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Form 990  Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)	OMB No 1545-0047 2011 Open to Public Inspection
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012		D Employer identification number 13-1673104	
B Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization NATIONAL KIDNEY FOUNDATION INC		E Telephone number (212) 889-2210
	Doing Business As		G Gross receipts \$ 54,296,271
	Number and street (or P O box if mail is not delivered to street address) 30 EAST 33RD STREET	Room/suite	
	City or town, state or country, and ZIP + 4 NEW YORK, NY 10016		
	F Name and address of principal officer BRUCE SKYER 30 EAST 33RD STREET NEW YORK, NY 10016		
I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		H(a) Is this a group return for affiliates? ☐ Yes ☒ No	
J Website: ▶ WWW.KIDNEY.ORG		H(b) Are all affiliates included? ☐ Yes ☐ No If "No," attach a list (see instructions)	
K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		H(c) Group exemption number ▶	
L Year of formation 1950		M State of legal domicile NY	

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PREVENT KIDNEY AND URINARY TRACT DISEASES, IMPROVE THE HEALTH AND WELL-BEING OF INDIVIDUALS AND FAMILIES AFFECTED BY THESE DISEASES, AND INCREASE THE AVAILABILITY OF ALL ORGANS FOR TRANSPLANTATION		
	2 Check this box ☒ if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	28
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	27
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	389
	6 Total number of volunteers (estimate if necessary)	6	31,500
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	27,779,768	25,519,115
	9 Program service revenue (Part VIII, line 2g)	18,818,497	19,791,339
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-657,057	-693,338
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,296,880	1,939,538
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	48,238,088	46,556,654
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,750,987	2,664,400
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	24,120,957	16,581,872
	16a Professional fundraising fees (Part IX, column (A), line 11e)	228,526	276,172
	b Total fundraising expenses (Part IX, column (D), line 25) ☒ 4,348,703		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	22,467,911	24,529,785
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	50,568,381	44,052,229
	19 Revenue less expenses Subtract line 18 from line 12	-2,330,293	2,504,425
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	23,274,999	19,297,176
	21 Total liabilities (Part X, line 26)	19,340,824	13,448,973
	22 Net assets or fund balances Subtract line 21 from line 20	3,934,175	5,848,203

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.

Sign Here	Signature of officer			2013-01-31	
	BRUCE SKYER CEO Type or print name and title			Date	
Paid Preparer's Use Only	Preparer's signature	Paul Hammerschmidt	Date	Check if self-employed	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	BDO USA LLP 100 PARK AVENUE NEW YORK, NY 10017			EIN
					Phone no

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

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1

Briefly describe the organization's mission

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

2

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

If "Yes," describe these new services on Schedule O

3

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

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code) (Expenses \$ 14,292,429 including grants of \$ 34,910) (Revenue \$ 9,613,416)
	COMMUNITY SERVICES AND ASSISTANCE TO AFFILIATES - THE ORGANIZATION'S KIDNEY EARLY EVALUATION PROGRAM (KEEP) SCREENS INDIVIDUALS MOST AT RISK OF POTENTIAL MEDICAL CONDITIONS THAT MAY LEAD TO FUTURE KIDNEY DISEASE MORE THAN 1,250 PEOPLE WITH HIGH BLOOD PRESSURE, DIABETES OR A FAMILY HISTORY OF KIDNEY DISEASE PARTICIPATE IN THIS FREE KIDNEY DISEASE SCREENING PROGRAM EVERY MONTH IN CITIES AROUND THE U.S. AS A RESULT, MANY LEARNED THAT THEY HAD EARLY KIDNEY DAMAGE AND BEGAN TAKING STEPS TO SAVE THEIR HEALTH, INCLUDING MONITORING BLOOD PRESSURE AND BLOOD GLUCOSE LEVELS, CHANGING THEIR DIET AND MEDICATION ASSISTANCE IS PROVIDED BY THE ORGANIZATION TO ITS AFFILIATES THE ORGANIZATION PROVIDES CONSULTATION, GUIDANCE, TRAINING AND LEADERSHIP SPECIFIC GUIDANCE IS PROVIDED WITH INSTRUCTION BOOKLETS DEALING WITH PATIENT TRANSPORTATION PROGRAMS, DRUG & BLOOD BANKS AND SCREENING AND DETECTION PROGRAMS AFFILIATES ARE KEPT UP TO DATE WITH CURRENT PUBLICATIONS FROM THE ORGANIZATION
4b	(Code) (Expenses \$ 12,011,524 including grants of \$ 757,343) (Revenue \$ 8,382,647)
	PROFESSIONAL EDUCATION - THE ORGANIZATION OFFERS MULTIDISCIPLINARY PROGRAMS TO THE ENTIRE KIDNEY HEALTH CARE TEAM THERE ARE NATIONAL MEETINGS OFFERING A WIDE RANGE OF TOPICS AS WELL AS FOCUSED LOCAL/REGIONAL SEMINARS THE SPRING CLINICAL NEPHROLOGY MEETING HAS GROWN INTO THE NEPHROLOGY COMMUNITY'S PREMIER LEARNING EXPERIENCE WITH OVER 3,000 IN ATTENDANCE A RECORD 300 POSTERS WERE PRESENTED, AND THIS MEETING ALSO SAW THE HIGHEST-EVER PARTICIPATION IN THE INTERNAL MEDICINE AND PEDIATRIC TRAINEES PROGRAM AN ADVANCED PRACTITIONER PROGRAM TRACK WAS INTRODUCED, DESIGNED SPECIFICALLY FOR PHYSICIAN ASSISTANTS AND NURSE PRACTITIONERS, A GROUP THAT IS NOW CARING FOR KIDNEY PATIENTS ON THE FRONT LINES SINCE 1981, THE ORGANIZTAION HAS PUBLISHED PEER-REVIEWED JOURNALS THAT PROVIDE TIMELY INSIGHTS AND INFORMATION ON KIDNEY DISEASE RESEARCH TO THE GLOBAL KIDNEY COMMUNITY THIS YEAR, THREE OF THE PRESTIGIOUS MEDICAL JOURNALS PUBLISHED BY THE ORGANIZATION JOINED SCIENCEDIRECT, THE PREMIER WEB DISTRIBUTOR OF PROFESSIONAL LEVEL SCIENTIFIC AND MEDICAL INFORMATION WITH MORE THAN 11 MILLION USERS ACCESSING THE SITE, THE JOURNALS REACHED A LARGER AUDIENCE THAN EVER BEFORE THE ORGANIZATION'S KIDNEY LEARNING SYSTEM PROGRAM CONTINUED TO PROVIDE COMPREHENSIVE EDUCATION ABOUT CHRONIC KIDNEY DISEASE (CKD) AND HOW TO PREVENT, TREAT AND MANAGE COMPLICATIONS NEW RESOURCES DEVELOPED IN 2011 FOCUSED ON IDENTIFYING AND MANAGING RISK FOR KIDNEY DISEASE, AND TREATING ALL STAGES OF CKD
4c	(Code) (Expenses \$ 4,080,742 including grants of \$) (Revenue \$ 41,503)
	PUBLIC HEALTH EDUCATION - ATTRACTING 5,250,000 VISITORS IN 2011, THE ORGANIZATION'S WEBSITE, WWW.KIDNEY.ORG, CONTINUED TO EDUCATE AND SERVE AS A RICH RESOURCE ON KIDNEY DISEASE MEDICAL INFORMATION SEEKERS FLOODED OUR A-Z HEALTH GUIDE PAGES FOR COMPREHENSIVE DATA ON A VARIETY OF KIDNEY CONDITIONS AND ISSUES, INCLUDING NUTRITION AND TREATMENT OPTIONS MORE THAN 7,000 TESTED THEIR KIDNEY IQ WITH OUR ONLINE KIDNEY QUIZ E-KIDNEY, THE ORGANIZATION'S MONTHLY E-NEWSLETTER, OFFERED NEWS, KIDNEY-HEALTHY RECIPES AND STORIES OF COURAGE TO NEARLY 180,000 PEOPLE E-KIDNEY READERSHIP ROSE 40% THIS YEAR KIDNEY NEWS DAILY, A DAILY E-NEWSLETTER, DELIVERED BREAKING NEWS FROM THE PRINT, BROADCAST AND ONLINE MEDIA TO THOUSANDS IN THE KIDNEY CARE COMMUNITY THE ORGANIZATION CONTINUES TO FOCUS ON EDUCATING GROUPS WITH HIGH RISK OF KIDNEY DISEASE NEARLY HALF OF AFRICAN AMERICANS HAVE AT LEAST ONE RISK FACTOR FOR KIDNEY DISEASE, BUT LESS THAN 3% BELIEVE THAT CHRONIC KIDNEY DISEASE IS A "TOP HEALTH CONCERN", ACCORDING TO A REPORT RELEASED THIS YEAR IN THE AMERICAN JOURNAL OF KIDNEY DISEASES, THE OFFICIAL NKF JOURNAL SINCE AFRICAN AMERICANS WITH CKD PROGRESS MORE QUICKLY TO KIDNEY FAILURE, THE ORGANIZATION DOUBLED ITS EFFORTS TO REACH OUT TO THIS GROUP WITH INFORMATION AND FREE SCREENINGS HELD IN CHURCHES, SCHOOLS AND COMMUNITY CENTERS IN AFRICAN-AMERICAN NEIGHBORHOODS
4d	Other program services (Describe in Schedule O)
	(Expenses \$ 4,967,595 including grants of \$ 1,872,147) (Revenue \$ 1,834,712)
4e	Total program service expenses \$ 35,352,290

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		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>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		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? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		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 and IV.</i>		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 and IV.</i>		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? <i>If "Yes," complete Schedule G, Part I.</i>	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance						
Check if Schedule O contains a response to any question in this Part V ☐						
		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a	448			
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?	1c	Yes			
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	389			
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 (see instructions).	2b	Yes			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a				No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b				
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a				No
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a				No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b				No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a				No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b				
7	Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c				No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e				No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f				No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g				
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Yes			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8				
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a				
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b				
10	Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b				
11	Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a				
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13a				
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b				
c	Enter the aggregate amount of reserves on hand.	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a				No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b				

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	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		No

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	Yes	
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	Yes	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
15c	If "Yes," to line 15a or 15b, 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?		No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY
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 made these available. Check all that apply.	☒ Own website ☐ Another's website ☒ Upon request
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	PETROS GREGORIOU 30 EAST 33RD STREET NEW YORK, NY 10016 (212) 889-2210

Check if Schedule O contains a response to any question in this Part VII ☒

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

Form **990** (2011)

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a722,262	25,519,115				
	b	Membership dues	1b					
	c	Fundraising events	1c11,079,622					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f13,717,231					
	g	Noncash contributions included in lines 1a-1f \$ 4,336,137						
	h	Total. Add lines 1a-1f						
Program Service Revenue			Business Code					
	2a	SPONSORSHIPS	611600	2,327,757	2,327,757			
	b	GRANT AND CONTRACT REVENUE	611600	1,383,244	1,383,244			
	c	KEEP GRANTS AND CONTRACT REVENUE	621990	1,336,550	1,336,550			
	d	THRIFT STORE REVENUE	448000	1,048,303		1,048,303		
	e	MEMBERSHIP DUES AND SUBSCRIPTIONS	511120	718,390	718,390			
	f	All other program service revenue		12,977,095	12,977,095			
	g	Total. Add lines 2a-2f			19,791,339			
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)			227,394		227,394	
	4	Income from investment of tax-exempt bond proceeds . .			0			
	5	Royalties			1,858,599		1,858,599	
	6a	(i) Real						
		(ii) Personal						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	(i) Securities						
		(ii) Other						
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)			-920,732		-920,732	
	8a	Gross income from fundraising events (not including \$ 11,079,622 of contributions reported on line 1c) See Part IV, line 18		a1,459,647				
	b	Less direct expenses						b1,459,647
	c	Net income or (loss) from fundraising events . .						0
	9a	Gross income from gaming activities See Part IV, line 19		a				
	b	Less direct expenses						b
c	Net income or (loss) from gaming activities . .		0					
10a	Gross sales of inventory, less returns and allowances		a176,848					
b	Less cost of goods sold						b149,466	
c	Net income or (loss) from sales of inventory . .						27,382	
Miscellaneous Revenue		Business Code						
11a	MISCELLANEOUS REVENUE		611710	53,557	53,557			
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d			53,557				
12	Total revenue. See Instructions			46,556,654	18,823,975		2,213,564	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	2,664,400	2,664,400		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	2,182,752	1,604,104	384,924	193,724
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	1,012,593	607,556	101,260	303,777
7	Other salaries and wages	10,474,333	8,654,183	1,820,150	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	232,203	173,997	54,858	3,348
9	Other employee benefits	1,690,162	1,480,946	209,216	
10	Payroll taxes	989,829	727,821	219,346	42,662
11	Fees for services (non-employees)				
a	Management	0			
b	Legal	88,458	65,210	19,463	3,785
c	Accounting	69,299	50,955	15,357	2,987
d	Lobbying	81,074	81,074		
e	Professional fundraising See Part IV, line 17	276,172			276,172
f	Investment management fees	25,000		25,000	
g	Other	9,845,641	9,042,805	248,648	554,188
12	Advertising and promotion	1,218,026	628,892	9,083	580,051
13	Office expenses	3,396,740	3,013,676	336,805	46,259
14	Information technology	886,417	811,332	62,859	12,226
15	Royalties	4,626	3,393	840	393
16	Occupancy	2,471,351	1,826,261	533,261	111,829
17	Travel	1,537,154	1,256,132	78,763	202,259
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	3,338,656	1,813,284	19,966	1,505,406
20	Interest	56,436	41,498	12,506	2,432
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	227,809	167,508	50,482	9,819
23	Insurance	259,629	163,240	40,377	56,012
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	BAD DEBT EXPENSE	402,316	10,001	311,809	80,506
b	PRIZE EXPENSE	237,454	20,828	1,908	214,718
c	DUES AND SUBSCRIPTIONS	100,649	83,346	13,280	4,023
d	TAXES	3,347	2,461	742	144
e					
f	All other expenses	279,703	357,387	-219,667	141,983
25	Total functional expenses. Add lines 1 through 24f	44,052,229	35,352,290	4,351,236	4,348,703
26	Joint costs. Check here ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			6,200	1	6,050
	2	Savings and temporary cash investments			3,860,332	2	2,875,365
	3	Pledges and grants receivable, net			1,506,229	3	897,254
	4	Accounts receivable, net			616,304	4	349,157
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			0	5	0
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			0	6	0
	7	Notes and loans receivable, net			0	7	0
	8	Inventories for sale or use			327,103	8	186,712
	9	Prepaid expenses and deferred charges			686,983	9	519,709
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	2,335,702	480,386	10c	342,159
	b	Less: accumulated depreciation	10b	1,993,543			
	11	Investments—publicly traded securities			11,287,267	11	10,176,717
	12	Investments—other securities. See Part IV, line 11			0	12	0
	13	Investments—program-related. See Part IV, line 11			0	13	0
	14	Intangible assets			0	14	0
	15	Other assets. See Part IV, line 11			4,504,195	15	3,944,053
	16	Total assets. Add lines 1 through 15 (must equal line 34)			23,274,999	16	19,297,176
Liabilities	17	Accounts payable and accrued expenses			10,390,217	17	7,400,660
	18	Grants payable			0	18	0
	19	Deferred revenue			5,450,607	19	4,548,313
	20	Tax-exempt bond liabilities			0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			0	21	0
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			3,500,000	23	1,500,000
	24	Unsecured notes and loans payable to unrelated third parties			0	24	0
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			0	25	0
	26	Total liabilities. Add lines 17 through 25			19,340,824	26	13,448,973
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			-8,674,678	27	-4,033,071
	28	Temporarily restricted net assets			11,257,895	28	8,530,316
	29	Permanently restricted net assets			1,350,958	29	1,350,958
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			3,934,175	33	5,848,203
	34	Total liabilities and net assets/fund balances			23,274,999	34	19,297,176

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	46,556,654
2	Total expenses (must equal Part IX, column (A), line 25)	2	44,052,229
3	Revenue less expenses Subtract line 2 from line 1	3	2,504,425
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,934,175
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-590,397
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	5,848,203

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

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

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

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

Part I

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

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

- 1

☐

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

☐

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

☐

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

☐

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

☐

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

☐

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

☒

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

☐

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

☐

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

☐

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

☐

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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

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

f

☐

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

g

☐

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

(i)

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

(ii)

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

(iii)

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

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	15,127,948	23,570,061	28,044,857	27,779,768	25,519,115	120,041,749
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	15,127,948	23,570,061	28,044,857	27,779,768	25,519,115	120,041,749
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						120,041,749

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	15,127,948	23,570,061	28,044,857	27,779,768	25,519,115	120,041,749
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,405,401	2,082,885	2,156,806	2,335,769	2,085,993	11,066,854
9 Net income from unrelated business activities, whether or not the business is regularly carried on	246,367					246,367
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						131,354,970

12 Gross receipts from related activities, etc (See instructions)

1280,813,753

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

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	91 387 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	90 226 %

16a 33 1/3% support test—2011. 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—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2011. 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—2010. 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 IIIPart III

Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) 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 purpose						
3 Gross receipts from activities that 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 Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 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, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. 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—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

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

Facts And Circumstances Test

Explanation

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below.

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

OMB No 1545-0047

2011

Open to Public Inspection

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

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

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

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

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

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

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

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

1	Provide a description of the organization's direct and indirect political campaign activities on behalf of or in opposition to candidates for public office in Part IV	
2	Political expenditures	▶ \$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$
3	Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b	▶ \$
4	Did the filing organization file Form 1120-POL for this year?	☐ Yes ☐ No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV	

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

Part II-A

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

- A

Check

☐

if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B

Check

☐

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	599													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	80,475													
c	Total lobbying expenditures (add lines 1a and 1b)	81,074													
d	Other exempt purpose expenditures	39,622,452													
e	Total exempt purpose expenditures (add lines 1c and 1d)	39,703,526													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table><tr><td>If the amount on line 1e, column (a) or (b) is:</td><td>The lobbying nontaxable amount is:</td></tr><tr><td>Not over \$500,000</td><td>20% of the amount on line 1e</td></tr><tr><td>Over \$500,000 but not over \$1,000,000</td><td>\$100,000 plus 15% of the excess over \$500,000</td></tr><tr><td>Over \$1,000,000 but not over \$1,500,000</td><td>\$175,000 plus 10% of the excess over \$1,000,000</td></tr><tr><td>Over \$1,500,000 but not over \$17,000,000</td><td>\$225,000 plus 5% of the excess over \$1,500,000</td></tr><tr><td>Over \$17,000,000</td><td>\$1,000,000</td></tr></table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a If zero or less, enter -0-														
i	Subtract line 1f from line 1c If zero or less, enter -0-														
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		☐ Yes ☐ No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	472,593	232,895	42,028	81,074	828,590
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	15,000	31,078	6,588	599	53,265

Part II-B

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

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

Part III-A

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

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

Part III-B

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

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

Part IV

Supplemental Information

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

Identifier	Return Reference	Explanation
------------	------------------	-------------

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
Attach to Form 990. See separate instructions.

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

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

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

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

1

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

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

☐ Protection of natural habitat

☐ Preservation of open space

☐ Preservation of an historically importantly land area

☐ Preservation of a certified historic structure

2

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

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

3

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

4

Number of states where property subject to conservation easement is located

5

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

Yes

No

6

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

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

\$

8

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

Yes

No

9

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

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

1a

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

b

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

(i)

Revenues included in Form 990, Part VIII, line 1

\$

(ii)

Assets included in Form 990, Part X

\$

2

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

a

Revenues included in Form 990, Part VIII, line 1

\$

b

Assets included in Form 990, Part X

\$

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

Cat No 52283D

Schedule D (Form 990) 2011

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

☐ Yes

☐ No

Part IV

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

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

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

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance	9,885,142	9,387,737	8,830,253	11,926,721	
b Contributions	18,451	65,973	667,192	381,012	
c Investment earnings or losses	-401,375	1,824,600	854,414	-2,992,846	
d Grants or scholarships	1,729,239	1,393,168	964,122	484,634	
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	7,772,979	9,885,142	9,387,737	8,830,253	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶ 17 380 %

c

Term endowment ▶ 82 620 %

3a

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

(i) unrelated organizations

(ii) related organizations

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

b

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

3b

4

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

Part VI

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		264,964	149,021	115,943
d Equipment		251,884	181,742	70,142
e Other		1,818,854	1,662,780	156,074
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				342,159

Part XIReconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	146,556,654
2	Total expenses (Form 990, Part IX, column (A), line 25)	244,052,229
3	Excess or (deficit) for the year Subtract line 2 from line 1	32,504,425
4	Net unrealized gains (losses) on investments	4-590,396
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8-139,169
9	Total adjustments (net) Add lines 4 - 8	9-729,565
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	101,774,860

Part XIIReconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	147,101,933
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains on investments2a-590,396	
b	Donated services and use of facilities2b41,808	
c	Recoveries of prior year grants2c	
d	Other (Describe in Part XIV)2d1,093,867	
e	Add lines 2a through 2d	2e545,279
3	Subtract line 2e from line 1	346,556,654
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	546,556,654

Part XIIIReconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	145,327,073
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities2a41,808	
b	Prior year adjustments2b	
c	Other losses2c	
d	Other (Describe in Part XIV)2d1,233,036	
e	Add lines 2a through 2d	2e1,274,844
3	Subtract line 2e from line 1	344,052,229
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b4a	
b	Other (Describe in Part XIV)4b	
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	544,052,229

Part XIVSupplemental Information

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

Identifier	Return Reference	Explanation
PART V, LINE 4		THE ORGANIZATION'S PERMANENTLY RESTRICTED ENDOWMENT CONSISTS OF PERMANENTLY RESTRICTED NET ASSETS HELD PRIMARILY FOR RESEARCH AND PATIENT SUPPORT. THE REMAINING PORTION OF THE DONOR-RESTRICTED ENDOWMENT FUND THAT IS NOT CLASSIFIED IN PERMANENTLY RESTRICTED NET ASSETS IS CLASSIFIED AS TEMPORARILY RESTRICTED NET ASSETS UNTIL THOSE AMOUNTS ARE EXPENDED AND RELEASED FROM RESTRICTIONS.
PART X, LINE 2		NATIONAL KIDNEY FOUNDATION, INC. HAS NOT TAKEN AN UNCERTAIN TAX POSITION THAT WOULD REQUIRE PROVISION OF A LIABILITY UNDER ASC 740, "INCOME TAXES." UNDER ASC 740, AN ORGANIZATION MUST RECOGNIZE THE TAX BENEFIT ASSOCIATED WITH TAX POSITIONS TAKEN FOR TAX RETURN PURPOSES WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED. THE ORGANIZATION DOES NOT BELIEVE THERE ARE ANY MATERIAL UNCERTAIN TAX POSITIONS AND, ACCORDINGLY, HAS NOT RECOGNIZED ANY LIABILITY FOR UNRECOGNIZED TAX BENEFITS. THE ORGANIZATION HAS FILED IRS FORM 990, AS REQUIRED, AND ALL OTHER APPLICABLE RETURNS IN JURISDICTIONS WHEN IT IS REQUIRED. FOR THE YEAR ENDED JUNE 30, 2012, THERE WERE NO INTEREST OR PENALTIES RECORDED OR INCLUDED IN THE CONSOLIDATED FINANCIAL STATEMENTS.
PART XI, LINE 8		NET DEFICIT ON RELATED ORGANIZATIONS, CAMP REYNAL AND KIDNEY DISEASE IMPROVING GLOBAL OUTCOMES.
PART XII, LINE 2D		REVENUES OF RELATED ORGANIZATIONS, CAMP REYNAL AND KIDNEY DISEASE IMPROVING GLOBAL OUTCOMES, IN THE AMOUNT OF \$944,401, AND COST OF GOODS SOLD IN THE AMOUNT OF \$149,466.
PART XIII, LINE 2D		EXPENSES OF RELATED ORGANIZATIONS, CAMP REYNAL AND KIDNEY DISEASE IMPROVING GLOBAL OUTCOMES, IN THE AMOUNT OF \$1,083,570, AND COST OF GOODS SOLD IN THE AMOUNT OF \$149,466.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization
NATIONAL KIDNEY FOUNDATION INC

Employer identification number
13-1673104

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1

Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a

☒

Mail solicitations

e

☒

Solicitation of non-government grants

b

☒

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☒

Phone solicitations

g

☒

Special fundraising events

d

☒

In-person solicitations

2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☒ Yes ☐ No

b

If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ADESA IMPACT	KIDNEY CARS PROGRAM	Yes		4,172,479	183,172	3,989,307
ASTIC PRODUCTIONS LLC	NYC WALK		No	766,207	25,000	741,207
ASTIC PRODUCTIONS LLC	NYC GALA	Yes		531,292	48,000	483,292
ASTIC PRODUCTIONS LLC	WESTCHESTER GOLF		No	341,930	20,000	321,930
Total ▶				5,811,908	276,172	5,535,736

3

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

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

Part II Fundraising Events.

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		CHILI COOKOFF (event type)	GALA (event type)	106 (total number)	(Add col (a) through col (c))
Revenue	1	Gross receipts	1,376,173	788,124	10,374,972
	2	Less Charitable contributions	1,376,173	448,124	9,255,325
	3	Gross income (line 1 minus line 2)		340,000	1,119,647
Direct Expenses	4	Cash prizes			
	5	Non-cash prizes	0	61,103	153,615
	6	Rent/facility costs	49,825	0	313,917
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	-49,825	278,897	652,115
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
	11	Net income summary Combine lines 3 and 10 in column (d). ▶			

Part III Gaming.

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

- 11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No
- 12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

- 14
- Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name

Address

- 15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No
- b

If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$
- c

If "Yes," enter name and address

Name

Address

16

Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

- 17
- Mandatory distributions
- a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No
- b

Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$

Part IV

Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
------------	-----------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
NATIONAL KIDNEY FOUNDATION INC

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number
13-1673104

Part I General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

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

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

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

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

3

Enter total number of other organizations listed in the line 1 table ▶

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)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) PATIENT ASSISTANCE GRANTS	1327	1,033,254			
(2) CHRONIC KIDNEY DISEASE RESEARCH FELLOWSHIP GRANTS	27	758,343			
(3) KIDNEY TRANSPLANT AND DIALYSIS RESEARCH GRANTS	12	700,000			
(4) RESEARCH FELLOWSHIP	7	168,028			
(5) PROFESSIONAL COUNCIL RESEARCH GRANTS	2	2,775			
(6) SCHOLARSHIPS TO KIDNEY PATIENTS	2	2,000			

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PART I, LINE 2		THE ORGANIZATION'S MOST SIGNIFICANT GRANTS ARE FOR NEPHROLOGY RESEARCH AND INCLUDE CLINICAL SCIENTIST GRANTS, YOUNG INVESTIGATOR GRANTS, RESEARCH FELLOWSHIP GRANTS, AND PROFESSIONAL COUNCIL GRANTS THE ORGANIZATION HAS ESTABLISHED A RESEARCH AWARD COMMITTEE TO REVIEW APPLICATIONS AND SELECT RESEARCH FELLOWS ON AN ANNUAL BASIS THE ORGANIZATION CLOSELY MONITORS THE USE OF GRANT FUNDS EACH AWARDEE IS REQUIRED TO SUBMIT AN ANNUAL PROGRESS REPORT EACH ADDITIONAL YEAR OF FUNDING IS CONTINGENT UPON APPROVAL AND REVIEW OF THE ANNUAL PROGRESS REPORT AND AVAILABILITY OF FUNDS UPON COMPLETION OF THE LAST YEAR OF THE GRANT, A FINAL REPORT MUST BE SUBMITTED BY THE AWARDEE THE ORGANIZATION ALSO PROVIDES GRANTS, SCHOLARSHIPS AND PATIENT ASSISTANCE TO PERSONS WITH KIDNEY DISEASE

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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.

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

Part I

Questions Regarding Compensation

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

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BRUCE SKYER FROM 712011	(i) (ii)	218,913 0	25,000 0	0 0	12,800 0	18,284 0	274,997 0	
(2) JOHN R DAVIS THRU 6302011	(i) (ii)	214,483 0	0 0	976,877 0	88,892 0	18,982 0	1,299,234 0	976,877
(3) PETROS A GREGORIOU	(i) (ii)	152,292 0	0 0	0 0	1,305 0	18,284 0	171,881 0	
(4) JOSEPH VASSALOTTI	(i) (ii)	226,594 0	0 0	0 0	15,647 0	18,138 0	260,379 0	
(5) JOANN VECCHIONE	(i) (ii)	207,349 0	0 0	0 0	22,764 0	21,678	251,791 0	
(6) JOAN SHEPARD LUSTIG	(i) (ii)	201,474 0	0 0	0 0	20,499 0	3,916 0	225,889 0	
(7) KERRY WILLIS	(i) (ii)	199,418 0	0 0	0 0	15,927 0	22,686 0	238,031 0	
(8) GISELE POLITOSKI THRU 752011	(i) (ii)	199,365 0	0 0	0 0	13,742 0	10,382 0	223,489 0	
(9) ERIC ALBRECHT	(i) (ii)	162,092 0	0 0	0 0	9,945 0	18,122 0	190,159 0	
(10) HOLLY DEVAN	(i) (ii)	151,991 0	0 0	0 0	6,472 0	18,284 0	176,747 0	
(11) ANTHONY GUCCIARDO	(i) (ii)	151,713 0	0 0	0 0	6,178 0	7,665 0	165,556 0	
(12) PRESTON ENGLERT JR THRU 46201	(i) (ii)	269,788 0	0 0	0 0	14,272 0	18,284 0	302,344 0	
(13) INGRID MONTECINO	(i) (ii)	209,470 0	0 0	0 0	8,747 0	7,665 0	225,882 0	
(14) BETH IRICK	(i) (ii)	156,647 0	0 0	0 0	9,521 0	7,665 0	173,833 0	
(15) TROY ZIMMERMAN	(i) (ii)	154,369 0	0 0	0 0	9,931 0	18,122 0	182,422 0	
(16) DOLPH CHIANCHIANO	(i) (ii)	141,613 0	0 0	0 0	5,494 0	7,398 0	154,505 0	

Part III **Supplemental Information**

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

Identifier	Return Reference	Explanation
PART I, LINE 4A		BRUCE SKYER, CHIEF EXECUTIVE DIRECTOR, RECEIVED A CHANGE-OF-CONTROL PAYMENT IN THE AMOUNT OF \$115,000 AND IT IS SHOWN IN HIS 2011 FORM W2.
PART I, LINE 4B		THE ORGANIZATION HAS A SECTION 457(F) SENIOR STAFF FLEXIBLE BENEFIT PLAN THAT PROVIDES SENIOR MANAGEMENT EMPLOYEES WITH A BENEFIT ALLOWANCE CONTRIBUTED BY THE ORGANIZATION, WHICH CAN BE USED FOR VARIOUS BENEFIT OPTIONS, INCLUDING A CAPITAL ACCUMULATION ACCOUNT.
PART II, LINE 2(F)		John R. Davis, CEO, separated from service on June 30, 2011. During calendar year 2011, \$976,877 became payable from the plan to John R. Davis pursuant to a nonqualified deferred compensation arrangement. This amount is reported in the accompanying Form 990, Part VII, Column D as well as Schedule J, Part II, Column (B)(iii). This amount was reported as earned and deferred compensation in prior Forms 990.

Software ID:

Software Version:

EIN: 13-1673104

Name: NATIONAL KIDNEY FOUNDATION INC

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
BRUCE SKYER FROM 712011	(i) (ii)	218,913 0	25,000 0	0 0	12,800 0	18,284 0	274,997 0	
JOHN R DAVIS THRU 6302011	(i) (ii)	214,483 0	0 0	976,877 0	88,892 0	18,982 0	1,299,234 0	976,877
PETROS A GREGORIOU	(i) (ii)	152,292 0	0 0	0 0	1,305 0	18,284 0	171,881 0	
JOSEPH VASSALOTTI	(i) (ii)	226,594 0	0 0	0 0	15,647 0	18,138 0	260,379 0	
JOANN VECCHIONE	(i) (ii)	207,349 0	0 0	0 0	22,764 0	21,678	251,791 0	
JOAN SHEPARD LUSTIG	(i) (ii)	201,474 0	0 0	0 0	20,499 0	3,916 0	225,889 0	
KERRY WILLIS	(i) (ii)	199,418 0	0 0	0 0	15,927 0	22,686 0	238,031 0	
GISELE POLITOSKI THRU 752011	(i) (ii)	199,365 0	0 0	0 0	13,742 0	10,382 0	223,489 0	
ERIC ALBRECHT	(i) (ii)	162,092 0	0 0	0 0	9,945 0	18,122 0	190,159 0	
HOLLY DEVAN	(i) (ii)	151,991 0	0 0	0 0	6,472 0	18,284 0	176,747 0	
ANTHONY GUCCIARDO	(i) (ii)	151,713 0	0 0	0 0	6,178 0	7,665 0	165,556 0	
PRESTON ENGLERT JR THRU 46201	(i) (ii)	269,788 0	0 0	0 0	14,272 0	18,284 0	302,344 0	
INGRID MONTECINO	(i) (ii)	209,470 0	0 0	0 0	8,747 0	7,665 0	225,882 0	
BETH IRICK	(i) (ii)	156,647 0	0 0	0 0	9,521 0	7,665 0	173,833 0	
TROY ZIMMERMAN	(i) (ii)	154,369 0	0 0	0 0	9,931 0	18,122 0	182,422 0	
DOLPH CHIANCHIANO	(i) (ii)	141,613 0	0 0	0 0	5,494 0	7,398 0	154,505 0	

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

Name of the organization
NATIONAL KIDNEY FOUNDATION INC

Employer identification number
13-1673104

Part I

Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	5,877	4,273,185	FAIR MARKET VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	600	62,952	FAIR MARKET VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				Yes No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				Yes
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?				Yes
b If "Yes," describe in Part II				
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II				

Part III

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

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

SCHEDULE O

(Form 990 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 to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NATIONAL KIDNEY FOUNDATION INC

Employer identification number
13-1673104

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4D		1) PATIENT SERVICES - INCLUDE PROGRAMS WHICH PROVIDE MEDICAL JEWELRY, EMERGENCY GRANTS, TRANSPORTATION, SUPPORT GROUPS AND WORKSHOPS FOR KIDNEY PATIENTS OTHER PROGRAMS INCLUDE PATIENT EDUCATION, CONSTITUENT COUNCIL PROJECTS AND PATIENT EMPOWERMENT INITIATIVES TO HELP KIDNEY PATIENTS IMPACTED BY NATURAL DISASTERS, THE ORGANIZATION ESTABLISHED A FINANCIAL ASSISTANCE PROGRAM THAT OFFERS SUPPORT AND ENSURES MEDICAL CARE IS NOT COMPROMISED FUNDS COVERS THE COST OF TRAVEL TO DIALY SIS CENTERS AS WELL AS REPLACEMENT OF DAMAGED POSSESSIONS, HOMES AND BASIC NECESSITIES SUCH AS GROCERIES AND CLOTHING BEYOND THE MATERIAL SUPPORT, THE ORGANIZATION IS THERE TO HELP KIDNEY PATIENTS COPE WITH THE TRAUMA EXPERIENCED HUNDREDS OF DIALY SIS PATIENTS TOOK PART IN "PEOPLE LIKE US" STEPPING BACK INTO LIFE, A PROGRAM THAT HELPED THEM DEAL WITH DEPRESSION AND ANXIETY PARTICIPANTS REPORTED IMPROVEMENTS IN STRESS LEVELS, SOCIAL FUNCTIONING AND OVERALL HEALTH AFTER COMPLETING STEPPING BACK INTO LIFE EXPENSES \$3,851,990 GRANTS \$1,000,044 REVENUE \$1,816,230 2) RESEARCH - RESEARCH REPRESENTS ONE OF THE ORGANIZATION'S TOP PRIORITIES THE ORGANIZATION GRANTED OVER 60 RESEARCH GRANTS DURING FISCAL YEAR 2011 RESEARCH PROJECTS INCLUDE IMPROVING TRANSPLANT MEDICATIONS, RESEARCHING CARDIOVASCULAR DISEASE AND KIDNEY DISEASE, FINDING THE CAUSE OF DIABETIC NEPHROPATHY, AND IMPROVING THE DIALY SIS PROCESS RESEARCH IS BEING CONDUCTED ON HOW TO MINIMIZE THE CHANCES OF ORGAN REJECTION OVER A LONG PERIOD OF TIME THE ULTIMATE OBJECTIVE OF THIS RESEARCH IS TO CREATE IMPROVED TRANSPLANT MEDICATIONS THAT SPECIFICALLY TARGET CELLS RESPONSIBLE FOR ORGAN REJECTION, THEREBY ENSURING MORE SUCCESSFUL LONG-TERM SURVIVAL OF THE TRANSPLANTED ORGAN CARDIOVASCULAR DISEASE, ESPECIALLY HEART FAILURE, IS THE LEADING CAUSE OF DEATH FOR KIDNEY PATIENTS SOME RESEARCH IN THIS AREA IS LOOKING AT HOW VITAMIN D AND THE IMMUNE SYSTEM ARE RELATED TO CARDIOVASCULAR DISEASE IN KIDNEY PATIENTS THIS STUDY MAY LEAD TO SPECIFIC THERAPEUTIC INTERVENTIONS THAT TARGET INNATE IMMUNE RESPONSES TO PREVENT DAMAGE TO THE VASCULAR SYSTEM DIABETIC NEPHROPATHY (DN), A SERIOUS AND LIFE-THREATENING PROGRESSIVE KIDNEY DISEASE, IS THE MOST COMMON CAUSE OF KIDNEY FAILURE IN THE U S DISCOVERING THE MECHANISM BEHIND DN IS THE GOAL OF SOME RESEARCHERS WITH A BETTER UNDERSTANDING OF WHAT TRIGGERS DN, THERAPEUTIC REGIMENS AIMED AT KIDNEY CELL RESTORATION CAN BE CREATED, WHICH WOULD BE BENEFICIAL FOR PATIENTS WITH TYPE 1 AND TYPE 2 DIABETES IN THE AREA OF DIALY SIS, THE ORGANIZATION RESEARCHERS HOPE TO FIND SOME ANSWERS ON HOW TO MORE EFFICIENTLY REMOVE PROTEIN-BOUND CHEMICALS THEREBY IMPROVING DIALY SIS ITSELF OTHER GRANTS ASSISTED THE TRAINING OF YOUNG PHY SICIANS (YOUNG INVESTIGATORS) WHO CONDUCTED THE STUDIES WITH A ROBUST RESEARCH PROGRAM, IMPROVED TREATMENTS FOR CHRONIC KIDNEY DISEASE, MORE SUCCESSFUL TRANSPLANTS AND ADDITIONAL METHODS OF EARLY DETECTION AND PREVENTION MAY BE ON THE HORIZON IN THE NEAR FUTURE EXPENSES \$1,115,605 GRANTS \$872,103 REVENUE \$18,482

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B		THE ORGANIZATION'S BOARD OF DIRECTORS ASSIGNS THE AUDIT COMMITTEE THE OVERSIGHT RESPONSIBILITY OF THE IRS FORM 990 AND ITS SUPPLEMENTAL SCHEDULES. FORM 990 IS REVIEWED BY THE CHIEF EXECUTIVE OFFICER, CHIEF FINANCIAL OFFICER, AND AUDIT COMMITTEE PRIOR TO FILING. THE FINAL AND SIGNED FORM 990 IS MADE AVAILABLE TO THE BOARD OF DIRECTORS.

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C		TO IDENTIFY CONFLICTS OF INTEREST, OFFICERS, DIRECTORS (GOVERNING BOARD MEMBERS) AND SENIOR STAFF MUST ANNUALLY DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST THE ORGANIZATION'S AUDIT COMMITTEE AND THE COMPLIANCE OFFICER MANAGES THE DISCLOSURE AND MONITORING PROCESSES RELATED TO POTENTIAL CONFLICTS OF INTEREST EACH PERSON ALSO HAS THE RESPONSIBILITY TO REPORT HIS OR HER OWN CONFLICTS OF INTEREST, WHETHER ACTUAL OR PERCEIVED, WHEN SUCH CONFLICTS ARISE DURING A MEETING AFTER DISCLOSURE OF THE MATERIAL FACTS, THE INDIVIDUAL SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE POTENTIAL CONFLICT OF INTEREST IS DISCUSSED AND DETERMINED THE DISCLOSURE, DECISIONS MADE, AND ACTIONS TAKEN ARE DOCUMENTED IN THE MINUTES OF THE MEETING

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15A		THE COMPENSATION COMMITTEE IS RESPONSIBLE FOR ESTABLISHING GUIDELINES AND APPROVING COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER ON AN ANNUAL BASIS THE COMPENSATION COMMITTEE USES AN INDEPENDENT CONSULTANT AND COMPENSATION BENCHMARK STUDIES TO DETERMINE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15B		THE COMPENSATION COMMITTEE IS RESPONSIBLE FOR ESTABLISHING GUIDELINES AND APPROVING COMPENSATION FOR SENIOR MANAGEMENT POSITIONS ON AN ANNUAL BASIS. THE COMPENSATION COMMITTEE USES AN INDEPENDENT CONSULTANT AND COMPENSATION BENCHMARK STUDIES TO DETERMINE COMPENSATION FOR SENIOR MANAGEMENT. THE CHIEF EXECUTIVE OFFICER IS RESPONSIBLE FOR THE INDIVIDUAL PERFORMANCE EVALUATIONS OF SENIOR MANAGEMENT AND DETERMINES MERIT INCREASES AND/OR BONUSES WITHIN GUIDELINES ESTABLISHED BY THE COMPENSATION COMMITTEE.

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19		THE ORGANIZATION MAKES CERTAIN GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC THROUGH ITS WEBSITE, WWW.KIDNEY.ORG. SUCH DOCUMENTS INCLUDE THE AUDITED FINANCIAL STATEMENTS, ANNUAL REPORTS, CONFLICT OF INTEREST POLICY, IRS DETERMINATION LETTER AND THE MOST RECENT FORM 990. OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST TO THE COMPLIANCE OFFICER.

Identifier	Return Reference	Explanation
FORM 990, PART XI, LINE 5		NET UNREALIZED LOSS ON INVESTMENTS \$(590,396) OTHER ADJUSTMENTS TO NET ASSETS \$ (1) TOTAL \$(590,397)

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NATIONAL KIDNEY FOUNDATION INC

Employer identification number
13-1673104

Part I

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) CAMP REYNAL INC 5429 LBJ FREEWAY SUITE 250 DALLAS, TX 75240 06-1738038	CHILDREN CAMP	TX	501(C)(3)	7	NA		No
(2) KDIGO	PATIENT CARE	BE	N/A	N/A	NA		No

Part III

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

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

Part IV

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

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

Part V

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

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

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

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

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Sale of assets to related organization(s)

g Purchase of assets from related organization(s)

h Exchange of assets with related organization(s)

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

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

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

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

m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

n Sharing of paid employees with related organization(s)

o Reimbursement paid to related organization(s) for expenses

p Reimbursement paid by related organization(s) for expenses

q Other transfer of cash or property to related organization(s)

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

Yes

No

Yes

Yes

No

No

No

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) KDIGO	B	183,955	FMV
(2) KDIGO	D	4,056,527	FMV
(3) KDIGO	K	837,027	FMV
(4) KDIGO	M	37,500	FMV
(5) KDIGO	N	168,256	FMV
(6)			

Schedule R (Form 990) 2011

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.

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
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Form

4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2011

Attachment
Sequence No 179

Department of the Treasury
Internal Revenue Service (99)

See separate instructions. Attach to your tax return.

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

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

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

6 (a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the smaller of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13		

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

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	227,809

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

Section A		
17 MACRS deductions for assets placed in service in tax years beginning before 2011	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (see instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	227,809
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V

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

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

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

Section B—Information on Use of Vehicles

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

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

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

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2011 tax year (see instructions)					
43 Amortization of costs that began before your 2011 tax year				43	
44 Total. Add amounts in column (f) See the instructions for where to report				44	

Additional Data

Software ID:

Software Version:

EIN: 13-1673104

Name: NATIONAL KIDNEY FOUNDATION INC

Form 990, Special Condition Description:

Special Condition Description

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
BRUCE SKYER FROM 712011 CHIEF EXECUTIVE OFFICER	35 0	X		X				243,913	0	31,084
ED WALTER CHAIRMAN	2 0	X		X				0	0	0
WILLIAM CELLA THRU 11412 CHAIRMAN	2 0	X		X				0	0	0
THOMAS P MCDONOUGH IMMEDIATE PAST CHAIRMAN	2 0	X		X				0	0	0
LYNDA A SZCZECZ MD MSCE PRESIDENT	2 0	X		X				0	0	0
BETH PIRAINO MD PRESIDENT ELECT	2 0	X		X				0	0	0
BRYAN N BECKER MD IMMEDIATE PAST PRESIDENT	2 0	X		X				0	0	0
WILLIAM G DESSOFFY CFA SECRETARY	2 0	X		X				0	0	0
JOSEPH D ABRUZZESE THRU 101411 BOARD MEMBER	1 0	X						0	0	0
JEROME BILL AIKEN FROM 101411 BOARD MEMBER	1 0	X						0	0	0
GEORGE L BAKRIS MD BOARD MEMBER	1 0	X						0	0	0
RD TODD BAUR BOARD MEMBER	1 0	X						0	0	0
A BRUCE BOWDEN ESQ BOARD MEMBER	1 0	X						0	0	0
DEREK E BRUCE ESQ BOARD MEMBER	1 0	X						0	0	0
ALEXANDER M CAPRON PHD BOARD MEMBER	1 0	X						0	0	0
JAMES G CARLSON BOARD MEMBER	1 0	X						0	0	0
PAUL CRAWFORD MD BOARD MEMBER	1 0	X						0	0	0
JANE S DAVIS CRNP BOARD MEMBER	1 0	X						0	0	0
THOMAS M DAVIS III THRU 101411 BOARD MEMBER	1 0	X						0	0	0
FRANCIS L DELMONICO MD BOARD MEMBER	1 0	X						0	0	0
BRIAN DILSHEIMER BOARD MEMBER	1 0	X						0	0	0
TOM HOUGH FROM 101411 BOARD MEMBER	1 0	X						0	0	0
JAY JUSTICE BOARD MEMBER	1 0	X						0	0	0
KEVIN LONGINO FROM 11412 BOARD MEMBER	1 0	X						0	0	0
DENNIS W MORGAN BOARD MEMBER	1 0	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HOWARD M NATHAN BOARD MEMBER	1 0	X						0	0	0
MICHELE O'BRIEN MSN THRU 101411 BOARD MEMBER	1 0	X						0	0	0
STEPHEN PASTAN MD BOARD MEMBER	1 0	X						0	0	0
ART PASQUARELLA CRE FROM 101411 BOARD MEMBER	1 0	X						0	0	0
GUY L SCALZI THRU 101411 BOARD MEMBER	1 0	X						0	0	0
GREGORY W SCOTT BOARD MEMBER	1 0	X						0	0	0
MICHAEL W SEXTON BOARD MEMBER	1 0	X						0	0	0
MICHAEL WATTS CPA BOARD MEMBER	1 0	X						0	0	0
PETROS A GREGORIOU VICE PRESIDENT OF FINANCE	35 0			X				152,292	0	19,589
JOSEPH VASSALOTTI CHIEF MEDICAL OFFICER	35 0				X			226,594	0	33,785
JOANN VECCHIONE SR VP, ORGANIZATIONAL RESOUR	35 0				X			207,349	0	44,442
JOAN SHEPARD LUSTIG SENIOR VP, FIELD SERVICES	35 0				X			201,474	0	24,415
KERRY WILLIS SENIOR VP, SCIENTIFIC ACTIVI	35 0				X			199,418	0	38,613
GISELE POLITOSKI THRU 752011 SENIOR VP, PROGRAMS	35 0				X			199,365	0	24,124
ERIC ALBRECHT VICE PRESIDENT	35 0				X			162,092	0	28,067
HOLLY DEVAN MANAGING DIRECTOR, KLS	35 0				X			151,991	0	24,756
ANTHONY GUCCIARDO VICE PRESIDENT	35 0				X			151,713	0	13,843
PRESTON ENGLERT JR THRU 462012 DIVISION PRES , MID-ATLANTIC	35 0					X		269,788	0	32,556
INGRID MONTECINO DIVISION PRES , GREATER NY	35 0					X		209,470	0	16,412
BETH IRICK DIVISION PRESIDENT	35 0					X		156,647	0	17,186
TROY ZIMMERMAN VICE PRESIDENT	35 0					X		154,369	0	28,053
DOLPH CHIANCHIANO SR VP, HEALTH POLICY & RESEAR	35 0					X		141,613	0	12,892
JOHN R DAVIS THRU 6302011 CHIEF EXECUTIVE OFFICER	35 0						X	1,191,360	0	107,874