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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at *www.IRS.gov/form990*

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

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) 700 BROADWAY
Room/suite

City or town, state or province, country, and ZIP or foreign postal code
SEATTLE, WA 981224310

D Employer identification number
91-6057438

E Telephone number
(206) 292-2771

G Gross receipts $ 111,090,420

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

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

H(b) Are all subordinates 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

Activities & Governance

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	17
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 2013 (Part V, line 2a)	5	639
6	Total number of volunteers (estimate if necessary)	6	378
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)	1,599,036	2,543,163
	9	Program service revenue (Part VIII, line 2g)	85,458,237	86,985,772
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,054,007	893,150
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,206,152	3,200,834
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	90,317,432	93,622,919
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,475,323	2,401,219
	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)	51,101,594	51,173,927
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶593,869		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	33,317,243	35,542,496
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	86,894,160	89,117,642
	19	Revenue less expenses Subtract line 18 from line 12	3,423,272	4,505,277

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	89,700,708	97,669,645
	21	Total liabilities (Part X, line 26)	23,752,208	25,240,127
	22	Net assets or fund balances Subtract line 21 from line 20	65,948,500	72,429,518

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

****** | 2015-05-01
Signature of officer | Date

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
SARA ELIZABETH J HYRE		2015-05-01		P00235495

Firm's name ▶ CLARK NUBER PS | Firm's EIN ▶ 91-1194016

Firm's address ▶ 10900 NE 4TH STREET SUITE 1700 BELLEVUE, WA 98004 | 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 or note to any line 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 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 $ 72,069,667 including grants of $) (Revenue $ 90,377,489)

DIALYSIS NORTHWEST KIDNEY CENTERS PROVIDED 247,254 DIALYSIS TREATMENTS (AS PROVIDED IN THE CARE OF PATIENTS SUFFERING FROM CHRONIC KIDNEY DISEASE (CKD) AND ACUTE RENAL FAILURE) IN THE YEAR ENDING JUNE 30, 2014 AT YEAR END, NORTHWEST KIDNEY CENTERS SERVED AS THE CHRONIC KIDNEY DISEASE DIALYSIS TREATMENT PROVIDER FOR 1,544 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 TWELVE (12) LOCAL HOSPITALS NORTHWEST KIDNEY CENTERS PROVIDED CARE FOR PATIENTS INSURED THROUGH MEDICARE AND MEDICAID PROGRAMS AT A COST THAT EXCEEDED REIMBURSEMENT BY APPROXIMATELY $15 8 MILLION IN ADDITION, NORTHWEST KIDNEY CENTERS PROVIDED CHARITY CARE IN EXCESS OF $29,000 IN THE COURSE OF THE YEAR NORTHWEST KIDNEY CENTERS' RENAL SPECIALTY PHARMACY, A RARITY IN THE NATION, SERVED IN EXCESS OF 1699 PATIENTS DURING THE YEAR

4b (Code) (Expenses $ 2,329,727 including grants of $ 2,329,727) (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 AS OF JUNE 30, 2014, HAD 50 STUDIES UNDERWAY, FOCUSING ON THE ROLE OF GENETICS, IMPACT OF LIFESTYLE, AND DIABETES IN KIDNEY DISEASE, AS WELL AS WAYS TO IMPROVE DIALYSIS OUTCOMES THE KIDNEY RESEARCH INSTITUTE PUBLISHED OVER 500 SCIENTIFIC PAPERS IN PEER REVIEWED JOURNALS FROM 2008 THROUGH JUNE 2014 NORTHWEST KIDNEY CENTERS' INVESTMENT IN THE KIDNEY RESEARCH INSTITUTE HAS HELPED TO LEVERAGE OVER $50 MILLION IN FUNDING FROM THE NATIONAL INSTITUTES OF HEALTH AS OF JUNE 30, 2014

4c (Code) (Expenses $ 679,607 including grants of $) (Revenue $)

EDUCATION NORTHWEST KIDNEY CENTERS VALUES EDUCATION NORTHWEST KIDNEY CENTERS OFFER CLASSES THAT HELP PEOPLE WITH CHRONIC KIDNEY DISEASE PRESERVE KIDNEY FUNCTION, CHOOSE APPROPRIATE TREATMENT, TAKE CARE OF A TRANSPLANTED KIDNEY AND IN GENERAL BE AN EMPOWERED PARTNER IN THEIR KIDNEY HEALTH CARE NORTHWEST KIDNEY CENTERS EDUCATES THROUGH CHOICES, A PATIENT-FOCUSED, EVIDENCE-BASED CLASS TO HELP PEOPLE UNDERSTAND THE IMPLICATIONS OF THEIR KIDNEY DISEASE DIAGNOSIS DURING FISCAL YEAR 7/13-6/14, THE ORGANIZATION PROVIDED EDUCATION ABOUT CKD TREATMENT OPTIONS TO 381 PATIENTS AND 298 FAMILY MEMBERS, FOR A TOTAL OF 679 ATTENDEES THE ORGANIZATION ALSO PROVIDED 8 URGENT, ONE-ON-ONE CONSULTS FOR PATIENTS IN THE HOSPITAL SETTING IN ADDITION TO MODALITY EDUCATION, NUTRITION AND HEALTHY EATING CLASSES FOR PEOPLE WITH KIDNEY DISEASE, EATING WELL LIVING WELL, WERE ATTENDED BY 200 PATIENTS AND 92 FAMILY MEMBERS, FOR A TOTAL OF 292 ATTENDEES NORTHWEST KIDNEY CENTERS PROVIDED MODALITY SPECIFIC CLASSES, NEXT STEP, TO PEOPLE WITH KIDNEY DISEASE NOT ON DIALYSIS AS WELL AS TO THOSE THAT ARE THESE NEXT STEP CLASSES WERE ATTENDED BY 236 PATIENTS AND 27 FAMILY MEMBERS, FOR A TOTAL OF 263 ATTENDEES FOR POST-TRANSPLANT PATIENTS, NORTHWEST KIDNEY CENTERS OFFERED THE LIVING WELL WITH A TRANSPLANT CLASS TO 25 PATIENTS AND 7 FAMILY MEMBERS, FOR A TOTAL OF 32 ATTENDEES NORTHWEST KIDNEY CENTERS PARTICIPATED IN 56 COMMUNITY HEALTH EDUCATION AND OUTREACH ACTIVITIES, REACHING A TOTAL OF 12,658 PEOPLE DURING FISCAL YEAR 7/13-6/14 THESE ACTIVITIES INCLUDED 14 PUBLIC SPEAKING ENGAGEMENTS REACHING 2,075 PEOPLE, AND 42 COMMUNITY EVENTS REACHING 10,583 PEOPLE THE LARGEST SINGLE SPEAKING ENGAGEMENT THAT NORTHWEST KIDNEY CENTERS PARTICIPATED IN WAS THE RAT CITY ROLLERGIRLS DERBY, DURING WHICH THE ORGANIZATION REACHED APPROXIMATELY 1,100 ATTENDEES THE LARGEST SINGLE COMMUNITY HEALTH EVENT THAT NORTHWEST KIDNEY CENTERS SUPPORTED WAS THE DIABETES EXPO, REACHING APPROXIMATELY 1,500 ATTENDEES

(Code) (Expenses $ 52,792 including grants of $ 52,792) (Revenue $)

EMERGENCY ASSISTANCE PROGRAMS FINANCIAL ASSISTANCE WAS PROVIDED TO NEEDY PATIENTS TO ASSIST WITH FOOD, HOUSING, AND OTHER EXPENSES (291 PATIENTS)

(Code) (Expenses $ 18,700 including grants of $ 18,700) (Revenue $)

SCHOLARSHIP PROGRAMS SCHOLARSHIPS WERE PROVIDED TO NEEDY DIALYSIS AND KIDNEY TRANSPLANT PATIENTS AND EMPLOYEES (3 PATIENTS AND 4 EMPLOYEES)

4d Other program services (Describe in Schedule O)

(Expenses $ 71,492 including grants of $ 71,492) (Revenue $)

4e **Total program service expenses** ▶ 75,150,493

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 for escrow or custodial account liability, 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, line 10? *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 and XII*	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 and XII 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, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts 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 other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts 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 (see instructions)*	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	Yes	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government 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 or 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, line 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *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 direct or indirect 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, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, 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		
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 11b 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 or note to any line in this Part V . . . . ✓

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	91			
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	639			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b	If "Yes," enter the name of the foreign country ▶ See 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 as charitable contributions?			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
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.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the 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 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 or note to any line 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** 17			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
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**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		**3**		No
4	Did the organization make any significant changes to its 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 this 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 ☐ Other (explain in Schedule O)

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 during the tax year

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization
▶CARRIE MCCABE 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 or note to any line 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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) CRAIG GOODRICH CHAIR	4 00	X		X				0	0	0
(2) GARY R HOULAHAN VICE-CHAIR	4 00	X		X				0	0	0
(3) VIRGINIA BROUDY MD BOARD MEMBER	1 00	X						0	0	0
(4) BONNIE COLLINS MD BOARD MEMBER/MEDICAL DIRECTOR	10 00	X						53,250	0	0
(5) CYRUS CRYST MD BOARD MEMBER/MEDICAL DIRECTOR	6 00	X						70,000	0	0
(6) JOSEPH C ESCHBACH CFA BOARD MEMBER	3 00	X						0	0	0
(7) LISA FLORENCE MD BOARD MEMBER	30	X						0	0	0
(8) RICHARD GREAVES BOARD MEMBER	3 50	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	10 00	X						134,583	0	0
(13) CLINTON RANDOLPH BOARD MEMBER	2 00	X						0	0	0
(14) STUART SHANKLAND MD BOARD MEMBER	1 00	X						0	0	0
(15) KELLY WALLACE BOARD MEMBER	1 00	X						0	0	0
(16) ROBERT WALERIUS BOARD MEMBER	50	X						0	0	0
(17) DAVID WILDE BOARD MEMBER	2 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 (list any hours for related organizations below dotted line)	(C) Position: Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(18) JOYCE F JACKSON CEO & PRESIDENT	50 00			X				428,378	0	33,584
(19) SCOTT STRANDJORD CFO & VP OF FINANCE	50 00			X				290,179	0	26,217
(20) MARY MCHUGH CORPORATE SECRETARY	50 00			X				214,458	0	20,724
(21) CONSTANCE ANDERSON VP OF CLINICAL OPERATIONS	50 00				X			249,094	0	24,829
(22) LEANNA B TYSHLER CKD MEDICAL DIRECTOR	50 00					X		276,032	0	24,924
(23) ELIZABETH MICKEL VP OF HUMAN RESOURCES	50 00					X		189,581	0	19,346
(24) EMERY POLLOCK VP OF PLANNING	50 00					X		177,326	0	20,025
(25) THOMAS MONTEMAYOR PHARMACY MANAGER	40 00					X		175,359	0	19,370
(26) ASHOK VARMA CHIEF TECHNOLOGY OFFICER	40 00					X		173,361	0	19,708

		(D)	(E)	(F)
1b	Sub-Total . . . . ▶			
c	Total from continuation sheets to Part VII, Section A . . . . ▶			
d	Total (add lines 1b and 1c) . . . . ▶	2,431,601	0	208,727

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 ▶127

			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	3,705,367
PATHOLOGY ASSOCIATES MEDICAL LABS PO BOX 2670 SPOKANE WA 98220	LABORATORY SERVICES	775,923
UNIVERSITY OF WA MEDICINE DIV OF NEPHRO 1959 NE PACIFIC BB1263 BOX 356521 SEATTLE WA 98195	MEDICAL CONSULTING	708,522
DAVIS WRIGHT TREMAINE LLP 1201 THIRD AVENUE SUITE 2200 SEATTLE WA 981013045	ATTORNEYS	300,546
CLARKKJOS ARCHITECTS 333 NW FIFTH AVENUE PORTLAND OR 97209	ARCHITECTS	173,607

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 ▶8

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . ☐

Contributions, Gifts, Grants and Other Similar Amounts

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1a	Federated campaigns	1a	20,970				
b	Membership dues	1b					
c	Fundraising events	1c	745,729				
d	Related organizations	1d					
e	Government grants (contributions)	1e	25,000				
f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,751,464				
g	Noncash contributions included in lines 1a-1f $		122,006				
h	**Total.** Add lines 1a-1f ▶			2,543,163			

Program Service Revenue

		Business Code	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2a	DIALYSIS	621400	83,115,178	83,115,178		
b	LABORATORY REVENUE	612140	2,553,760	2,553,760		
c	INSUR PREMIUM REIMBURS	612140	881,969	881,969		
d	OTHER MEDICAL RELATED	621400	434,865	434,865		
e						
f	All other program service revenue					
g	**Total.** Add lines 2a–2f ▶		86,985,772			

Other Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
3	Investment income (including dividends, interest, and other similar amounts) ▶			527,646			527,646
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	5,873,175	1,600,000				
b	Less cost or other basis and sales expenses	5,880,852	1,226,819				
c	Gain or (loss)	-7,677	373,181				
d	Net gain or (loss) ▶			365,504			365,504
8a	Gross income from fundraising events (not including $ 745,729 of contributions reported on line 1c) See Part IV, line 18	a	42,694				
b	Less direct expenses	b	242,650				
c	Net income or (loss) from fundraising events ▶			-199,956			-199,956
9a	Gross income from gaming activities See Part IV, line 19	a	17,300				
b	Less direct expenses	b	10,394				
c	Net income or (loss) from gaming activities ▶			6,906			6,906
10a	Gross sales of inventory, less returns and allowances	a	13,493,771				
b	Less cost of goods sold	b	10,106,786				
c	Net income or (loss) from sales of inventory ▶			3,386,985	3,386,985		
	Miscellaneous Revenue		Business Code				
11a	MEDICAL RECORDS		900099	4,446	4,446		
b	MISC REVENUE		900099	2,167			2,167
c	HOSPITAL SUPPLIES		990009	286	286		
d	All other revenue						
e	**Total.** Add lines 11a–11d ▶			6,899			
12	**Total revenue.** See Instructions ▶			93,622,919	90,377,489	0	702,267

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)

Check if Schedule O contains a response or note to any line 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	2,329,727	2,329,727		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	71,492	71,492		
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	1,303,232		1,303,232	
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	40,358,714	34,732,361	5,236,897	389,456
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,079,031	1,785,322	273,690	20,019
9 Other employee benefits	4,229,520	3,562,320	627,256	39,944
10 Payroll taxes	3,203,430	2,746,505	428,226	28,699
11 Fees for services (non-employees)				
a Management	1,375,018	1,303,667	71,351	
b Legal	400,053		400,053	
c Accounting	70,237		70,237	
d Lobbying	131,766		131,766	
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	730,320	209,481	514,649	6,190
12 Advertising and promotion	148,648		148,538	110
13 Office expenses	2,197,263	1,829,563	351,634	16,066
14 Information technology	632,471	8,910	623,561	
15 Royalties . .				
16 Occupancy	5,791,003	4,931,213	851,168	8,622
17 Travel	162,058	98,261	63,797	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	68,794	5,139	63,655	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	5,592,194	4,326,104	1,249,031	17,059
23 Insurance	370,864	266,078	104,786	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a SUPPLIES	14,261,195	14,179,274	81,158	763
b LAB TESTING	843,183	840,547	2,636	
c COMMUNITY PROGRAMS	424,713	75,879	348,204	630
d REPAIR AND MAINTENANCE	277,766	237,003	40,132	631
e All other expenses	2,064,950	1,611,647	387,623	65,680
25 **Total functional expenses.** Add lines 1 through 24e	89,117,642	75,150,493	13,373,280	593,869
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		4,672,371	1	1,325,987
	2	Savings and temporary cash investments		4,470,047	2	10,998,668
	3	Pledges and grants receivable, net		303,177	3	184,198
	4	Accounts receivable, net		17,818,421	4	16,684,577
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		1,120,852	8	1,323,254
	9	Prepaid expenses and deferred charges		486,431	9	507,788
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 91,681,179			
	b	Less accumulated depreciation	10b 49,863,082	41,096,683	10c	41,818,097
	11	Investments—publicly traded securities		18,860,625	11	23,829,159
	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		872,101	15	997,917
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		89,700,708	16	97,669,645
Liabilities	17	Accounts payable and accrued expenses		7,643,418	17	8,460,324
	18	Grants payable		3,158,000	18	4,329,744
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		10,223,047	20	9,534,693
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other 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		2,727,743	25	2,915,366
	26	**Total liabilities.** Add lines 17 through 25		23,752,208	26	25,240,127
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		63,168,106	27	68,549,544
	28	Temporarily restricted net assets		1,584,222	28	1,526,617
	29	Permanently restricted net assets		1,196,172	29	2,353,357
		Organizations that do not follow SFAS 117 (ASC 958), 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		65,948,500	33	72,429,518
	34	Total liabilities and net assets/fund balances		89,700,708	34	97,669,645

Part XI **Reconcilliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	93,622,919
2	Total expenses (must equal Part IX, column (A), line 25)	2	89,117,642
3	Revenue less expenses Subtract line 2 from line 1	3	4,505,277
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	65,948,500
5	Net unrealized gains (losses) on investments	5	1,926,429
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	49,312
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	72,429,518

Part XII **Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line 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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 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?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
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		

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.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 described in **section 170(b)(1)(A)(i).**

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

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

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

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

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

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

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

9 ☑ An organization that normally receives (1) more than 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 - Non-functionally integrated

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) | **14** |

15 Public support percentage for 2012 Schedule A, Part II, line 14 | **15** |

16a **33 1/3% support test—2013.** 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—2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2013.** 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—2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	5,816,472	2,057,926	2,024,173	1,599,036	2,543,163	14,040,770
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	89,352,648	91,748,052	93,649,072	96,439,802	100,484,275	471,673,849
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	95,169,120	93,805,978	95,673,245	98,038,838	103,027,438	485,714,619
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	74,070	273,049	168,042	101,469	117,905	734,535
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	74,070	273,049	168,042	101,469	117,905	734,535
8 **Public support** (Subtract line 7c from line 6)						484,980,084

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6	95,169,120	93,805,978	95,673,245	98,038,838	103,027,438	485,714,619
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	427,134	644,505	593,645	503,743	527,646	2,696,673
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	427,134	644,505	593,645	503,743	527,646	2,696,673
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)			230	193,658	2,167	196,055
13 **Total support.** (Add lines 9, 10c, 11, and 12)	95,596,254	94,450,483	96,267,120	98,736,239	103,557,251	488,607,347

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 2013 (line 8, column (f) divided by line 13, column (f))	15	99 260 %
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	99 270 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	0 550 %
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	0 550 %

19a **33 1/3% support tests—2013.** 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—2012.** 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART III, LINE 12, EXPLANATION OF OTHER INCOME	MISC INCOME - 2011 AMOUNT $ 230 2013 AMOUNT $ 2,167 INTEREST CAPITALIZATION - 2012 AMOUNT $ 193,658

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. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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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, Part V, 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 in Part IV

2 Political expenditures ▶ $

3 Volunteer hours

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

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

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

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $

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

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

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

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

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

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

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	**(a)** Filing organization's totals	**(b)** Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
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		

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

	(a)	(b)
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **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)** 2010	**(b)** 2011	**(c)** 2012	**(d)** 2013	**(e)** Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable 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)).**

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(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		131,766
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities?		No	
j Total Add lines 1c through 1i			131,766
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible 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**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
PART II-B, LINE 1	THE NORTHWEST KIDNEY CENTERS ENGAGED IN LOBBYING AT THE STATE AND FEDERAL LEVEL DURING THE FISCAL YEAR ENDED 6/30/14 NORTHWEST KIDNEY CENTERS STAFF MEMBERS TRAVELED TO WASHINGTON D C TO MEET WITH MEMBERS OF CONGRESS ON 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

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493133031285

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
NORTHWEST KIDNEY CENTERS	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 can 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 education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 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, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) 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 acquisition, 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 XIII

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 XIII 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 XIII Check here if the explanation has been provided in Part XIII . . . . ☐

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

		(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a	Beginning of year balance	4,353,054	3,956,364	4,034,699	3,420,755	577,339
b	Contributions	1,096,612	27,191	5,027	28,756	2,768,170
c	Net investment earnings, gains, and losses	689,916	410,338	-1,234	617,092	91,462
d	Grants or scholarships					5,440
e	Other expenditures for facilities and programs	44,109	40,839	47,199	31,904	10,776
f	Administrative expenses			34,929		
g	End of year balance	6,095,473	4,353,054	3,956,364	4,034,699	3,420,755

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ▶ 63 510 %

b Permanent endowment ▶ 29 100 %

c Temporarily restricted endowment ▶ 7 390 %

The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		4,149,802		4,149,802
b Buildings		27,092,000	15,236,441	11,855,559
c Leasehold improvements		32,666,000	14,035,964	18,630,036
d Equipment		27,773,377	20,590,677	7,182,700
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				41,818,097

Part VII Investments—Other Securities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. 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) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X Other Liabilities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
DEFERRED COMPENSATION	312,120
DEFERRED TENANT LEASEHOLD ALLOWANCE	1,244,796
DEFERRED RENT	1,358,450
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	2,915,366

2. Liability for uncertain tax positions In Part XIII, 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 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☐

Part XI **Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	105,984,548
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,926,429		
b	Donated services and use of facilities	2b	34,468		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	49,812		
e	Add lines **2a** through **2d**			2e	2,010,709
3	Subtract line **2e** from line **1**			3	103,973,839
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 XIII)	4b	-10,350,920		
c	Add lines **4a** and **4b**			4c	-10,350,920
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	93,622,919

Part XII **Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	99,503,530
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	34,468		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	10,360,330		
e	Add lines **2a** through **2d**			2e	10,394,798
3	Subtract line **2e** from line **1**			3	89,108,732
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 XIII)	4b	8,910		
c	Add lines **4a** and **4b**			4c	8,910
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	89,117,642

Part XIII **Supplemental Information**

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, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART V, LINE 4	FUNDS ARE USED FOR KIDNEY DISEASE RESEARCH, PATIENT SCHOLARSHIPS AND PATIENT EMERGENCIES
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 49,812
PART XI, LINE 4B - OTHER ADJUSTMENTS	PHARMACY COST OF GOODS SOLD -10,106,786 SPECIAL EVENT EXPENSES REPORTED ON PART VIII -253,044 NONCASH DONATION NOT RECORDED ON BOOK 8,910
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES REPORTED ON PART VIII 253,044 PHARMACY COST OF GOODS SOLD 10,106,786 LOSS ON UNCOLLECTIBLE PLEDGES 500
PART XII, LINE 4B - OTHER ADJUSTMENTS	NONCASH DONATION NOT RECORDED ON BOOK 8,910

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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.
▶Information about Schedule G (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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. Form 990-EZ filers are not required to complete this part.

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

- **a** ☐ Mail solicitations
- **b** ☐ Internet and email 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

	(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
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . ▶							

3 List all states in which the organization is registered or licensed to solicit contributions 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 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GALA (event type)	(b) Event #2 BREAKFAST OF HOPE (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	447,400	341,023		788,423
	2 Less Contributions	426,506	319,223		745,729
	3 Gross income (line 1 minus line 2)	20,894	21,800		42,694
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	387	448		835
	7 Food and beverages	50,104	30,421		80,525
	8 Entertainment	3,950	237		4,187
	9 Other direct expenses	115,556	41,547		157,103
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(242,650)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-199,956

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue			17,300	17,300
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes			10,394	10,394
	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) ▶				10,394
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				6,906

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

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	0 %
b	An outside facility	13b	100 000 %

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . ☐ 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 of the third party

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 **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

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
▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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. Part II can be duplicated 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 WASHINGTON 3917 UNIVERSITY WAY NE SEATTLE, WA 98105	91-6001537	GOVT - UNIVERSITY	2,329,727				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. Part III can be duplicated 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	7		18,700	BOOK	SCHOLARSHIPS TO NORTHWEST KIDNEY CENTERS DIALYSIS PATIENTS AND EMPLOYEES
(2) EMERGENCY GRANTS TO COVER FOOD, HOUSING, UTILITIES AND TRANSPORTATION	291		52,792	BOOK	SUPPORT FOR SELECT NORTHWEST KIDNEY CENTERS PATIENTS WHO RESIDE WITHIN WASHINGTON STATE

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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), "THIRD EXTENSION" (DATED JULY 6, 2009), "FOURTH EXTENSION" (DATED JUNE 30, 2010), "FIFTH EXTENSION" (DATED JULY 7, 2011), "SIXTH EXTENSION" (DATED MAY 4, 2012), AND "SEVENTH EXTENSION" (DATED MAY 21, 2013), THE FOLLOWING PROVISIONS WERE ESTABLISHED IN REGARD TO PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS PARAGRAPH A-FOR FISCAL YEAR 2014 (FISCAL YEAR STARTS IN JULY 2013 AND ENDS IN JUNE 2014) NKC WILL PROVIDE GIFTS DIRECTED TO THE UW DIVISION OF NEPHROLOGY TO A) ENHANCE THE TRAINING OF FELLOWS IN NEPHROLOGY, AND B) 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 RESPONSIBLE 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 RESEARCH 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 TO THE UWSOM PARAGRAPH F AT THE END OF THE PERIOD COVERED BY THIS GIFT AGREEMENT ANY UNSPENT NKC GIFT FUNDS TO UWSOM SHOULD REMAIN DESIGNATED FOR USE BY THE NEPHROLOGY 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 DIRECTOR 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 SCHOLARSHIP
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
SCHEDULE I, PART III, SCHOLARSHIPS, COLUMN F	EMPLOYEE SCHOLARSHIP APPLICATIONS ARE REVIEWED BY DEVELOPMENT STAFF TO ENSURE APPLICATIONS ARE COMPLETE, AND BY HUMAN RESOURCES (HR) TO ENSURE APPLICANTS MEET MINIMUM QUALIFICATIONS (EMPLOYED AT LEAST ONE YEAR, FULL-TIME OR REGULAR PART-TIME (AT LEAST 24 HOURS PER WEEK)) THOSE WHO MEET MINIMUM QUALIFICATIONS ARE SENT TO THE EMPLOYEE SCHOLARSHIP COMMITTEE TO BE RATED USING A SCORING MATRIX OF SPECIFIC CRITERIA THE COMMITTEE CURRENTLY IS COMPRISED OF A VOLUNTEER, TWO CLINICAL MANAGERS, HR REPRESENTATIVE AND VP DEVELOPMENT & PR OR DESIGNEE THE HIGHEST RATED APPLICANTS THEN INTERVIEW WITH THE COMMITTEE AFTER THAT, THE COMMITTEE DECIDES WHO WILL RECEIVE A SCHOLARSHIP AND HOW MUCH THE ACTUAL AMOUNTS AWARDED DEPEND ON RESTRICTIONS PLACED BY THE DONORS ABOUT HOW THE SCHOLARSHIP FUNDS CAN BE USED AND THE AMOUNT AVAILABLE IN ANY GIVEN YEAR

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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, line 23.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 or provision of all of 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 directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III ☑ 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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	**4c**		No
	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? If "Yes," to line 5a or 5b, describe in Part III	**5b**		No
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? If "Yes," to line 6a or 6b, describe in Part III	**6b**		No
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 Regulations 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 duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)JOYCE F JACKSON CEO & PRESIDENT	(i)	373,081	55,223	74	14,816	18,768	461,962	0
	(ii)	0	0	0	0	0	0	0
(2)SCOTT STRANDJORD CFO & VP OF FINANCE	(i)	241,036	37,574	11,569	14,462	11,755	316,396	0
	(ii)	0	0	0	0	0	0	0
(3)MARY MCHUGH CORPORATE SECRETARY	(i)	193,810	20,574	74	11,277	9,447	235,182	0
	(ii)	0	0	0	0	0	0	0
(4)CONSTANCE ANDERSON VP OF CLINICAL OPERATIONS	(i)	247,520	1,500	74	14,851	9,978	273,923	0
	(ii)	0	0	0	0	0	0	0
(5)LEANNA B TYSHLER CKD MEDICAL DIRECTOR	(i)	256,674	19,284	74	15,300	9,624	300,956	0
	(ii)	0	0	0	0	0	0	0
(6)ELIZABETH MICKEL VP OF HUMAN RESOURCES	(i)	166,486	18,500	4,595	9,989	9,357	208,927	0
	(ii)	0	0	0	0	0	0	0
(7)EMERY POLLOCK VP OF PLANNING	(i)	175,752	1,500	74	10,545	9,480	197,351	0
	(ii)	0	0	0	0	0	0	0
(8)THOMAS MONTEMAYOR PHARMACY MANAGER	(i)	158,411	1,500	15,448	9,505	9,865	194,729	0
	(ii)	0	0	0	0	0	0	0
(9)ASHOK VARMA CHIEF TECHNOLOGY OFFICER	(i)	171,787	1,500	74	10,343	9,365	193,069	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

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 NORTHWEST KIDNEY CENTERS' BROADER CONSTITUENTS AND TO RECOGNIZE SPECIAL CONTRIBUTIONS TO NORTHWEST KIDNEY CENTERS' 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 AT 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

Additional Data

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
JOYCE F JACKSON CEO & PRESIDENT	(i) (ii)	373,081 0	55,223 0	74 0	14,816 0	18,768 0	461,962 0	0 0
SCOTT STRANDJORD CFO & VP OF FINANCE	(i) (ii)	241,036 0	37,574 0	11,569 0	14,462 0	11,755 0	316,396 0	0 0
MARY MCHUGH CORPORATE SECRETARY	(i) (ii)	193,810 0	20,574 0	74 0	11,277 0	9,447 0	235,182 0	0 0
CONSTANCE ANDERSON VP OF CLINICAL OPERATIONS	(i) (ii)	247,520 0	1,500 0	74 0	14,851 0	9,978 0	273,923 0	0 0
LEANNA B TYSHLER CKD MEDICAL DIRECTOR	(i) (ii)	256,674 0	19,284 0	74 0	15,300 0	9,624 0	300,956 0	0 0
ELIZABETH MICKEL VP OF HUMAN RESOURCES	(i) (ii)	166,486 0	18,500 0	4,595 0	9,989 0	9,357 0	208,927 0	0 0
EMERY POLLOCK VP OF PLANNING	(i) (ii)	175,752 0	1,500 0	74 0	10,545 0	9,480 0	197,351 0	0 0
THOMAS MONTEMAYOR PHARMACY MANAGER	(i) (ii)	158,411 0	1,500 0	15,448 0	9,505 0	9,865 0	194,729 0	0 0
ASHOK VARMA CHIEF TECHNOLOGY OFFICER	(i) (ii)	171,787 0	1,500 0	74 0	10,343 0	9,365 0	193,069 0	0 0

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 Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶Information about Schedule K (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 Yes	(g) Defeased No	(h) On behalf of issuer Yes	(h) On behalf of issuer No	(i) Pool financing Yes	(i) Pool financing No
A	WASHINGTON HEALTH CARE FACILITIES AUTHORITY	91-1108929		12-21-2012	10,400,000	CAPITAL IMPROVEMENTS		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	865,307			
2	Amount of bonds legally defeased				
3	Total proceeds of issue	10,400,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	149,412			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	2,964,745			
11	Other spent proceeds	7,285,843			
12	Other unspent proceeds				
13	Year of substantial completion	2012			

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

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D 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						
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use *(Continued)*

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		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						
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	Does the bond issue meet the private security or payment test?		X						
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?	X							

Part IV Arbitrage

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?	X							
b	Exception to rebate?		X						
c	No rebate due?		X						
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X						
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage *(Continued)*

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		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?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V Procedures To Undertake Corrective Action

	A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No
Has 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?	X							

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Information about Schedule M (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
NORTHWEST KIDNEY CENTERS	91-6057438

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash 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	2	2,843	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 ▶ (AUCTION/RAFFL)	X	81	100,712	FMV
26 Other ▶ (VARIOUS ITEMS)	X	20	9,541	FMV
27 Other ▶ (LAPTOPS)	X	2	8,910	FMV
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 through 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 noncash contributions?	32a		No
b If "Yes," describe in Part II			
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
PART I, COLUMN (B)	THE NUMBER IN COLUMN B IS BASED ON THE NUMBER OF CONTRIBUTIONS

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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.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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2013

Open to Public Inspection

Name of the organization	Employer identification number
NORTHWEST KIDNEY CENTERS	91-6057438

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 6	
FORM 990, PART VI, SECTION B, LINE 11	THE 2013 FORM 990 WAS REVIEWED BY THE BOARD'S FINANCE AND AUDIT COMMITTEE AND BY THE BOARD OF TRUSTEES BEFORE IT WAS FILED
FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY APPLIES TO AND THE ORGANIZATION ASKS ALL BOARD MEMBERS, OF FICERS AND OTHER DECISION MAKING STAFF MEMBERS TO ANNUALLY DISCLOSE INTERESTS THAT COULD G IVE RISE TO ANY POTENTIAL CONFLICTS THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED EACH Y EAR ALONG WITH A LIST OF VENDORS AND ORGANIZATIONS WITH WHICH THE ORGANIZATION CONTRACTS THE ORGANIZATION REQUIRES AND ACHIEVES 100% COMPLIANCE WITH RETURN OF CONFLICT OF INTEREST DISCLOSURES ALL DISCLOSURES ARE REVIEWED BY THE BOARD CHAIR, THE CHAIR OF THE BOARD'S CO MPLIANCE COMMITTEE, AND THE PRESIDENT/CEO WHO DECIDE IF ANY POTENTIAL CONFLICT EXISTS AND THEN FOLLOW UP WITH SPECIFIC INDIVIDUALS IS PERFORMED AS NEEDED THE REVIEW PROCESS IS REP ORTED 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 NE W EMPLOYEES AND NEW BOARD MEMBERS AND IS AVAILABLE AT ALL TIMES VIA ON-LINE POLICIES
FORM 990, PART VI, SECTION B, LINE 15	THE NORTHWEST KIDNEY CENTERS BOARD OF TRUSTEES' COMPENSATION COMMITTEE DOES REVIEW THE COM PARABILITY OF THE PRESIDENT/CEO'S COMPENSATION THE COMMITTEE CONSISTS OF THREE INDEPENDEN T BOARD MEMBERS WHO DO NOT RECEIVE ANY COMPENSATION FROM NORTHWEST KIDNEY CENTERS THIS CO MMITTEE CONTRACTS WITH ANOTHER INDEPENDENT FIRM TO PROVIDE AN INTERMEDIATE SANCTIONS LETTE R (DETERMINING THE ORGANIZATION IS IN COMPLIANCE) FOR THE COMMITTEE AND TO MEET FIDUCIARY AND IRS RESPONSIBILITIES THIS OUTSIDE REVIEW USES HOSPITAL AND HEALTHCARE COMPENSATION DA TA 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 COMMIT TEE MAKES A RECOMMENDATION REGARDING THE PRESIDENT/CEO'S COMPENSATION TO THE NORTHWEST KID NEY CENTERS BOARD OF TRUSTEES' EXECUTIVE COMMITTEE WHICH THEN ACTS ON THAT RECOMMENDATION THE PROCESS WAS PERFORMED IN NOVEMBER 2013 AND NOVEMBER 2014 DATA REGARDING THE VICE PRE SIDENTS' PAY HISTORY, CURRENT PAY AND PROPOSED ADJUSTMENTS HAVE BEEN PROVIDED TO THE NORTH WEST KIDNEY CENTERS COMPENSATION COMMITTEE, WHICH IS MADE UP OF THREE INDEPENDENT BOARD ME MBERS, WHO DETERMINE THAT SUCH AMOUNTS ARE CONSISTENT WITH MARKET PARAMETERS THIS PROCESS WAS LAST PERFORMED IN NOVEMBER 2013 AND NOVEMBER 2014
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S BYLAWS, ARTICLES OF INCORPORATION, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE ON REQUEST, CONTACT INFO@NWKIDNEY ORG THE ANNUAL FISCAL YEAR FINANCIAL RESULTS ARE PUBLISHED IN THE ANNUAL REPORT WHICH IS AVAILABLE ON WWW NWKIDNEY ORG AND DISTRIBUTED IN HARD COPY TO APPROXIMATELY 7,300 INDIVIDUALS INCLUDING PATIENTS, DOCTORS, DONORS AND TH E GENERAL PUBLIC
FORM 990, PART XI, LINE 9	CHANGE IN VALUE OF SPLIT INTEREST AGREEMENT 49,812 LOSS ON UNCOLLECTIBLE PLEDGES -500

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

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 (if applicable) 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 entity? 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) Disproprtionate 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	(i) Section 512 (b)(13) controlled entity? Yes	(i) No
(1) PERPETUAL TRUST (1)	INVESTMENT	WA	N/A	T					No

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		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 or **(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 Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		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 related organization	**(b)** Transaction type (a-s)	**(c)** Amount involved	**(d)** Method of determining amount involved

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	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation