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11 04

Form 990-EZ

Short Form 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)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form.

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

Department of the Treasury
Internal Revenue Service

OMB No. 1545-1150

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 5/1 , 2010, and ending 4/30 , 20 11

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
KIDNEY AUXILIARY OF PUGET SOUND

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
PO BOX 2803

City or town, state or country, and ZIP + 4
EVERETT, WA 98213-0803

D Employer identification number
91-1348518

E Telephone number
425-259-3132

F Group Exemption Number ▶

G Accounting Method: ☑ Cash ☐ Accrual Other (specify) ▶

H Check ▶ ☑ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶

J Tax-exempt status (check only one) — ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than $50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 104,387

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	21,425
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	49
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less: cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b	82,913	
	c	Less: direct expenses from gaming and fundraising events	6c	33,150	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	49,763
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less: cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	71,237
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	63,448
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	690
	16	Other expenses (describe in Schedule O)		16	703
	17	**Total expenses.** Add lines 10 through 16 ▶		17	64,841
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	6,396
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	59,040
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	65,436

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99 3

Part II Balance Sheets. (see the instructions for Part II.)
Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	59,040	22	65,436
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	59,040	25	65,436
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	59,040	27	65,436

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)
Check if the organization used Schedule O to respond to any question in this Part III . . ☐

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

What is the organization's primary exempt purpose? **PATIENT SUPPORT**
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 THE ORGANIZATION MADE GRANTS TO THE PUGET SOUND KIDNEY CENTER, WHICH PROVIDED FUNDS FOR DIALYSIS TREATMENT AND NEEDS OF ITS PATIENTS.

(Grants $ 63,448) If this amount includes foreign grants, check here . . . . ▶ ☐ **28a** 63,448

29

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **30a**

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐ **31a**

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ **32** 63,448

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)
Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
BARBARA MORGAN 7301 BEVERLY LANE, EVERETT, WA 98203	PRES-4 HOURS	0	0	0
MARGE WRISLEY 4814 BAYVIEW LANE, EVERETT, WA 98203	V-PRES-2.5 HRS	0	0	0
DORIS HUMMEL 2005 MUKILTEO BLVD, EVERETT, WA 98203	REC SECY-4 HRS	0	0	0
DARLENE MANN 727 COLBY AVE, EVERETT, WA 98201	COR SECY-3 HRS	0	0	0
GRACE HANSEN 1415 84TH ST SE #163, EVERETT, WA 98201	TREAS-6 HRS	0	0	0

Part V **Other Information** (Note the statement requirements in the instructions for Part V.)
Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		✓
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b		✓
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		✓
41	List the states with which a copy of this return is filed. ▶ WA			
42a	The organization's books are in care of ▶ GRACE HANSEN Telephone no. ▶ 425-290-9736			
	Located at ▶ 1415 84TH ST SE #163, EVERETT, WA ZIP + 4 ▶ 98208			
b	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)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		✓
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		✓

			Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45		✓
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a		✓
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		✓

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		✓
b	If "Yes," was the related organization a section 527 organization?	49b		✓

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE	0	0	0	0

f Total number of other employees paid over $100,000 . . . . ▶ 0

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
NONE		0

d Total number of other independent contractors each receiving over $100,000 . . ▶ 0

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A . . . . . ▶ ☐ Yes ☐ No

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.

Sign Here

▶ _____ Signature of officer _____ Date

▶ Grace Hansen, Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Don Jonas	D Jonas	11/14/11		
Firm's name ▶ DAVIS & JONAS PS			Firm's EIN ▶	91-1579602
Firm's address ▶ 5023 CLAREMONT WAY, EVERETT, WA 98203			Phone no.	425-259-3132

May the IRS discuss this return with the preparer shown above? See instructions . . . . . ▶ ☐ Yes ☐ No

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
KIDNEY AUXILIARY OF PUGET SOUND	91-1348518

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

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

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

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

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

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

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

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☑ An organization that normally receives: (1) more than 33⅓% 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 33⅓% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

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

a ☐ Type I b ☐ Type II c ☐ Type III–Functionally integrated d ☐ Type III–Other

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

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

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

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the 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)	

h Provide the following information about the supported organization(s).

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual 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 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) . . . . 14 %

15 Public support percentage from 2009 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2009.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20,450	21,625	13,395	24,672	21,425	101,567
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 purpose	81,440	118,908	76,754	95,408	82,913	455,423
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0
6 **Total.** Add lines 1 through 5	101,890	140,533	90,149	120,080	104,338	556,990
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b						0
8 **Public support** (Subtract line 7c from line 6.)						556,990

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	101,890	140,533	90,149	120,080	104,338	556,990
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	372	485	312	413	49	1,631
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	372	485	312	413	49	1,631
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	102,262	141,018	90,461	120,493	104,387	558,621

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	99.71 %
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	99.67 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f))	17	.29 %
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18	.33 %

19a **33 1/3% support tests—2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☑

b **33 1/3% support tests—2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization
KIDNEY AUXILIARY OF PUGET SOUND

Employer identification number
91-1348518

PART I, LINE 10, GRANTS AND SIMILAR AMOUNTS PAID:

PUGET SOUND KIDNEY CENTER

1019 PACIFIC AVENUE

EVERETT, WA 98201

PAYMENT TO AFFILIATE: $63,448

STATE OF WASHINGTON
SECRETARY OF STATE

Charities Program • PO Box 40234 • Olympia, WA 98504-0234
Phone: 360-725-0378 • Web Address: www.sos.wa.gov/charities

This Box For Office Use Only

CHARITABLE ORGANIZATION REGISTRATION / RENEWAL
Including the WA STATE COMBINED FUND DRIVE

Check all that apply

☐ **Initial Registration $60** ☐ **Expedited Service** *(optional)* **$50**

☑ **Renewal $40** ☐ **Re-Registration $60**

☐ **Late Fee $50**

☐ **Washington State Combined Fund Drive No Fee** *(optional filing)*

REGISTRATION NUMBER: *(1-5 digits)* 26178

Need your registration number?
Search http://www.sos.wa.gov/charities/search.aspx

CHARITABLE ORGANIZATION REGISTRATION / RENEWAL – Including THE WA STATE COMBINED FUND DRIVE

GENERAL INFORMATION

Organization's Legal Name KIDNEY AUXILIARY OF PUGET SOUND

Mailing Address Line 1 P O BOX 2803

Mailing Address Line 2 _____

City EVERETT State WA Zip Code 98213 County *(WA only)* SNOHOMISH

Phone ( ) 425-290-9736 Website _____

Email _____

☐ Check here if the organization prefers to receive annual renewal reminders via email *(Email address is required above)*

CHARITABLE ORGANIZATION REGISTRATION/RENEWAL *(Chapter 19.09 RCW)*

A Charitable Organization Registration/Renewal is separate and in addition to any corporate filing requirements. Please complete Sections 1 through 13 and sign page 6 to register with the Charities Program. If you have questions, please contact the Charities Program at (360) 725-0378 during regular business hours.

STREET ADDRESS *(Section 1)*

☐ Check if the Street Address is the same as the Mailing Address

If the organization uses a PMB or PO Box as its Mailing Address, a Street Address is required below.

Street Address *(If none, please indicate by providing City, State, Zip and County only)*

Address 2005 PACIFIC AVE

Address _____

City EVERETT State WA Zip Code 98201 County *(WA only)* SNOHOMISH

Charities Registration Number 26178

ORGANIZATIONAL STRUCTURE *(Section 2)*

☑ WA State Nonprofit Corporation WA State Unified Business Identifier (UBI) *(Nine digits)* 601 - 049 - 859

☐ Foreign Nonprofit Corporation *(Outside WA State)* _____
(State of Formation)

☐ Other

FEDERAL STATUS and TAX INFORMATION *(Section 3)*

1. Federal EIN/Tax ID # *(Nine digits)* 91 - 1348518

2. Did the organization file an IRS Federal return for the most recently completed accounting year?

☑ YES *(Indicate the type of return filed)*

☐ Form 990 ☑ Form 990EZ ☐ Form 990PF ☐ Form 990-N (e-Postcard)

☐ NO *(Check reason)*

☐ Church/ Church Affiliated ☐ Government ☐ Organization Not Tax Exempt

☐ Annual Gross Receipts Less Than $50,000 ☐ Covered Under Group Return

3. Federal Tax Exempt Status *(Check one)* ☑ Yes ☐ No ☐ Applied ☐ Will Apply ☐ Group *(See instructions)*

If Yes, type of IRS Federal exemption *(Check one)* ☑ 501(C) 3 ☐ 501(C) 4 ☐ OTHER _____

If the organization's federal status has changed since its last filing with the Charities Program, a copy of its IRS Determination Letter must be provided. ***(Required)***

4. If exempt from federal tax, but not required to apply for an IRS ruling/determination, check reason below:

☐ Church/church affiliated ☐ Government entity ☐ Annual gross receipts normally $5,000 or less

ALSO KNOWN AS NAMES *(Section 4)*

List any other name**(s)** the organization may use to solicit contributions (AKA's) if different than legal name

_____

_____

BRIEFLY DESCRIBE THE PURPOSE OF THE ORGANIZATION *(100 words or less)* ***(Section 5)***

Fund raising activities/events to support financial needs of kidney dialysis patients of the Puget Sound kidney centers located in Everett, and other Puget Sound locations.

Charities Registration Number 26178

REQUIRED INFORMATION AND ENCLOSURES ***(Section 6)***
New Entities and / or First Time Filers Only

1. If federal tax-exempt status has been granted, attach a copy of the organization's **IRS Determination Letter**
2. **First Accounting Year End Date** ____/____/_____ *(Provide only if organization has not completed its first accounting year)*
(mm/dd/yyyy)

New organizations that have yet to complete their first accounting year, skip sections 7 and 8 and proceed to Section 9

TIP: review the Suggested Guidelines at
www.sos.wa.gov/ assets/charities/SolReportguidelinesfor990990EZ990PF.pdf

SOLICITATION REPORT FOR PRECEDING, COMPLETED ACCOUNTING YEAR ***(Section 7)***
Please complete the financial section below Do not attach a copy of Form 990 in lieu of completing Section 7.

Beginning Date of Last Completed Accounting Year	*(mm/dd/yyyy)* 05/01/2010	
Ending Date of Last Completed Accounting Year	*(mm/dd/yyyy)* 04/30/2011	
ASSETS	1. Beginning Gross Assets	$59,040
REVENUE	2. Gross Dollar Value of All Contributions from Solicitations	$21,425
	3. Gross Dollar Value of Revenue from All Other Sources	+ $82,962
	4. **Total** Dollar Value of Gross Receipts *(sum of lines 2 and 3)*	= $104,387
EXPENSES	5. Gross Dollar Value of Expenditures for Program Services	$63,448
	Note: *Gross Dollar Value of Expenditures for Administration and Fundraising is no longer reported as a separate line item and is included in line 6.*	
	6. **Total** Gross Dollar Value of Program Services, Administration and Fundraising Expenditures	$97,991
ASSETS	7. Ending Gross Assets	$65,436

(OPTIONAL) Solicitation Comments *(If necessary, attach an additional sheet)*

The governing body or committee has reviewed and accepted the financial information provided in Section 7

☑ Yes

Did the organization solicit or collect contributions in WA during the accounting year reported in Section 7?

☒ Yes ☐ No If Yes, indicate the types of solicitations conducted *(Check all that apply)*

☑ Entertainment/Special Events ☐ Telephone ☐ Direct Mail ☐ Product Sale ☐ Personal Contact ☐ Email

☐ Vehicle Donations ☐ Internet ☐ Combined Fund Drive ☐ Other _____

Charities Registration Number 26178

TIERED FINANCIAL REPORTING REQUIREMENTS *(Section 8)*

The organization's annual gross revenue averaged over the last three accounting years is *(Check one)*

☑ **Tier 1**: One (1) Million Dollars or Less

☐ **Tier 2**: Over One (1) Million Dollars and Up To Three (3) Million Dollars. If Tier 2 is checked, the organization must make certain financial information available to the public upon request or accessible to the public on the Internet. *(See instructions)*

☐ **Tier 3**: Over Three (3) Million Dollars. If Tier 3 is checked, the organization must make certain financial information available to the public upon request or accessible to the public on the Internet. *(See instructions)*

FINANCIAL CONTACT PERSON WITH EXPENDITURE AUTHORITY *(Section 9)*

Name Grace Hansen Phone ( ) 425-290-9736

Email

CURRENT OFFICERS OR PERSONS ACCEPTING RESPONSIBILITY FOR THE ORGANIZATION *(Section 10)*

1. Name Barbara Morgan Title Pres

Address 7301 Beverly Lane

City Everett State WA Zip Code 98203

Phone ( ) 425-353-9770 Email

2. Name Doris Hummel Title Rec Sec

Address 2005 Mukilteo Blvd

City Mukilteo State WA Zip Code 98203

Phone ( ) 425-355-2529 Email

3. Name Grace Hansen Title Treas

Address 1415 84th Street SE #163

City Everett State WA Zip Code 98201

Phone ( ) 425-290-9736 Email

4. Name Title

Address

City State Zip Code

Phone ( ) Email

Charities Registration Number 26178

THREE, CURRENT OFFICERS / EMPLOYEES RECEIVING THE GREATEST COMPENSATION *(Section 11)*

Name No Compensation Title _____

Name _____ Title _____

Name _____ Title _____

PERSON OR ENTITY THAT PREPARES, REVIEWS, OR AUDITS FINANCIAL INFORMATION REPORTED IN SECTION 7 *(Section 12)*

Entity Name _____

Name _____ Address _____

City _____ State _____ Zip Code _____

COMMERCIAL FUNDRAISERS *(Section 13)*

Does the organization use one or more commercial fundraisers to solicit contributions in WA? *(Check one)*

☐ Yes *(If Yes, complete the fields below for each contracted and sub-contracted commercial fundraiser. If necessary, attach an additional sheet)*

☑ No

Name of Company _____

Date Contract Begins *(mm/dd/yyyy)* _____ Date Contract Ends *(mm/dd/yyyy)* _____

Contact Name _____ Phone ( ) _____

Address _____ Email _____

City _____ State _____ Zip Code _____

Does the commercial fundraiser have authority to expend funds and / or incur obligations on behalf of the charitable organization? *(Check one)*

☐ Yes ☐ No

ALL SUBMISSIONS ARE SUBJECT TO PUBLIC REVIEW

- **Please sign and date page 6 before placing in the mail!**
- **Make checks payable to the** "*Secretary of State.*"
- **Mail to:** Secretary of State, Charities Program, PO Box 40234, 801 Capitol Way S., Olympia, WA 98504-0234.

Charities Registration Number 26178

COMBINED FUND DRIVE *(Optional) (WAC 357-55)*

The following section is optional and should only be completed if the organization would like to participate in the Combined Fund Drive. The Washington State Combined Fund Drive promotes workplace giving for all state employees. Personnel are encouraged to give to charities through payroll contributions or agency fundraising events. By agreeing to become a member of the Combined Fund Drive and completing the information in the following section, the organization will be provided access to the thousands of potential donors that the Combined Fund Drive has to offer. Any questions should be directed to the Combined Fund Drive at (360) 704-7143 during regular business hours or by email at cfd@sos.wa.gov

PRIMARY CATEGORY OF SERVICE

Please indicate the organization's primary category of service. *(Check up to three)*

☐ A Arts, culture, humanities	☐ I Public Protection: crime/courts/legal services	☐ R Civil rights/civil liberties
☐ B Educational institutions & related activities	☐ J Employment/jobs	☐ S Community improvement/ development
☐ C Environmental quality, protection	☐ K Food, nutrition, agriculture	☐ T Philanthropy & volunteerism
☐ D Animal-related activities	☐ L Housing/shelter	☐ U Science
☐ E Health—general & rehabilitative	☐ M Public safety/disaster preparedness & relief	☐ V Social sciences
☐ F Mental health, crisis intervention	☐ N Recreation, leisure, sports, athletics	☐ W Public affairs/society benefit
☑ G Disease/disorder/medical disciplines (multipurpose)	☐ O Youth development	☐ X Religion/spiritual development
☐ H Medical research	☐ P Human service—other multipurpose	☐ Y Mutual membership benefit organizations
	☐ Q International	☐ Z Unknown, unclassifiable

NOTE: *Purpose codes are adopted from the National Taxonomy of Exempt Organizations (NTEE).*

CERTIFICATION STATEMENT

This organization adheres to generally accepted accounting principles in financial and record-keeping practices.

☑ Yes ☐ No

I certify that the organization named in this application is in compliance with all statutes, Executive Orders and regulations restricting or prohibiting U.S. persons from engaging in transactions and dealings with countries, entities, or individual subject to economic sanctions administered by the U. S. Department of Treasury Office of Foreign Assets Control. The organization named in this application is aware that a list of countries subject to sanctions, a list of Specially Designed nationals and Blocked Persons subject to such sanctions, and overviews and guidelines for each such sanctions program can be found at www.treas.gov/ofac. Should any change in circumstances pertaining to this certification occur at any time, the organization will notify the Washington State Combined Fund Drive Office immediately.

☑ Yes

SIGNATURE *(Required)*

By signing this application, the applicant (a) certifies that the information contained in the registration, and its enclosures, are accurate and true to the best of the applicants knowledge; (b) irrevocably appoints the Secretary of State to receive process (notice of lawsuit) in non-criminal cases against the applicant, and under the conditions set out in RCW 19.09.305; and (c) certifies that neither the organization nor any of its officers, directors, and principals have been convicted of a crime involving charitable solicitations, nor been subject to a permanent injunction or administrative order under the Washington Consumer Protection Act (Chapter 19.86 RCW) in the past 10 years.

X _____ Grace Hansen - Treasurer _____ _____

Signature of Applicant **Printed Name / Title** **Date**

Phone ( ) 425-290-9736 Email _____

*This form must be **signed** and **dated** by the organization's President, Treasurer or a comparable officer.*

Print Form

Taxpayer Identification Number:

XX-XXX8518

Case Reference Number:

9268528796

Penalty and Interest

024663

The penalty and interest charges on your account are explained below. If you want a more detailed explanation of your penalty and interest, please call the telephone number listed on the front of this notice/letter.

Paying Late - Internal Revenue Code Sections 6651(a)(2), a(3) and (d)(1)

We charge a late payment penalty of 1/2 percent of the tax owed for each month or part of a month the tax remains unpaid from the due date, up to a maximum of 25 percent of the tax due. The 1/2 percent increases to 1 percent for each subsequent month or part of a month if the tax remains unpaid 10 days after the IRS issues a notice of intent to levy.

Interest - IRC Section 6601

We charge interest when your tax is not paid on time. Interest is computed from the due date of your return (regardless of extensions) until paid in full. Interest is also charged on penalties for late filing, late payment, over or understating valuations, and substantially understating the tax you owe. Interest compounds daily, except on late or underpaid estimated income taxes for individuals or corporations.

Corporate Interest - We charge additional interest of 2 percent if, according to our records, you didn't make your corporate tax (income, employment, excise, etc.) payment within 30 days after we notified you of the underpayment of tax. This interest begins on the 31st day after we notify you of the underpayment on tax amounts you owe over $100,000, minus your timely payments and credits.