 10c,						
14	11 and 12 ) First Five Years If the Form 990 is for	or the organizat	lon's first, second	L third fourth or	l fifth tax vear as a	1 a 501(c)(3) organ	l uzation
	check this box and <b>stop here</b>	or the organizat		., 4,	men tax your as t	(c)(c) c.gu.	<b>▶</b> ┌
	ction C. Computation of Publ						
15	Public Support Percentage for 2009	(line 8 column	(f) divided by line	13 column (f))		15	
16	Public support percentage from 200	8 Schedule A , F	art III, line 15			16	
Se	ction D. Computation of Inve	stment Inco	ome Percenta	ge			
17	Investment income percentage for 2	<b>009</b> (line 10c c	olumn (f) dıvıded	by line 13 columi	n (f))	17	
18	Investment income percentage from	<b>2008</b> Schedule	A, Part III, line 1	L 7		18	
19a	33 1/3% support tests—2009. If the	organization di	d not check the b	ox on line 14, and	d line 15 is more	than 33 1/3% and	d line 17 is not
	more than 33 1/3%, check this box a	ind <b>stop here.</b> T					
L	organization 33 1/3% support tests—2008. If the	► C	d not chack - h	on line 14 amilion	100 and line 4	5 ic mara +ha= 22	1/20/2 and line
b	שר בו בע suppoit tests—zouo. If the	organization (I	и посепеска вох	OILLINE TH OLINE	= ⊥⊃a, anu nne 1(	us more man 33	1/370 and ine

18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **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

Schedule A (Form 990 or 990-EZ) 2009

DLN: 93493307007260

OMB No 1545-0047

### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

**Political Campaign and Lobbying Activities** 

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

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),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C

<ul><li>Se</li></ul>	ection 501(c) (other than section 5	01(c)(3)) organizations Complete P	arts I-A and C belo	w Donot.completePartl-	В
	ection 527 organizations Complete	-			
	_	s," to Form 990, Part IV, Line 4, c	•	•	•
	, , , ,	t have filed Form 5768 (election unde	, ,,	•	•
	. , . ,	t have NOT filed Form 5768 (election			•
	e organization answered "Ye ection 501(c)(4), (5), or (6) organi	s," to Form 990, Part IV, Line 5 (F	roxy (ax) or For	m 990-E∠, line 35a (reg	arding proxy tax), then
	ime of the organization	zations Complete Part III		Employer id	lentification number
	D FOUNDATION			Limpioyeria	chemication number
				43-126690	
Par	t I-A Complete if the or	ganization is exempt unde	r section 501(	c) or is a section 52	27 organization.
1	Provide a description of the org	ganızatıon's dırect and ındırect polı	tıcal campaıgn act	tivities in Part IV	
2	Political expenditures			▶	\$
3	V olunteer hours				
Pai	t I-B Complete if the or	ganization is exempt under	r section 501(	c)(3).	
1	Enter the amount of any excise	e tax incurred by the organization u	nder section 4955	5	\$
2	Enter the amount of any excise	e tax incurred by organization mana	gers under sectio	n 4955 🕨	\$
3	If the organization incurred a s	ection 4955 tax, did it file Form 47	20 for this year?		┌ Yes ┌ No
4a	Was a correction made?				┌ Yes
b	If "Yes," describe in Part IV				
Par	rt I-C Complete if the or	ganization is exempt unde	r section 501(	c) except section 5	01(c)(3).
1	Enter the amount directly expe	ended by the filing organization for s	ection 527 exemp	pt function activities 🕨	\$
2	Enter the amount of the filing o	rganization's funds contributed to	other organizations	s for section 527	
	exempt funtion activities			•	\$
3	Total exempt function expendi	tures Add lines 1 and 2 Enter here	and on Form 112	0-POL, line 17b ►	\$
4	Did the filing organization file <b>F</b>	Form 1120-POL for this year?			☐ Yes ☐ No
5	were made For each organizat contributions received that we	nd employer identification number ( ion listed, enter the amount paid fro re promptly and directly delivered t iittee (PAC) If additional space is	om the filing organ o a separate politi	ızatıon's funds Also ente ıcal organızatıon, such as	r the amount of political
	(a) Name	( <b>b)</b> Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter - (	contributions received

e Grassroots ceiling amount (150% of line 2d, column (e))

**f** Grassroots lobbying expenditures

Pa	Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).									
	Check   If the filing organization belongs to a Check   If the filing organization checked box		d" provisions apply	,						
<u> </u>	Limits on Lobbying E  (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals				
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)							
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)							
c	Total lobbying expenditures (add lines 1a and 18	b)								
d	Other exempt purpose expenditures									
e	Total exempt purpose expenditures (add lines 1									
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both							
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir								
	Over \$500,000 but not over \$1,000,000	0								
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	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 lin									
h	Subtract line 1g from line 1a If zero or less, enter	er -0-								
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -								
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No				
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five				
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı				
	Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	<b>(c)</b> 2008	( <b>d)</b> 2009	<b>(e)</b> Total				
2a	Lobbying non-taxable amount									
b	Lobbying ceiling amount (150% of line 2a, column(e))									
c	Total lobbying expenditures									
d	Grassroots non-taxable amount									

		ganization is exempt under s	section 501(c)(3) and has I	NOT fi	led F	orm		age <u>3</u> 3
	(election under se	ction 501(h)).		(;	a)	Τ	(b)	
				Yes	No	,	moun	ıt
1		ınızatıon attempt to ınfluence foreıgn,	•					
	legislation, including any attempt through the use of	to influence public opinion on a legis	ative matter or referendum,					
а	Volunteers?				Νo			
b	Paid staff or management (include	e compensation in expenses reported	on lines 1c through 1i)?		Νo			
С	Media advertisements?				Νo			
d	Mailings to members, legislators,	or the public?			Νo			
е	Publications, or published or broad	dcast statements?			Νo			
f	Grants to other organizations for l	obbying purposes?			Νo			
g	Direct contact with legislators, the	eır staffs, government officials, or a le	egislative body?	Yes			28	34,852
h	Rallies, demonstrations, seminars	s, conventions, speeches, lectures, o	rany sımılar means?		Νo			
i	Other activities? If "Yes," describ	pe in Part IV			Νo			
j	Total lines 1c through 1:				•		28	34,852
2a	Did the activities in line 1 cause t	he organization to be not described i	n section 501(c)(3)?		Νo			
b	If "Yes," enter the amount of any	tax incurred under section 4912						
С	If "Yes," enter the amount of any	tax incurred by organization manager	s under section 4912					
d	If the filing organization incurred a	a section 4912 tax, did it file Form 47	'20 for this year?					
Par	t III-A Complete if the org 501(c)(6).	ganization is exempt under s	section 501(c)(4), section !	501(c	)(5), (	or se		
	Ware substantially all (00% or mo	ore) dues received nondeductible by i	mambara?			1	Yes	No
1	· · ·	·			F			
2	- · · · · · · · · · · · · · · · · · · ·	-house lobbying expenditures of \$2,0			-	2		
3		yover lobbying and political expendit		-04/-		3		
zar		ganization is exempt under s Part III-A, lines 1 and 2 are					ectio	n
1	Dues, assessments and similar ar	mounts from members		1				
2	Section 162(e) non-deductible lot expenses for which the section 52	bbying and political expenditures (do 27(f) tax was paid).	not include amounts of political					
а	Current year			2a				
b	Carryover from last year			2b				
c	Total			2c				
3	Aggregate amount reported in sec	tion 6033(e)(1)(A) notices of nonde	ductible section 162(e) dues	3				
4		int on line 2c exceeds the amount on rryover to the reasonable estimate of						
	political expenditure next year?	•	· <del>-</del>	4				
5	Taxable amount of lobbying and p	olitical expenditures (see instruction	s)	5				
Pā	rt IV Supplemental Info	rmation						
	mplete this part to provide the desc o, complete this part for any addition	criptions required for Part I-A, line 1, onal information	Part I-B, line 4, Part I-C, line 5, an	d Part	II-B, lın	e 1ı		
	Ident if ier	Return Reference	Explana	tion				

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DLN: 93493307007260

OMB No 1545-0047

Open to Public Inspection

## **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

## **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.

Name of the organization **Employer identification number** PKD FOUNDATION 43-1266906 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" to Form 9	(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)				
1	Aggregate value at end of year				
;	Did the organization inform all donors and donor adv funds are the organization's property, subject to the		nor adv	ısed	□ Yes □ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be conferring impermissible private benefit	d donor advisors in writing that grant fund nefit of the donor or donor advisor, or for a	any othe	er purpose	┌ Yes ┌ No
Pai	t II Conservation Easements. Complete	e if the organization answered "Yes"	to Fori	n 990, Part :	IV, line 7.
1 2	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat  Preservation of open space  Complete lines 2a-2d if the organization held a qua	tion or pleasure)	ı certifie	d historic stru	•
	easement on the last day of the tax year				
	Total number of concernation occurrents		<u> </u>	Held at th	e End of the Year
а	Total number of conservation easements	_	2a		
b	Total acreage restricted by conservation easement		2b		
C	Number of conservation easements on a certified hi	, ,	2c		
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d		
	Number of conservation easements modified, transf the taxable year ▶	erred, released, extinguished, or termina	ted by t	he organizatio	n during
ļ	Number of states where property subject to conserv	vation easement is located ►			
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds	ng the periodic monitoring, inspection, ha	ndling o	f violations, ar	nd Yes No
5	Staff and volunteer hours devoted to monitoring, ins	pecting and enforcing conservation ease	ments d	luring the year	<u> </u>
7	A mount of expenses incurred in monitoring, inspect	ıng, and enforcıng conservation easemen	ts durın	g the year ► \$	
3	Does each conservation easement reported on line $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	2(d) above satisfy the requirements of se	ection		┌ Yes
9	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of				
	the organization's accounting for conservation ease				
ar	t III Organizations Maintaining Collection Complete if the organization answered	ments ons of Art, Historical Treasures	, or Ot	her Similaı	Assets.
	t IIII Organizations Maintaining Collection	ments  ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8. S 116, not to report in its revenue statem d for public exhibition, education or resea	nent and rch in fu	l balance shee	t works of
	Complete if the organization answered  If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held	ments  ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.  S 116, not to report in its revenue statem d for public exhibition, education or resea nancial statements that describes these S 116, to report in its revenue statement public exhibition, education, or research	nent and rch in fu items and bal	I balance shee Irtherance of p ance sheet wo	t works of oublic service, orks of art,
La	Complete if the organization answered  If the organization elected, as permitted under SFAs art, historical treasures, or other similar assets heliprovide, in Part XIV, the text of the footnote to its fill the organization elected, as permitted under SFAs historical treasures, or other similar assets held for	ments  ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.  S 116, not to report in its revenue statem d for public exhibition, education or resea nancial statements that describes these S 116, to report in its revenue statement public exhibition, education, or research is	nent and rch in fu items and bal	I balance shee urtherance of p ance sheet wo erance of publ	t works of oublic service, orks of art,
1a	Complete if the organization answered  If the organization elected, as permitted under SFA: art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fi  If the organization elected, as permitted under SFA: historical treasures, or other similar assets held for provide the following amounts relating to these item	ments  ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.  S 116, not to report in its revenue statem d for public exhibition, education or resea nancial statements that describes these S 116, to report in its revenue statement public exhibition, education, or research is	nent and rch in fu items and bal	I balance shee urtherance of p ance sheet wo erance of publ	t works of public service, orks of art, ic service,
la	Complete if the organization answered  If the organization elected, as permitted under SFA art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fill the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these item  (i) Revenues included in Form 990, Part VIII, line	ments  ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.  S 116, not to report in its revenue statem d for public exhibition, education or resea nancial statements that describes these S 116, to report in its revenue statement public exhibition, education, or research is  1  torical treasures, or other similar assets	nent and rch in fu items and bal in furth	I balance shee urtherance of p ance sheet wo erance of publ  * \$	t works of public service, orks of art, ic service,
La b	Complete if the organization answered  If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets heliprovide, in Part XIV, the text of the footnote to its fill the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these item  (i) Revenues included in Form 990, Part VIII, line (ii) Assets included in Form 990, Part X  If the organization received or held works of art, his	ments  ons of Art, Historical Treasures, "Yes" to Form 990, Part IV, line 8.  S 116, not to report in its revenue statem d for public exhibition, education or resea nancial statements that describes these S 116, to report in its revenue statement public exhibition, education, or research is  1  torical treasures, or other similar assets	nent and rch in fu items and bal in furth	I balance shee urtherance of p ance sheet wo erance of publ * \$ scial gain, prov	t works of public service, orks of art, ic service,

ar	<b>Titl</b> Organizations Maintaining Co	ollections of Art	t, His	tori	<u>cal Tr</u>	<u>easur</u>	es, or O	the	<u>r Similar</u>	<u>Asse</u>	ts (co	ntınued,
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ie foll	owing t	hat are	a sıgnıfıca	ant u	se of its col	lection	l	
а	Public exhibition		d	Γ	Loan	orexch	ange progr	ams				
b	Scholarly research		e	Γ	Other							
c	Preservation for future generations											
ı	Provide a description of the organization's content XIV	ollections and expla	ıın hov	v the	/ furthe	r the or	ganızatıon	ı's ex	empt purpo	se in		
5	During the year, did the organization solicit assets to be sold to raise funds rather than			,					ılar	Γ,	Yes	┌ No
aı	t IV Escrow and Custodial Arrang						answere	d "Y	es" to Fori	n 990	,	
	Part IV, line 9, or reported an ar											
a	Is the organization an agent, trustee, custoo included on Form 990, Part X?		-			tions or	other ass	ets r	not	Γ.	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	ing ta	able		г	- 1				
							-	_		A mou	nt	
C C	Beginning balance						-	1c				
d	Additions during the year							1d				
e	Distributions during the year						-	1e				
f	Ending balance						L	1f				
3	Did the organization include an amount on F		e 21?							Γ,	Yes	No
	If "Yes," explain the arrangement in Part XI\				1 115 4							
a	rt V Endowment Funds. Complete	If the organizatio		were Prior \			<u>orm 990,</u> Years Back		<b>t IV, line 1</b> Three Years Ba		Eour Vo	ears Back
1	Beginning of year balance	(a) curient rear	(6)	FIIOI	cai	(C) WO	Tears back	(4)	Timee rears be	ick (e)	i our re	ars back
•	Contributions							+		+		
:	Investment earnings or losses											
d	Grants or scholarships											
e	Other expenditures for facilities											
	and programs									4		
f	Administrative expenses											
g	End of year balance											
	Provide the estimated percentage of the year	r end balance held	as									
а	Board designated or quasi-endowment 🕨	%										
b	Permanent endowment 🕨 %	)										
С	Term endowment ► %											
а	Are there endowment funds not in the posse organization by	ssion of the organiz	atıon t	that a	re held	and ad	ministere	d for	the		Yes	No
	(i) unrelated organizations								Г	3a(i)	163	110
	(ii) related organizations								<u> </u>	3a(ii)		
Ь	If "Yes" to 3a(II), are the related organization	ns listed as require	d on S	ched	ule R?				[	3b		
	Describe in Part XIV the intended uses of th											
3	t VI Investments—Land, Building	s, and Equipme	nt. S	<u>ee F</u>	orm 99	90, Pa	rt X, line	10.			ı	
	Description of investment				) Cost or sis (inves		(b)Cost or basis (oth		(c) Accumi deprecia		( <b>d)</b> Bo	ok value
•	Land											
b	Buildings											
С	Leasehold improvements											
	Equipment		•				28	9,066	2	217,858		71,208
e	Other										1	

71,208

	Form 990, Part X, line 12		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value		of valuation year market value
Financial derivatives			
Closely-held equity interests			
O ther			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See	Form 990, Part X, line 1		
(a) Description of investment type	(b) Book value		of valuation year market value
<u> </u>		Cost or ena-of-	year market value
	+		
	+		
	†		
<del></del>			
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III		T	(h) Pook volvo
(a) Descrip	ition		(b) Book value
Deposits LEACE DEPOSITE			2,891
LEASE DEPOSITS			22,589
INTELLECTUAL PROPERTY RIGHTS TO BE TRANSFERRE	<u>=D</u>		662,751
Total. (Column (b) should equal Form 990 Part Y col (B) line 1	5.)		688 231
		<b>F</b>	688,231
Part X Other Liabilities. See Form 990, Part X	(, line 25.		688,231
Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability			688,231
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25.		688,231
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25.		688,231
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25.		688,231
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25.		688,231
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25.		688,231
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25.		688,231
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25.		688,231
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25.	<b>F</b>	688,231
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25.		688,231
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25.		688,231
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25.		688,231
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25.		688,231
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25.		688,231
( ) 5	(, line 25.		688,231
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25.		688,231
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25.		688,231
Part X Other Liabilities. See Form 990, Part X  1 (a) Description of Liability  Federal Income Taxes	(, line 25.		688,231

Par	t XII Reconciliation of Change in Net Assets from Form 990 to Financial Statemer	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	8,394,278
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	8,235,782
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	158,496
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9		9	0
	Total adjustments (net) Add lines 4 - 8	<u> </u>	158,496
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	l .
	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er K	
1	Total revenue, gains, and other support per audited financial statements		8,397,224
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
Ь	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	2,946
3	Subtract line <b>2e</b> from line <b>1</b>	3	8,394,278
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	8,394,278
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	Return
1	Total expenses and losses per audited financial statements	1	8,238,728
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	2,946
3	Subtract line <b>2e</b> from line <b>1</b>	3	8,235,782
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b   4a		
b	Other (Describe in Part XIV) 4b		
с	Add lines <b>4a</b> and <b>4b</b>	4c	0
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	8,235,782
Par	t XIV Supplemental Information		
	uplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa	art IV ,	lines 1b and 2b,
	V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t		

additional information

Ident if ier	Return Reference	Explanat ion
		PART XII LINE 2D AND PART XIII LINE 2D- INVENTORY DECREASE RESULTING IN COST OF SALES OF COOKBOOKS SOLD

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Schedule I (Form 990)

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

OMB No 1545-0047

Employer identification number

43-1266906

2009

DLN: 93493307007260

2003

Department of the Treasury Internal Revenue Service Name of the organization

PKD FOUNDATION

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

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Part I General Inform	ation on Grants a	and Assistance				<u>'</u>	
<ol> <li>Does the organization main the selection criteria used</li> <li>Describe in Part IV the org</li> </ol>	to award the grants or	assistance?					Ves □ ا
Form 990, Part IV	, line 21 for any re	cipient that received	more than \$5,000.	Check this box if no	one recipient rec	rganization answered eived more than \$5,0 · · · · · ·	00. Use
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERNATIONAL PEDIATRIC NEPHROLOGY ASSOCIATION10833 LE CONTE AVENUE 27-066 CHS LOS ANGELES, CA 900951697	133352209	501(C)(3)	50,000				CASH GRANT FOR SCIENTIFIC MEETING
MAYO CLINIC COLLEGE OF MEDICINE200 FIRST ST SW PLUMMER 5 ROCHESTER, MN 55905	416011702	501(C)(3)	212,000				CASH GRANT FOR RESEARCH - VARIOUS PROJECTS
BRANDEIS UNIVERSITY415 SOUTH ST-MS110 WALTHAM, MA 02454	042103552	501(C)(3)	45,000				CASH GRANT FOR RESEARCH
THE PENN STATE UNIVERSITYSUITE 202 JAMES ELLIOTT BUILDING UNIVERSITY PARK, PA 16802	246000376	501(C)(3)	52,000				CASH GRANT FOR RESEARCH
BRIGHAM AND WOMEN'S HOSPITAL75 FRANCIS STREET BOSTON,MA 02115	042312909	501(C)(3)	52,000				CASH GRANT FOR RESEARCH
INDIANA UNIVERSITY SCHOOL OF MEDICINE635 BARNHILL DR INDIANAPOLIS,IN 46202	356001673	501(C)(3)	60,000				CASH GRANT FOR RESEARCH
LESS RETURNED GRANTS FROM PRIOR YEARS			-111,129				VARIOUS CASH GRANTS FROM PRIOR YEARS THAT WERE RETURNED

2	Enter total number of section 501(c)(3) and government organizations	6
3	Enter total number of other organizations	0

Schedule I	(Form 990) 2009
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
	Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV	Supplemental Informa	ation. Complete this part	to provide the information	n required in Part I. line 2.	and any other additional information.

Ident if ier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 All grantees are required to submit an annual research progress report and an annual institutional financial status report

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DLN: 93493307007260

**Employer identification number** 

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

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FKL	TOUNDATION		43-1266906			
Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part III		•			
	First-class or charter travel	Г	Housing allowance or residence for personal use			
	Travel for companions	Г	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Г	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the or reimbursement orprovision of all the expenses desc			1b		
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive			2		
3	Indicate which, if any, of the following the organizationganization's CEO/Executive Director Check all the Compensation committee					
	✓ Independent compensation consultant	⊽	Compensation survey or study			
	Form 990 of other organizations	<u>  -   -   -   -   -   -   -   -   -   -</u>	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, or a related organization	Part VII	I, Section A, line $1  extstyle{a}$ with respect to the filing organization			
а	Receive a severance payment or change-of-control	paymer	nt?	4a	Yes	
Ь	Participate in, or receive payment from, a suppleme	ntal non	qualified retirement plan?	4b		Νo
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and pr					
	Only 501(c)(3) and 501(c)(4) organizations only me	ust comp	plete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, compensation contingent on the revenues of	line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A, compensation contingent on the net earnings of	line 1a,	, did the organization pay or accrue any			
а	The organization?			6a		No
Ь	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes," of			7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in					
	ın Part III			8		Νo
9	If "Yes" to line 8, did the organization also follow th section 53 4958-6(c)?	e rebutt	able presumption procedure described in Regulations	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)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of  (i) Base compensation	W-2 and/or 1099-MI (ii) Bonus & Incentive compensation	SC compensation  (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	( <b>F)</b> Compensation reported in prior Form 990 or Form 990-EZ
	(ı) (ıı)	191,497 0	 0 0	0	13,875	32,727 0	238,099	
	(ı) (ıı)	145,262 0	0	_	10,875 0	28,382 0	184,519 0	92,260 0
LAYTON BOBBI	(ı) (ıı)	131,621 0	0	0	6,584 0	21,278 0	159,483 0	79,7 <b>4</b> 2 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

Ident if ier	Ret urn Ref erence	Explanation
	Part I, Line 4a	BOBBI LAYTON RECEIVED A SEVERENCE PAYMENT OF \$41,250

Schedule J (Form 990) 2009

## OMB No 1545-0047

Open to Public Inspection

### **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

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

**NonCash Contributions** 

Name of the organization PKD FOUNDATION

**Employer identification number** 

43-1266906

Pa	rt I Types of Property						
		(a) Check If applicable	<b>(b)</b> Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of de reven	etermining	
1	Art—Works of art	аррисали					
	Art—Historical treasures .						
	Art—Fractional Interests						
4	Books and publications						
5	Clothing and household						
	goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities—Publicly traded .	Х	12	81,978	faır value		
10	Securities—Closely held stock $\blacksquare$						
11	Securities—Partnership, LLC, or trust interests						
12	Securities—Miscellaneous						
13	Q ualified conservation contribution—Historic structures						
14	Qualified conservation contribution—Other						
15	Real estate—Residential .						
16	Real estate—Commercial						
17	Real estate—Other						
	Collectibles						
19	Food inventory						
20	Drugs and medical supplies .						
	Taxidermy						
	Historical artifacts						
	Scientific specimens						
24	Archeological artifacts						
	EVENT	×	55	116 422	EATD VALUE		
25	Other ► ( <u>SUPPLIES</u> ) INTERNET		55	110,432	FAIR VALUE		
26	Other • (ADVERTISING)	x	1	94,620	FAIR VALUE		
	Other (MISCELLANEOUS)	X	143	i	FAIR VALUE		
28	Other ► ()			,			
29	Number of Forms 8283 received	by the org	anızatıon durıng the tax yea	ar for contributions			
	for which the organization compl				29		
						Yes	No No
30a	During the year, did the organize	ation receiv	e by contribution any prope	rty reported in Part I, lines	1-28 that it		
	must hold for at least three year	s from the o	date of the initial contributi	on, and which is not require	d to be used		
	for exempt purposes for the enti	re holdıng p	eriod?			30a	No
b	If "Yes," describe the arrangem	ent in Part 1	I				
31	Does the organization have a gif	t acceptan	ce policy that requires the i	eview of any non-standard	contributions?	<b>31</b> Yes	<u>;                                    </u>
32a	Does the organization hire or us contributions?	e third part • • •	es or related organizations	to solicit, process, or sell i	non-cash	<b>32a</b> Yes	;
	If "Yes," describe in Part II If the organization did not report	revenues i	n column (c) for a type of p	roperty 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.

Ident if ier	Return Reference	Explanation
Third Party Use	·,	ORGANIZATION UTILIZES ONGOING BANKING RELATIONSHIPS TO MARKET DONATED SECURITIES

Schedule M (Form 990) 2009

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DLN: 93493307007260

SCHEDULE O (Form 990)

**Supplemental Information to Form 990** 

2009

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

• Attach to Form 990.

Open to Public Inspection

		•
Name of the organizati	on	Employer identification number
		43-1266906

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		THE ORGANIZATION UPDATED ITS BY-LAWS DURING THE YEAR
Form 990, Part VI, Section B, line 11		PRIOR TO FILING THE 990 FOR PKD FOUNDATION, A DRAFT COPY WILL BE PROVIDED TO THE BOARD OF TRUSTEES FOR REVIEW AND COMMENT ANY COMMENTS WILL BE ACCUMULATED BY MANAGEMENT AND ADDRESSED ACCORDINGLY
Form 990, Part VI, Section B, line 12c		MEMBERS OF THE BOARD OF TRUSTEES OF PKD FOUNDATION ARE REQUIRED TO SIGN AN ANNUAL STATEMENT DISCLOSING ANY CONFLICTS OF INTEREST
Form 990, Part VI, Section B, line 15		A SALARY SURVEY WAS CONDUCTED BY AN INDEPENDENT CONSULTANT THE SURVEY IS THEN REVIEWED BY THE BOARD OF TRUSTEES UPON THAT REVIEW, SALARIES ARE COMPARED TO THE RANGES RECOMMENDED FOR EACH POSITION FOUNDATION MANAGEMENT THEN ACTS TO ENSURE THAT SALARIES ARE WITHIN APPROPRIATE RANGES
Form 990, Part VI, Section C, line 19		THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON THEIR OWN WEBSITE AND UPON REQUEST
FORM 990, PART XI, LINE 2C	AUDIT RESPONSIBILITY AND SELECTION OF AN INDEPENDENT ACCOUNTANT	THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT THERE HAS BEEN NO CHANGE IN THIS PROCESS FROM THE PRIOR YEAR
FORM 990, PART VII, COMPENSATION		EFFECTIVE JULY 1, 2008 PKD FOUNDATION ENTERED INTO AN AGREEMENT WITH ADMINISTAFF TO HANDLE EMPLOYEE AND PERSONNEL ISSUES EMPLOYEES ARE CONSIDERED TO BE JOINTLY EMPLOYED BY BOTH PKD FOUNDATION AND ADMINISTAFF IN ORDER TO COMPLY WITH TRANSPARENCY DIRECTIVES AS A PART OF THE REFORMATTED 990, THE FOUNDATION HAS DECIDED TO REPORT COMPENSATION IN PART VII TO INCLUDE AMOUNTS PAID AND REPORTED ON W-2'S BY BOTH PKD FOUNDATION AND ADMINISTAFF

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DLN: 93493307007260

**SCHEDULE R** (Form 990)

Department of the Treasury

## **Related Organizations and Unrelated Partnerships**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990. See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization **Employer identification number** PKD FOUNDATION

43-1266906

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

Name, address, and EIN of disregarded entity

(b) Primary activity

(c) Legal domicile (state or foreign country)

Total income

(e) End-of-year assets

(f) Direct controlling entity

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

Legal domicile (state or foreign country)

(d) Exempt Code section

Public charity status (if section 501(c)(3)) Direct controlling entity

PKD THERAPEUTICS

8330 WARD PARKWAY STE 510

SUPPORTING ORGANIZATION

МО

509(A)(3)

PKD FOUNDATION APPLIED FOR

KANSAS CITY, MO 64114 26-3814842

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h Disprop allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	<b>(j)</b> Genera manag partn	al o gıng
							Yes	No		Yes	N
501 TECHNOLOGY LLC											
1169 PITTSFORD VICOTR RD I STE 104 I PITTSFORD, NY14534 27-1743836	RESEARCH AND DEVELOPMENT	NY	ITX CAPITAL CORP			192,877		No			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.)

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

No

No No

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

Pā	art V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36	5.)	
	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes
1 [	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
а	a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a	
b	<b>b</b> Gift, grant, or capital contribution to other organization(s)	<b>1</b> b	
c	c Gift, grant, or capital contribution from other organization(s)	<b>1</b> c	
d	d Loans or loan guarantees to or for other organization(s)	1d	
e	e Loans or loan guarantees by other organization(s)	<b>1e</b>	
f	f Sale of assets to other organization(s)	1f	+
g	g Purchase of assets from other organization(s)	<b>1</b> g	Yes
h	<b>h</b> Exchange of assets	1h	
i	i Lease of facilities, equipment, or other assets to other organization(s)	1i	
j	j Lease of facilities, equipment, or other assets from other organization(s)	1j	+-
k	k Performance of services or membership or fundraising solicitations for other organization(s)	1k	
ı	Performance of services or membership or fundraising solicitations by other organization(s)	11	
n	m Sharing of facilities, equipment, mailing lists, or other assets	1m	ī
n	n Sharing of paid employees	1n	
o	o Reimbursement paid to other organization for expenses	10	
p	p Reimbursement paid by other organization for expenses	1р	

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

2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered re	lationships and transaction thres	holds
	(a) Name of other organization	<b>(b)</b> Transaction type(a-r)	(c) Amount involved
<b>(1)</b> 5	501 TECHNOLOGY LLC	G	732 339

G

**1**q

(1) See Additional Data Table

**q** O ther transfer of cash or property to other organization(s)

732,339

(2)

(3)

(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?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No

# Software ID: Software Version:

**EIN:** 43-1266906

Name: PKD FOUNDATION

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

Compensated Employees, and Independent Contractors											
<b>(A)</b> Name and Title	(B) Average hours	Posi t	tion ( hat a	ched	)			( <b>D)</b> Reportable compensation from the	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee		Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
BRAZELL BILL	·	Х				,	,	0	0	0	
DIRECTOR CHAPMAN JOHN		V						0	0	0	
TREASURER		X						U	0	Ü	
CONDELLA FRANK DIRECTOR		Χ						0	0	0	
COWLEY BEN MD DIRECTOR		X						0	0	0	
FLESCH BILL DIRECTOR		X						0	0	0	
GOODMAN SCOTT VICE CHAIR & SECRETARY		X						0	0	0	
HAGGARD MICHAEL dIRECTOR		Х						0	0	0	
HAZELWOOD BLAISE DIRECTOR		X						0	0	0	
HUNT WALTER PHD dIRECTOR		Х						0	0	0	
KLINGBEIL JAMES D DIRECTOR		Х						0	0	0	
LIENHARD JEROME T II DIRECTOR		X						0	0	0	
NELSON RICHARD DIRECTOR		X						0	0	0	
PANETTA JILL PHD dIRECTOR		Х						0	0	0	
PARKER STEPHANIE DIRECTOR		X						0	0	0	
PEPPET SCOTT CHAIRMAN		Х						0	0	0	
PERRONE RONALD MD director		Х						0	0	0	
ROBERTS JULIA DIRECTOR		Х						0	0	0	
STEINMAN THEODORE MD DIRECTOR		X						0	0	0	
WAXMAN KARYN DIRECTOR		Х						0	0	0	
WOLFE HILARY DIRECTOR		X						0	0	0	
LARSON DAN PRESIDENT & CEO	40 00			X				191,497	0	46,602	
STONE MARK EXECUTIVE VP & COO	40 00			X				145,262	0	39,257	
FITZGERALD TARA DIRECTOR - CHAPTERS	40 00					Х		93,046	0	362,200	
KAHTAVA KEN DIRECTOR - MARKETING	40 00					X		82,034	12,250	36,276	
LAYTON BOBBI DIRECTOR - DEVELOPMENT	40 00					Х		131,621	0	27,862	

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

<b>(A)</b> Name and Title	(B) Average hours	1	tion ( that a	•		II		<b>(D)</b> Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
ROME LORRAINE DIRECTOR - RESEARCH	40 00	,		·		×	•	100,762	0	24,981
SMITH RAY DIRECTOR - FINANCE	40 00					Х		100,060	0	25,438
SWITZER DAVID DIRECTOR - EDUCATION	40 00					×		84,857	0	34,938

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
DEVELOPMENT ACTIVITIES	500,146	500,146		
Bank Charges	68,361		68,361	
DUES, FEES, MEMBERSHIPS	43,570	20,653	3,691	19,226
A WA RDS	661	661		
Merchandise	6	6		