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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

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

C Name of organization
NORTHWEST KIDNEY CENTERS

Doing Business As

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

City or town, state or country, and ZIP + 4
SEATTLE, WA 981224310

D Employer identification number
91-6057438

E Telephone number
(206) 292-2771

G Gross receipts $ 96,402,196

F Name and address of principal officer
JOYCE F JACKSON
700 BROADWAY
SEATTLE, WA 981224310

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW NWKIDNEY ORG

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

L Year of formation 1962

M State of legal domicile WA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
KIDNEY DISEASE PATIENT CARE, EDUCATION AND RESEARCH TO PROMOTE OPTIMAL HEALTH, QUALITY OF LIFE, AND INDEPENDENCE

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	16
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	14
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	620
6	Total number of volunteers (estimate if necessary)	**6**	607
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**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	2,057,926	2,024,173
9	Program service revenue (Part VIII, line 2g)	58,646,673	67,259,518
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	661,271	664,013
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,679,196	17,441,176
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	85,045,066	87,388,880
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	463,023	464,802
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)	47,327,922	49,500,221
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶734,427		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	33,812,948	33,552,971
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	81,603,893	83,517,994
19	Revenue less expenses Subtract line 18 from line 12	3,441,173	3,870,886

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	78,443,508	81,318,951
21	Total liabilities (Part X, line 26)	19,444,004	18,886,704
22	Net assets or fund balances Subtract line 21 from line 20	58,999,504	62,432,247

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

****** | 2013-04-30
Signature of officer | Date

JOYCE F JACKSON CEO & PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶☐	Preparer's taxpayer identification number (see instructions)
SARA ELIZABETH J HYRE			P00235495

Firm's name (or yours if self-employed), address, and ZIP + 4
CLARK NUBER PS
10900 NE 4TH STREET SUITE 1700
BELLEVUE, WA 98004

EIN ▶ 91-1194016

Phone no ▶ (425) 454-4919

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

NORTHWEST KIDNEY CENTERS' MISSION IS TO PROMOTE THE OPTIMAL HEALTH, QUALITY OF LIFE AND INDEPENDENCE OF PEOPLE WITH KIDNEY DISEASE THROUGH PATIENT CARE, EDUCATION AND RESEARCH THE ORGANIZATION KEEPS PEOPLE ALIVE WITH DIALYSIS CARE, EDUCATES THE PUBLIC ABOUT KIDNEY HEALTH, AND COLLABORATES WITH UW MEDICINE IN THE PROVISION OF SUPPORT FOR THE KIDNEY RESEARCH INSTITUTE NORTHWEST KIDNEY CENTERS IS ONE OF VERY FEW COMMUNITY-BASED, NONPROFIT DIALYSIS PROVIDERS IN THE COUNTRY FOUNDED IN SEATTLE IN 1962, NORTHWEST KIDNEY CENTERS PROVIDED THE FIRST OUT-OF-HOSPITAL DIALYSIS PROGRAM IN THE WORLD, AND CONTINUES TO SERVE AS A MODEL FOR THE DELIVERY OF KIDNEY DISEASE CARE

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the 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 $ 69,869,184 including grants of $) (Revenue $ 84,793,320)

DIALYSIS NORTHWEST KIDNEY CENTERS PROVIDED 233,783 DIALYSIS TREATMENTS (AS PROVIDED IN THE CARE OF PATIENTS SUFFERING FROM CHRONIC KIDNEY DISEASE AND ACUTE RENAL FAILURE) IN THE YEAR ENDING JUNE 30, 2012 AT YEAR END, NORTHWEST KIDNEY CENTERS SERVED AS THE CHRONIC KIDNEY DISEASE DIALYSIS TREATMENT PROVIDER FOR 1,493 PATIENTS THE ORGANIZATION PROVIDED PATIENT CARE IN FIFTEEN (15) FREE-STANDING DIALYSIS CENTERS, SUPERVISED DIALYSIS TREATMENTS PROVIDED IN THE HOMES OF PATIENTS THROUGHOUT THE COMMUNITY, AND IN ELEVEN (11) LOCAL HOSPITALS NORTHWEST KIDNEY CENTERS PROVIDED CARE FOR PATIENTS INSURED THROUGH MEDICARE AND MEDICAID PROGRAMS AT A COST THAT EXCEEDED REIMBURSEMENT BY APPROXIMATELY $17 8 MILLION IN ADDITION, NORTHWEST KIDNEY CENTERS PROVIDED CHARITY CARE IN EXCESS OF $30,000 IN THE COURSE OF THE YEAR NORTHWEST KIDNEY CENTERS' RENAL SPECIALTY PHARMACY, A RARITY IN THE NATION, SERVED IN EXCESS OF 1,568 PATIENTS DURING THE YEAR

4b (Code) (Expenses $ 399,935 including grants of $ 399,935) (Revenue $)

KIDNEY DISEASE RESEARCH NORTHWEST KIDNEY CENTERS PROVIDED FIVE NEPHROLOGY FELLOWSHIPS FOR PHYSICIANS ENGAGED IN THE STUDY OF KIDNEY DISEASE AND RENAL CARE AT THE UNIVERSITY OF WASHINGTON, ENDEAVORING TO ASSURE PROFESSIONAL CARE WILL CONTINUE TO BE AVAILABLE FOR PATIENTS WHO MAY SUFFER FROM KIDNEY DISEASE IN THE FUTURE NORTHWEST KIDNEY CENTERS PROVIDED SIGNIFICANT SUPPORT FOR THE KIDNEY RESEARCH INSTITUTE, WHICH AT YEAR-END HAD 20 STUDIES UNDER WAY, FOCUSING ON THE ROLE OF GENETICS, IMPACT OF LIFESTYLE, AND DIABETES IN KIDNEY DISEASE, AS WELL AS WAYS TO IMPROVE DIALYSIS OUTCOMES NORTHWEST KIDNEY CENTERS' INVESTMENT IN THE KIDNEY RESEARCH INSTITUTE HAS HELPED TO LEVERAGE NEARLY $20 MILLION IN FUNDING FROM THE NATIONAL INSTITUTES OF HEALTH

4c (Code) (Expenses $ 619,581 including grants of $) (Revenue $)

EDUCATION NORTHWEST KIDNEY CENTERS DEVELOPED CHOICES, A PATIENT-FOCUSED, EVIDENCE-BASED CLASS TO HELP PEOPLE UNDERSTAND THE IMPLICATIONS OF THEIR KIDNEY DISEASE DIAGNOSIS ATTENDANCE IN THE PAST YEAR EXCEEDED 593, INCLUDING 338 PATIENTS THE ORGANIZATION ALSO PROVIDED ONE-TO-ONE EDUCATION FOR 116 NEW DIALYSIS PATIENTS IN THE HOSPITAL SETTING, AND PROVIDED CLASSES CONCERNING GOOD NUTRITION FOR PEOPLE WITH KIDNEY DISEASE, ATTENDED BY 237 PATIENTS AND FAMILY MEMBERS THE ORGANIZATION PARTICIPATED IN 56 COMMUNITY OUTREACH AND SPEAKERS BUREAU EVENTS, REACHING A TOTAL OF 10,641 PEOPLE THE LARGEST EVENT PRODUCED BY NORTHWEST KIDNEY CENTERS WAS THE TENTH ANNUAL KIDNEY HEALTH FEST FOR AFRICAN AMERICAN FAMILIES, WHICH ATTRACTED 730 ATTENDEES

(Code) (Expenses $ 46,402 including grants of $ 46,402) (Revenue $)

EMERGENCY ASSISTANCE PROGRAMS FINANCIAL ASSISTANCE WAS PROVIDED TO NEEDY PATIENTS TO ASSIST WITH FOOD, HOUSING, AND OTHER EXPENSES (236 PATIENTS)

(Code) (Expenses $ 18,465 including grants of $ 18,465) (Revenue $)

SCHOLARSHIP PROGRAMS SCHOLARSHIPS WERE PROVIDED TO NEEDY DIALYSIS AND KIDNEY TRANSPLANT PATIENTS (7 PATIENTS AND 6 STAFF)

4d Other program services (Describe in Schedule O)

(Expenses $ 64,867 including grants of $ 64,867) (Revenue $)

4e **Total program service expenses** ▶ $ 70,953,567

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	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? *If "Yes," complete Schedule C, Part III*	5		No
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? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	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, line10? *If "Yes," complete Schedule D, Part VI.*	11a	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? *If "Yes," complete Schedule D, Part VII.*	11b		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? *If "Yes," complete Schedule D, Part VIII.*	11c		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? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
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)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		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	20b		

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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	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? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		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? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**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? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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**	109		
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, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	620			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
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**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		
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**		
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	1a	16		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		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?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	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*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 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?	16a		No
b	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?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ WA

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 ▶

SCOTT STRANDJORD
700 BROADWAY
SEATTLE, WA 98122
(206) 720-8508

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) DAVID WILDE CHAIR	3 00	X		X				0	0	0
(2) CRAIG GOODRICH VICE-CHAIR	4 00	X		X				0	0	0
(3) GARY R HOULAHAN SECRETARY/TREASURER	1 50	X		X				0	0	0
(4) VIRGINIA BROUDY MD BOARD MEMBER	1 00	X						0	0	0
(5) BONNIE COLLINS MD BOARD MEMBER/MEDICAL DIRECTOR	8 00	X						47,917	0	0
(6) JOSEPH C ESCHBACH BOARD MEMBER	4 00	X						0	0	0
(7) LISA FLORENCE MD BOARD MEMBER	30	X						0	0	0
(8) RICHARD GREAVES BOARD MEMBER	3 00	X						0	0	0
(9) ROBERT JAFFE MD BOARD MEMBER	1 50	X						0	0	0
(10) ROBERT LEMON BOARD MEMBER	2 00	X						0	0	0
(11) JAMES A MANNING BOARD MEMBER	3 00	X						0	0	0
(12) VILMA QUIJADA MD BOARD MEMBER/MEDICAL DIRECTOR	8 00	X						90,000	0	0
(13) CLINTON RANDOLPH BOARD MEMBER	2 00	X						0	0	0
(14) STUART SHANKLAND MD BOARD MEMBER	80	X						0	0	0
(15) ROBERT WALERIUS BOARD MEMBER	50	X						0	0	0
(16) KELLY WALLACE BOARD MEMBER	1 00	X						0	0	0
(17) BETTY HALVORSON RN BOARD MEMBER	1 00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) STEVEN HUEBNER FORMER CHAIR	4 00	X						0	0	0
(19) MICHAEL KELLY MD BOARD MEMBER/MEDICAL DIRECTOR	5 50	X						78,892	0	0
(20) JOYCE F JACKSON CEO & PRESIDENT	50 00			X				425,978	0	48,388
(21) SCOTT STRANDJORD CFO & VP OF FINANCE	50 00			X				250,883	0	39,461
(22) CONSTANCE ANDERSON VP OF CLINICAL OPERATIONS	50 00				X			255,780	0	37,412
(23) LEANNA B TYSHLER CKD MEDICAL ADVISOR	50 00					X		243,079	0	39,215
(24) EMERY POLLOCK VP OF PLANNING	50 00					X		204,679	0	34,113
(25) MARY MCHUGH VP OF ADMINISTRATIVE OPERATIONS	50 00					X		180,705	0	31,935
(26) ASHOK VARMA CHIEF TECHNOLOGY OFFICER	40 00					X		177,169	0	27,549
(27) THOMAS MONTEMAYOR PHARMACY MANAGER	40 00					X		159,434	0	27,717

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	2,114,516	0	285,790

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 105

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
ALDRICH & ASSOCIATES 810 240TH ST SE BOTHELL, WA 98021	GENERAL CONTRACTOR	6,553,676
PACLAB PO BOX 2670 SPOKANE, WA 99220	LABORATORY SERVICES	858,445
UNIVERSITY OF WASHINGTON 3917 UNIVERSITY WAY NE SEATTLE, WA 98105	MEDICAL CONSULTING	654,698
CLARK KJOS ARCHITECTS 333 NW FIFTH AVENUE PORTLAND, OR 97209	ARCHITECTS	461,304
PUGET SOUND BLOOD CENTER 921 TERRY AVENUE SEATTLE, WA 98104	BLOOD SERVICES	202,633

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 11

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	15,106				
	b	Membership dues					
	c	Fundraising events	437,664				
	d	Related organizations					
	e	Government grants (contributions)	51,000				
	f	All other contributions, gifts, grants, and similar amounts not included above	1,520,403				
	g	Noncash contributions included in lines 1a-1f $ 53,568					
	h	**Total.** Add lines 1a-1f		2,024,173			
Program Service Revenue			Business Code				
	2a	DIALYSIS	621400	63,650,826	63,650,826		
	b	LABORATORY DRUGS	612140	2,732,467	2,732,467		
	c	INSUR PREMIUM REIMBURS	612140	710,943	710,943		
	d	OTHER MEDICAL RELATED	621400	165,282	165,282		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		67,259,518			
	3	Investment income (including dividends, interest and other similar amounts)		593,645			593,645
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	114,616				
	b	Less cost or other basis and sales expenses	42,924	1,324			
	c	Gain or (loss)	71,692	-1,324			
	d	Net gain or (loss)		70,368			70,368
Other Revenue	8a	Gross income from fundraising events (not including $ 437,664 of contributions reported on line 1c) See Part IV, line 18	a 19,968				
	b	Less direct expenses	b 113,316				
	c	Net income or (loss) from fundraising events		-93,348			-93,348
	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					
	10a	Gross sales of inventory, less returns and allowances	a 26,378,936				
	b	Less cost of goods sold	b 8,855,752				
	c	Net income or (loss) from sales of inventory		17,523,184	17,523,184		
	Miscellaneous Revenue		Business Code				
	11a	MEDICAL RECORDS	900099	10,618	10,618		
	b	FREIGHT REIMB	900099	492			492
	c	MISC REVENUE	900099	230			230
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		11,340			
	12	**Total revenue.** See Instructions		87,388,880	84,793,320	0	571,387

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	399,935	399,935		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	64,867	64,867		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	1,064,297		1,064,297	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	39,288,935	33,749,485	5,160,268	379,182
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,998,803	1,713,905	265,642	19,256
9	Other employee benefits	4,016,653	3,430,206	547,908	38,539
10	Payroll taxes	3,131,533	2,686,552	416,180	28,801
11	Fees for services (non-employees)				
a	Management	1,261,331	1,261,331		
b	Legal	310,042		310,042	
c	Accounting	64,348		64,348	
d	Lobbying	93,927		93,927	
e	Professional fundraising *See Part IV, line 17*				
f	Investment management fees				
g	Other	1,150,012	195,490	835,971	118,551
12	Advertising and promotion	129,625		126,360	3,265
13	Office expenses	1,964,222	1,599,339	318,817	46,066
14	Information technology	712,371		712,371	
15	Royalties				
16	Occupancy	5,012,848	4,695,222	303,534	14,092
17	Travel	187,004	105,487	74,820	6,697
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	51,740	12,527	37,426	1,787
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,330,277	3,517,151	792,730	20,396
23	Insurance	370,539	280,719	89,820	
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	MEDICAL SUPPLIES	14,122,882	14,027,773	95,109	
b	LAB TESTING	1,501,898	1,499,232	2,666	
c	MISCELLANEOUS	1,353,670	830,956	467,924	54,790
d	BAD DEBT EXPENSE	357,043	357,043		
e					
f	All other expenses	579,192	526,347	49,840	3,005
25	**Total functional expenses.** Add lines 1 through 24f	83,517,994	70,953,567	11,830,000	734,427
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) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		1,800,860	1	1,391,773
	2	Savings and temporary cash investments		4,541,642	2	1,776,869
	3	Pledges and grants receivable, net		424,727	3	593,669
	4	Accounts receivable, net		20,392,517	4	21,538,638
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,321,744	8	1,211,510
	9	Prepaid expenses and deferred charges		556,835	9	373,060
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 79,361,626			
	b	Less accumulated depreciation	10b 43,933,426	28,547,702	10c	35,428,200
	11	Investments—publicly traded securities		20,072,452	11	18,268,922
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		785,029	15	736,310
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		78,443,508	16	81,318,951
Liabilities	17	Accounts payable and accrued expenses		6,756,075	17	6,752,748
	18	Grants payable		2,399,247	18	1,899,935
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		8,042,037	20	7,520,337
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		2,246,645	25	2,713,684
	26	**Total liabilities.** Add lines 17 through 25		19,444,004	26	18,886,704
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		55,458,985	27	58,073,592
	28	Temporarily restricted net assets		2,357,415	28	3,215,227
	29	Permanently restricted net assets		1,183,104	29	1,143,428
		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		58,999,504	33	62,432,247
	34	Total liabilities and net assets/fund balances		78,443,508	34	81,318,951

Part XI Reconcilliation 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	87,388,880
2	Total expenses (must equal Part IX, column (A), line 25)	2	83,517,994
3	Revenue less expenses Subtract line 2 from line 1	3	3,870,886
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	58,999,504
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-438,143
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	62,432,247

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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a 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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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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
NORTHWEST KIDNEY CENTERS

Employer identification number
91-6057438

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

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

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

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

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

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

_____

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

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

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

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

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

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

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

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

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

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

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

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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 ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 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**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

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 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 ")	2,023,995	2,606,526	5,816,472	2,057,926	2,024,173	14,529,092
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	78,160,748	83,135,261	89,352,648	91,748,052	93,649,072	436,045,781
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	80,184,743	85,741,787	95,169,120	93,805,978	95,673,245	450,574,873
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	126,764	74,453	74,070	273,049	168,042	716,378
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						0
c Add lines 7a and 7b	126,764	74,453	74,070	273,049	168,042	716,378
8 **Public Support** (Subtract line 7c from line 6)						449,858,495

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	80,184,743	85,741,787	95,169,120	93,805,978	95,673,245	450,574,873
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	544,703	403,228	427,134	644,505	593,645	2,613,215
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	544,703	403,228	427,134	644,505	593,645	2,613,215
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)	80,729,446	86,145,015	95,596,254	94,450,483	96,266,890	453,188,088

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	99 270 %
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	99 220 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	0 580 %
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	0 630 %

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

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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	Employer identification number
NORTHWEST KIDNEY CENTERS	91-6057438

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 funtion activities ▶ $ _____

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

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 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)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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) Yes	(a) No	(b) 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?	Yes		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		93,927
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			93,927
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
PART IV, SUPPLEMENTAL INFORMATION		THE NORTHWEST KIDNEY CENTERS ENGAGED IN LOBBYING AT THE STATE AND FEDERAL LEVEL DURING THE FISCAL YEAR ENDED 6/30/12 OUR STAFF MEMBERS TRAVELED TO WASHINGTON D C TO MEET WITH MEMBERS OF CONGRESS AS AN ONGOING EFFORT TO KEEP THEM INFORMED OF THE NEEDS AND CONCERNS OF KIDNEY PATIENTS STAFF AND VOLUNTEERS VISIT STATE LEGISLATORS ONE DAY EACH YEAR TO EDUCATE THE LEGISLATORS ON THE PREVALENCE OF KIDNEY DISEASE AND TO ADVOCATE FOR BILLS THAT WOULD SUPPORT OPTIMAL CARE FOR KIDNEY PATIENTS THE GROUP TRAVELED TO OLYMPIA, WA TO ADVOCATE FOR ISSUES THAT HELP KIDNEY PATIENTS

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NORTHWEST KIDNEY CENTERS

Employer identification number
91-6057438

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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 ▶ $ _____

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	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	4,034,699	3,420,755	577,339	1,106,308	
b	Contributions	5,027	28,756	2,768,170		
c	Investment earnings or losses	-1,234	617,092	91,462	-350,444	
d	Grants or scholarships			5,440		
e	Other expenditures for facilities and programs	47,199	31,904	10,776	178,525	
f	Administrative expenses	34,929				
g	End of year balance	3,956,364	4,034,699	3,420,755	577,339	

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 77 000 %
- b Permanent endowment ▶ 7 000 %
- c Term endowment ▶ 16 000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	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		1,929,325		1,929,325
b Buildings		23,594,235	13,615,039	9,979,196
c Leasehold improvements		29,650,966	11,480,898	18,170,068
d Equipment		24,187,100	18,837,489	5,349,611
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				35,428,200

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DEFERRED COMPENSATION	176,627
DEFERRED TENANT LEASEHOLD ALLOWANCE	1,442,169
DEFERRED RENT	1,094,888
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	2,713,684

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	87,388,880
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	83,517,994
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,870,886
4	Net unrealized gains (losses) on investments	4	-404,324
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-33,819
9	Total adjustments (net) Add lines 4 - 8	9	-438,143
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	3,432,743

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	95,919,805
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-404,324		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-33,819		
e	Add lines **2a** through **2d**			2e	-438,143
3	Subtract line **2e** from line **1**			3	96,357,948
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	-8,969,068		
c	Add lines **4a** and **4b**			4c	-8,969,068
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	87,388,880

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	92,487,062
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	8,969,068		
e	Add lines **2a** through **2d**			2e	8,969,068
3	Subtract line **2e** from line **1**			3	83,517,994
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	83,517,994

Part XIV Supplemental 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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	FUNDS ARE USED FOR KIDNEY DISEASE RESEARCH, PATIENT SCHOLARSHIPS AND PATIENT EMERGENCIES
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT - 33,819
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT - 33,819
PART XII, LINE 4B - OTHER ADJUSTMENTS		PHARMACY COST OF GOODS SOLD -8,855,752 SPECIAL EVENT EXPENSES REPORTED ON PART VIII -113,316
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES REPORTED ON PART VIII 113,316 PHARMACY COST OF GOODS SOLD 8,855,752
		PART V, LINE 1F - ADMINISTRATIVE EXPENSES FOR ENDOWMENT FUNDS THE AMOUNT OF $34,929 IS DUE TO A PRIOR PERIOD ADJUSTMENT MADE DURING THE FINANCIAL STATEMENT AUDIT FOR FISCAL YEAR 2012

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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
NORTHWEST KIDNEY CENTERS

Employer identification number
91-6057438

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
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

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? Yes	No	**(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
Total . . . . . ▶						

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

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.

Revenue / Direct Expenses		(a) Event #1 BREAKFAST OF HOPE (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	457,632			457,632
	2 Less Charitable contributions	437,664			437,664
	3 Gross income (line 1 minus line 2)	19,968			19,968
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	260			260
	7 Food and beverages	26,856			26,856
	8 Entertainment	21,550			21,550
	9 Other direct expenses	64,650			64,650
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(113,316)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-93,348

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.

Revenue / Direct Expenses		(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				
Direct Expenses	2 Cash prizes				
	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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NORTHWEST KIDNEY CENTERS

Employer identification number
91-6057438

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
(1) UNIVERSITY OF WASHINGTON3917 UNIVERSITY WAY NE SEATTLE, WA 98105	91-6001537	GOVT - UNIVERSITY	399,935				SEE SCHEDULE I, PART IV

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

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 0

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) SCHOLARSHIPS	13	0	18,465	BOOK	SCHOLARSHIPS TO NORTHWEST KIDNEY CENTERS DIALYSIS PATIENTS AND EMPLOYEES
(2) EMERGENCY GRANTS TO COVER FOOD, HOUSING, UTILITIES AND TRANSPORTATION	236	0	46,402	BOOK	SUPPORT FOR SELECT NORTHWEST KIDNEY CENTERS PATIENTS WHO RESIDE WITHIN WASHINGTON STATE

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
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GIFT TO THE UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE/DIVISION OF NEPHROLOGY AS DESCRIBED IN THE "GIFT AGREEMENT BETWEEN NORTHWEST KIDNEY CENTERS AND UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE/DIVISION (UWSOM) OF NEPHROLOGY" (DATED AUGUST 21, 2006), AND "FIRST EXTENSION" (DATED AUGUST 8, 2007) AND "SECOND EXTENSION" (DATED AUGUST 1, 2008), THE FOLLOWING PROVISIONS WERE ESTABLISHED IN REGARD TO PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS PARAGRAPH A-FOR FISCAL YEAR 2011 (FISCAL YEAR STARTS IN JULY 2010 AND ENDS IN JUNE 2011) NKC WILL PROVIDE GIFTS DIRECTED TO THE UW DIVISION NEPHROLOGY TO ENHANCE THE TRAINING OF FELLOWS IN NEPHROLOGY, TO SUPPORT BASIC RESEARCH INTO THE CAUSES AND CURES OF KIDNEY DISEASE, AND TO SUPPORT THE ACTIVITIES OF THE KIDNEY RESEARCH INSTITUTE AT THE UNIVERSITY OF WASHINGTON PARAGRAPH B-NKC AND UWSOM AGREE THAT THESE GIFTS WILL NOT BE USED TO PAY UWSOM OVERHEAD, DEPARTMENT ASSESSMENTS, OR INDIRECT COSTS ON STUDIES THE PARTIES FURTHER AGREE THAT THE UWSOM IS REPONSIBLE FOR STEWARDSHIP OF THESE FUNDS AND WILL DIRECTLY UTILIZE THE FULL AMOUNT OF THE GIFTS THERE ARE NO CONTRACTUAL ARRANGEMENTS ASSOCIATED WITH THE FUNDS, WHICH REQUIRE OR PROVIDE FOR COMPLIANCES WITH PROTOCOLS, PATIENT RIGHTS, TECHNOLOGY TRANSFER OR OTHER SIMILAR CONDITIONS OR PROPRIETARY INFORMATION WITH NKC PARAGRAPH D-PERIODICALLY UWSOM WILL PROVIDE NKC WRITTEN AND VERBAL REPORTS AND INFORMATIONAL PRESENTATIONS REGARDING THE ACTIVITIES OF THE FUNDED FELLOWS, THE BASIC RESEARCH CONDUCTED WITH NKC FUNDING, AND ACTIVITIES OF THE KIDNEY RESEACH INSTITUTE, AT A SCHEDULE MUTUALLY AGREED UPON BETWEEN THE NKC PRESIDENT AND CEO AND THE UW HEAD, DIVISION OF NEPHROLOGY PARAGRAPH E-UPON REQUEST UWSOM SHALL PROVIDE NKC INFORMATION REGARDING THE AMOUNT AND TYPE OF EXPENDITURES ASSOCIATED WITH GIFTS FELLOWSHIP PROGRAM, BASIC RESEARCH ENDEAVORS, OR KIDNEY RESEARCH INSTITUTE FOR USE IN SUBSEQUENT FISCAL YEARS ALL FUNDS REMAIN WITH UWSOM AS A GIFT FOR THE KRI PATIENT EMERGENCY FUND GRANTS THE EMERGENCY FUND PROGRAM PROVIDES SUPPORT FOR SELECT NORTHWEST KIDNEY CENTERS (NKC) PATIENTS CURRENTLY RECEIVING DIALYSIS, OR PATIENTS OF NKC WHO HAVE RECEIVED A KIDNEY TRANSPLANT WITHIN THE PREVIOUS THREE YEARS, AND RESIDES WITHIN WASHINGTON STATE GRANTS OF UP TO $250 PER PATIENT MAY BE AWARDED IN A GIVEN TWELVE MONTH PERIOD REQUESTS FOR LARGER AMOUNTS WILL BE CONSIDERED INDIVIDUALLY ON AN EXCEPTION BASIS NKC SOCIAL WORKERS ARE RESPONSIBLE FOR OBTAINING DOCUMENTATION OF THE PATIENT'S NEED AND INVESTIGATION OF ALL OTHER POSSIBLE COMMUNITY RESOURCES AVAILABLE TO MEET THE NEED EACH GRANT MUST BE APPROVED BY THE PATIENT'S SOCIAL WORKER, AND THE SOCIAL SERVICES MANAGER THE GRANT WILL BE PAID TO A THIRD PARTY FOR THE SERVICE OR MATERIAL NEEDED BY THE PATIENT CHECKS WILL NOT BE MADE OUT TO THE PATIENT DIRECTLY WHERE POSSIBLE, A COPY OF A BILL SHOULD BE SUBMITTED WITH THE APPLICATION THE NORTHWEST KIDNEY CENTERS' (NKC) REHABILITATION SCHOLARSHIPS ARE AWARDED TO NKC DIALYSIS PATIENTS OR FORMER DIALYSIS PATIENTS WHO HAVE RECEIVED A KIDNEY TRANSPLANT IN THE PREVIOUS FIVE YEAR PERIOD APPLICANTS MUST BE 18 YEARS OLD OR OLDER, LIVE IN WASHINGTON STATE AND PLAN TO STUDY AT AN ACCREDITED SCHOOL OR TRAINING PROGRAM WITHIN WASHINGTON STATE APPLICANTS SHOULD HAVE A CLEAR EMPLOYMENT GOAL AND BE ABLE TO DEMONSTRATE FINANCIAL NEED THE MAXIMUM YEARLY AWARD IS $3,000 SCHOLARSHIP RECIPIENTS MAY APPLY EACH YEAR UNTIL THEY HAVE USED A TOTAL OF $6,000 IN SCHOLARSHIP FUNDS THE APPLICANT'S ACADEMIC PROGRESS IS MONITORED DURING THE YEAR FOLLOWING THE AWARD OF THE SHOLARSHIP
		SCHEDULE I, PART II, LINE 1, COLUMN H RESEARCH GRANTS ARE AWARDED TO UNIVERSITY PHYSICIANS WHO ARE CONDUCTING STUDIES, WHICH ARE DEDICATED TO RESEARCHING CAUSES AND CURES OF CONDITIONS RELATING TO KIDNEY DISEASES FELLOWSHIPS ARE AWARDED TO THE UNIVERSITY OF WASHINGTON TO PROVIDE SALARY FUNDS FOR PHYSICIANS IN TRAINING TO BECOME NEPHROLOGISTS WHO WILL CARE FOR PATIENTS WITH KIDNEY DISEASE THE KIDNEY RESEARCH INSTITUTE IS A UNIVERSITY OF WASHINGTON BASED ORGANIZATION THAT IS DEDICATED TO THE RESEARCH OF KIDNEY DISEASE

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NORTHWEST KIDNEY CENTERS

Employer identification number
91-6057438

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
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**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured 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) JOYCE F JACKSON	(i)	335,117	40,000	50,861	14,054	34,334	474,366	0
	(ii)	0	0	0	0	0	0	0
(2) SCOTT STRANDJORD	(i)	224,723	15,000	11,160	13,483	25,978	290,344	0
	(ii)	0	0	0	0	0	0	0
(3) CONSTANCE ANDERSON	(i)	229,654	15,000	11,126	13,334	24,078	293,192	0
	(ii)	0	0	0	0	0	0	0
(4) LEANNA B TYSHLER	(i)	240,506	0	2,573	14,433	24,782	282,294	0
	(ii)	0	0	0	0	0	0	0
(5) EMERY POLLOCK	(i)	180,705	15,000	8,974	11,022	23,091	238,792	0
	(ii)	0	0	0	0	0	0	0
(6) MARY MCHUGH	(i)	180,705	0	0	10,842	21,093	212,640	0
	(ii)	0	0	0	0	0	0	0
(7) ASHOK VARMA	(i)	169,177	0	7,992	8,885	18,664	204,718	0
	(ii)	0	0	0	0	0	0	0
(8) THOMAS MONTEMAYOR	(i)	147,688	0	11,746	9,008	18,709	187,151	0
	(ii)	0	0	0	0	0	0	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 7	THE PRESIDENT/CHIEF EXECUTIVE OFFICER PARTICIPATES IN AN INCENTIVE PLAN DESIGNED FOR THIS OFFICE-HOLDER ALONE THE PURPOSE OF THIS PLAN IS TO ALIGN THE PRESIDENT'S INTERESTS WITH THOSE OF THE BOARD AND NKC'S BROADER CONSTITUENTS AND TO RECOGNIZE SPECIAL CONTRIBUTIONS TO NKC'S FINANCIAL AND OPERATIONAL SUCCESS THE EXECUTIVE COMMITTEE OF THE BOARD SHALL MEET ANNUALLY TO ESTABLISH REASONABLE FINANCIAL AND OTHER GOALS FOR THE COMING YEAR AT THE CONCLUSION OF EACH YEAR, THE EXECUTIVE COMMITTEE WILL MEET IN EXECUTIVE SESSION TO REVIEW PERFORMANCE COMPARED TO THE PREDETERMINED GOALS, TO SET APPROPRIATE INCENTIVE COMPENSATION AS REASONABLY DETERMINED BY THE COMMITTEE IN ITS DISCRETION, AND TO APPROVE GOALS FOR THE FOLLOWING YEAR THE CHAIR OR HIS OR HER DESIGNATE WILL THEN MEET WITH THE CEO TO DISCUSS PERFORMANCE AND ANNOUNCE THE INCENTIVE COMPENSATION AWARDED BY THE EXECUTIVE COMMITTEE SCOTT STRANDJORD, CONSTANCE ANDERSON, AND EMERY POLLOCK, AS SENIOR MEMBERS OF THE NORTHWEST KIDNEY CENTERS EXECUTIVE LEADERSHIP, RECEIVED INCENTIVE COMPENSATION DISTRIBUTIONS, SUBSEQUENT TO REVIEW BY NORTHWEST KIDNEY CENTERS' BOARD OF TRUSTEES' COMPENSATION COMMITTEE

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NORTHWEST KIDNEY CENTERS

Employer identification number
91-6057438

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929		06-24-2008	6,100,000	CAPITAL IMPROVEMENTS		X		X		X
B	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929		04-19-2007	3,600,000	CAPITAL IMPROVEMENTS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	1,184,536	995,127		
2	Amount of bonds defeased				
3	Total proceeds of issue	6,100,000	3,600,000		
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	56,918	20,558		
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	6,043,082	3,579,442		
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2009	2007		

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X				
15	Were the bonds issued as part of an advance refunding issue?		X		X				
16	Has the final allocation of proceeds been made?	X		X					
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X					

Part III Private Business Use

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X				
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X				

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X				
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X				
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5								
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X				
2	Is the bond issue a variable rate issue?		X		X				
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X				
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X		X				
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5	Were any gross proceeds invested beyond an available temporary period?		X		X				
6	Did the bond issue qualify for an exception to rebate?		X		X				

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☑ Yes ☐ No

Part VI Supplemental Information

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

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
NORTHWEST KIDNEY CENTERS

Employer identification number
91-6057438

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				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	1	5,063	FMV
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (VARIOUS)	X	29	48,505	FMV
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** 0

		Yes	No
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? **30a**		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? **31**	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? **32a**		No
b	If "Yes," describe in Part II		
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II

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

Identifier	Return Reference	Explanation
METHOD FOR DETERMINING NUMBER OF CONTRIBUTORS	PART I, COLUMN (B)	THE NUMBER IN COLUMN B IS BASED ON THE NUMBER OF CONTRIBUTORS

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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
NORTHWEST KIDNEY CENTERS

Employer identification number
91-6057438

Identifier	Return Reference	Explanation
	FORM 990, PART I, LINE 6	NORTHWEST KIDNEY CENTERS SPONSORS MANY EVENTS EVERY YEAR TO MAKE THESE EVENTS SUCCESSFUL, NWKC UTILIZES HUNDREDS OF VOLUNTEERS FOR REGISTRATION, GREETING, SET-UP, TAKE-DOWN, TALKING TO THE PUBLIC ABOUT KIDNEY DISEASE AND MORE. OCCASIONALLY, VOLUNTEER OPPORTUNITIES ARE AVAILABLE IN OUR ADMINISTRATIVE OFFICES AND COMMUNITY DIALYSIS CENTERS THERE WERE ALSO 16 VOLUNTEER BOARD MEMBERS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 2	BOARD MEMBERS STUART SHANKLAND MD AND MICHAEL KELLY MD HAVE A BUSINESS RELATIONSHIP

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE 2011 FORM 990 WAS REVIEWED BY THE BOARD'S FINANCE AND AUDIT COMMITTEE AND BY THE BOARD OF TRUSTEES BEFORE IT WAS FILED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION ASKS ALL BOARD MEMBERS, OFFICERS AND OTHER DECISION MAKING STAFF MEMBERS TO ANNUALLY DISCLOSE INTERESTS THAT COULD GIVE RISE TO CONFLICTS THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED EACH YEAR ALONG WITH A LIST OF VENDORS AND ORGANIZATIONS WITH WHICH WE CONTRACT WE REQUIRE AND ACHIEVE 100% COMPLIANCE WITH RETURN OF CONFLICT OF INTEREST DISCLOSURES ALL DISCLOSURES ARE REVIEWED BY THE BOARD CHAIR, THE CHAIR OF THE BOARD'S COMPLIANCE COMMITTEE, AND THE PRESIDENT/CEO FOLLOW UP WITH SPECIFIC INDIVIDUALS IS PERFORMED AS NEEDED THE REVIEW PROCESS IS REPORTED TO THE BOARD WHEN COMPLETE INDIVIDUALS ARE REMINDED TO ABSTAIN FROM VOTES IF THERE IS A POTENTIAL CONFLICT OF INTEREST THE CONFLICT OF INTEREST POLICY IS SHARED WITH ALL NEW EMPLOYEES AND NEW BOARD MEMBERS AND IS AVAILABLE AT ALL TIMES VIA ON-LINE POLICIES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE NORTHWEST KIDNEY CENTERS BOARD OF TRUSTEES' COMPENSATION COMMITTEE DOES REVIEW THE COMPARABILITY OF THE PRESIDENT/CEO'S COMPENSATION THE COMMITTEE CONSISTS OF 3 INDEPENDENT BOARD MEMBERS WHO DO NOT RECEIVE ANY COMPENSATION FROM NKC THIS COMMITTEE CONTRACTS WITH ANOTHER INDEPENDENT FIRM TO PROVIDE AN INTERMEDIATE SANCTIONS LETTER (DETERMINING THE ORGANIZATION IS IN COMPLIANCE) FOR THE COMMITTEE AND TO MEET FIDUCIARY AND IRS RESPONSIBILITIES THIS OUTSIDE REVIEW USES HOSPITAL AND HEALTHCARE COMPENSATION DATA TO REVIEW TOTAL COMPENSATION RELATIVE TO SIZE, COMPLEXITY, MARKET LOCATION, AND NATURE OF THE ORGANIZATION AND TO THEN OPINE ON THE COMPENSATION PACKAGE THE COMPENSATION COMMITTEE MAKES A RECOMMENDATION REGARDING THE PRESIDENT/CEO'S COMPENSATION TO THE NKC BOARD OF TRUSTEES' EXECUTIVE COMMITTEE WHICH THEN ACTS ON THAT RECOMMENDATION THE PROCESS WAS PERFORMED IN OCTOBER 2011 AND OCTOBER 2012 DATA REGARDING THE VICE PRESIDENTS' PAY HISTORY, CURRENT PAY AND PROPOSED ADJUSTMENTS HAVE BEEN PROVIDED TO THE NKC COMPENSATION COMMITTEE, WHICH IS MADE UP OF 3 INDEPENDENT BOARD MEMEBERS, WHO DETERMINE THAT SUCH AMOUNTS ARE CONSISTENT WITH MARKET PARAMETERS THIS PROCESS WAS LAST PERFORMED IN OCTOBER 2011 AND OCTOBER 2012

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S BYLAWS, ARTICLES OF INCORPORATION, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON THE NKC WEBSITE IN THE "ABOUT US" SECTION THE ANNUAL FISCAL YEAR FINANCIAL RESULTS ARE PUBLISHED IN THE ANNUAL REPORT WHICH IS AVAILABLE ON THE WEBSITE AND DISTRIBUTED IN HARD COPY TO 7,500 INDIVIDUALS INCLUDING PATIENTS, DOCTORS, DONORS AND THE GENERAL PUBLIC IN ADDITION, 50,000 WERE INSERTED INTO THE SEATTLE TIMES NEWSPAPER ON NOVEMBER 2, 2012 AND ADDITIONAL COPIES ARE BEING HANDED OUT INDIVIDUALLY

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -404,324 CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT -33,819 TOTAL TO FORM 990, PART XI, LINE 5 -438,143

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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
NORTHWEST KIDNEY CENTERS

Employer identification number
91-6057438

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

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? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

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
(1) PERPETUAL TRUST (1)	INVESTMENT	WA	N/A	T			

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

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a	No
b	Gift, grant, or capital contribution to related organization(s)	1b	No
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes
d	Loans or loan guarantees to or for related organization(s)	1d	No
e	Loans or loan guarantees by related organization(s)	1e	No
f	Sale of assets to related organization(s)	1f	No
g	Purchase of assets from related organization(s)	1g	No
h	Exchange of assets with related organization(s)	1h	No
i	Lease of facilities, equipment, or other assets to related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets from related organization(s)	1j	No
k	Performance of services or membership or fundraising solicitations for related organization(s)	1k	No
l	Performance of services or membership or fundraising solicitations by related organization(s)	1l	No
m	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m	No
n	Sharing of paid employees with related organization(s)	1n	No
o	Reimbursement paid to related organization(s) for expenses	1o	No
p	Reimbursement paid by related organization(s) for expenses	1p	No
q	Other transfer of cash or property to related organization(s)	1q	No
r	Other transfer of cash or property from related organization(s)	1r	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)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

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

Identifier	Return Reference	Explanation	

Additional Data

Software ID:
Software Version:
EIN: 91-6057438
Name: NORTHWEST KIDNEY CENTERS

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 46,402 including grants of $ 46,402) (Revenue $)

EMERGENCY ASSISTANCE PROGRAMS FINANCIAL ASSISTANCE WAS PROVIDED TO NEEDY PATIENTS TO ASSIST WITH FOOD, HOUSING, AND OTHER EXPENSES (236 PATIENTS)

(Code) (Expenses $ 18,465 including grants of $ 18,465) (Revenue $)

SCHOLARSHIP PROGRAMS SCHOLARSHIPS WERE PROVIDED TO NEEDY DIALYSIS AND KIDNEY TRANSPLANT PATIENTS (7 PATIENTS AND 6 STAFF)